

# Body of Aesthetics

The therapeutic potential of aesthetics

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The Gallery at Mason Studio, 91 Pelham Ave

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## Abstract

Realized in response to the loneliness epidemic that we are facing as a society, this body of research seeks to gain a better understanding of the curatorial in the context of care, revealing its potential to positively affect well-being. *Body of Aesthetics* investigates the multimodality of aesthetic experience, beyond the ocularcentricity of formal aesthetics, to explore the therapeutic potential of aesthetic experiences to combat loneliness. The findings are presented in two parts: (1) a methodology, and (2) a practice. As a methodology, *Body of Aesthetics* offers a new way to approach curation in the context of care, without being prohibitive or prescriptive. The titular exhibition presents this methodology in practice; serving as a case study, the exhibition demonstrates how curators can support individual and social well-being through aesthetic practices.

The *Body of Aesthetics* exhibition features artists Orus Mateo Castaño-Suárez and Artemis Han who respond to the injustices faced by the body as it is reduced to a means of production, and through its subjugation by the medical gaze. Each artist addresses a perceived social or political injustice in contemporary mental health diagnosis and treatment, offering avenues for hope. The accompanying catalogue essay examines these themes further, weaving them into a narrative about a being that has struggled over centuries to resolve itself. Torn asunder by the ego of philosophical and medical hegemony, and isolated by oppressive, modifying punctuation, it embarks on a journey to reconcile and reinvent itself, supported by the concerted effort of contemporary philosophers, anthropologists, and medical practitioners who recognize its plight.

## Acknowledgments

This thesis and the titular exhibition were realized in Tkaronto/Toronto, located in the ancestral territories of the Anishinaabeg, Haudenosaunee, the Huron-Wendat, and the Mississaugas of the Credit. For thousands of years, this traditional land has been home to Indigenous peoples who continue to occupy the unceded territories across Turtle Island. I acknowledge that this land is imbued with historic cultures and narratives that endure, including tales of struggle and protest against colonial oppression. I recognize that there is still healing to be done, and I am grateful for the opportunity to live and work on these lands.

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## Contributions

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*Body of Aesthetics* would not be possible without you.



# Exhibition Support Paper

## Introduction

Social isolation and loneliness were noted by Ontario’s Chief Medical Officer of Health to be responsible for more than half of the province’s healthcare spending in 2017 (*Connected Communities: Healthier Together* 6), and are considered by the World Health Organization as significant social determinants of health, the effect of which has a mortality “comparable to that of other well-established risk factors such as smoking, obesity, and physical inactivity” (“Social Isolation and Loneliness”). Since the forced isolation imposed by the COVID-19 pandemic that number has increased, particularly among older adults (Wister and Kadowaki 10).<sup>1</sup> Considered the “hiding in plain-sight mental health crisis of our era” (Vivek H. Murthy qtd.in Magsamen and Ross 220), feelings of loneliness have big implications for our physical and mental health (219; “Social Isolation and Loneliness”). With the understanding that illness is culturally produced (Kleinman; Lock; Scheper-Hughes and Lock), this body of research is mindful of avoiding assertions about medical conditions (diseases) and preventing generalizations of illness experiences. As my purview does not extend to medical expertise, it is important to note that this thesis is not intended to provide suggestions on clinical interventions, nor does it offer a cure. Instead, the focus of this research is on therapeutic aesthetic practices, supported by curation, that help combat loneliness – the embodied experience of social isolation. Often used synonymously, social isolation and loneliness have notable differences that are important to the conceptualization of this thesis: social isolation can be measured and observed, whereas loneliness is self-reported and subjective. While social isolation may contribute to loneliness, it is possible to experience loneliness without social isolation. Loneliness can therefore be understood as *feelings of loneliness*.

Through a series of guided interviews with experts, *Body of Aesthetics* investigates the ways in which care<sup>2</sup> is expressed within the curatorial, to identify social interventions with the potential to positively affect well-being. The subsequent exhibition review identifies opportunities within the practice, that without being prohibitive (imposing undue censorship and restrictions) or prescriptive could create spaces for collectivized care to take place. The resulting methodology is a practice of care exemplified by the culminating exhibition. The *Body of Aesthetics* exhibition features two artists, Orus Mateo Castaño-Suárez and Artemis Han, who utilize emerging methods in digital art, as a means to establish meaningful social connections and reconcile dissonances between the bodies (personal, social, and public/political)<sup>3</sup> through protest. Tracing the evolution of the body metaphor (i.e., mind/body, mind-body, etc.), the

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<sup>1</sup> The reported increase in loneliness amongst older adults ranged from 6% to 17%, with older women being affected the most.

<sup>2</sup> See Glossary of Terms for distinctions on illness, disease, cure, and care.

<sup>3</sup> See Lock, and Scheper-Hughes.

catalogue essay examines how the resulting dissonance is expressed and challenged through art. The socio-cultural problem of loneliness is presented in this thesis as a symptom of the long-standing Cartesian mind/body dualism that has pervaded Western medical praxis. Acknowledging that this dualism is not universally recognized,<sup>4</sup> I have restricted my inquiries to contemporary Western epistemologies that investigate how this dissonant conceptualization of the body has affected well-being.

## Thematics

The therapeutic potential of art has become widely recognized, informing the practice of social prescribing<sup>5</sup> and the emerging science of neuroaesthetics (i.e., neuroarts). It is important to note that these interventions do not concern themselves with pathology, nor do they claim to be curative; rather, these non-clinical interventions are part of an emerging wellness model that seeks to provide care, predominately with the goal of lessening social isolation and feelings of loneliness through meaningful engagements in community and culture (“Rx: Community - Social Prescribing in Ontario”; AGO). Social prescribing aims to combine social and clinical care practices for a more holistic health model. The foundation of this model can be traced back to the biopsychosocial model of clinical care, first introduced by Dr. George L. Engel, M.D. in 1977, following 25 years of clinical research. Engel’s research showed that social interaction and enriched environments resulted in positive physiological changes in hospital patients (Sternberg 229). His radical model criticized the division of mind and body in biomedical practice and its positivist approach to diagnosis; in response, he advocated for the validity and significance of the subjective human experience (Borrell-Carrió et al. 577).

Following Engel’s model, in 1988 Dr. Arthur M. Kleinman, M.D., a professor of psychiatry at Harvard Medical School, introduced the idea of *illness narratives* as a way to highlight the psychological and social aspects of chronic illnesses that are often disregarded by doctors’ traditional approaches to treating disease (Kleinman xiii). Kleinman stated: “Remarkably, most care for illness is delivered not in biomedical institutions or by professional practitioners but by family” (259). Yet, despite this progressive declaration, and the criticisms presented by the biopsychosocial model, these novel approaches exist in the interest of supporting clinical care practices. A similar irony infects the social prescribing model which is intended to provide individuals with a “greater capacity to self-manage their health” (“Rx: Community -

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<sup>4</sup> See Lock, and Scheper-Hugues regarding Eastern practices of aesthetics and attitudes towards illness.

<sup>5</sup> Social prescribing offers a holistic approach to healthcare, that takes into consideration a patient’s social situation – their support structure (or lack thereof), interests, and goals – to support their individual health journey through community and culture (“Social Prescribing”). In Ontario, the Alliance for Healthier Communities (AHC) launched Rx: Community – a social prescribing pilot project – that ran from 2018-2020 (“Rx: Community - Social Prescribing in Ontario”). The program offered access to support groups, food, and most notably, art programs and museum visits (“Rx: Community - Social Prescribing in Ontario”).

Social Prescribing in Ontario”) because the model presents a system of care that is still institutionally oriented – requiring medical practitioners to prescribe social interventions to patients.

In their book *Your Brain on Art: How the Arts Transform Us* (2023), Susan Magsamen and Ivy Ross present well-being as an aesthetic interest, providing individuals with knowledge about aesthetic experiences, empowering them to take control of their health beyond medical intervention. Written for the general public – and medical and artistic practitioners alike – the book outlines, within the framework of neuroaesthetics, what it means to live with an aesthetic mindset – to be “present and attuned to the environment you are in. It fosters an ongoing connection to your sensory experiences...” (Magsamen and Ross xiii). *Your Brain on Art* introduces therapeutic aesthetic practices that are readily accessible and can be personalized, such as wearing your favorite scent, humming, and enjoying a music playlist, among others. Magsamen and Ross believe that a daily “microdosing of aesthetics” (239) in this way, alongside creative behaviours, is sufficient to meaningfully enhance individual well-being. The approach provides individuals with a higher agency over their well-being, however, it runs the risk of putting the onus of positive well-being on the individual.

In this thesis, I approach care as a social practice. My inquiry moves beyond superficial, formal aesthetics, incorporating neuroaesthetics and relational aesthetics into a consideration of the aesthetic whole – a *body of aesthetics* if you will – to explore aesthetics practices as a social therapeutic tool with the potential to promote feelings of well-being, and answers the following questions:

1. How do creative behaviours that engage with the body of aesthetics contribute to positive feelings of well-being?
2. Do curators engage in a practice of care? How is this expressed in the curatorial practice?
3. How can curation be a catalyst for combating loneliness?

# Methodology

## Literature Review

This brief literature review investigates the role of emotions in well-being. In *The Mindful Body*, Scheper-Hughes and Lock refer to emotions as the “mediatrix” of the bodies - phenomenal, social, and political (28). This feminization (“mediatrix”) is never expanded on in their text but appears deliberate, prompting this investigation. The choice to feminize “mediation” is notable in relation to familiar Western attitudes towards emotion as a feminine agent, and mediation and co-operation as feminine virtues. This co-operative way of relating is demonstrated in contemporary curatorial practices that emerged in the 1960s and 70s. Feminist, independent curating, helped transform modern art into contemporary art (Krasny 96), by redefining key relationships (i.e., artist and curator, curator and institution, etc.) within the art ecosystem. Borne out of rebellion, feminist curatorial practices leveraged emotions to spur change and meaningfully affect the body-social.

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Emotions are inevitable; they are the initial, physiological response to any experience (Magsamen and Ross 30), and the more salient the stimuli, the stronger the emotion (19, 205). Historically, emotions have had a bad reputation, often considered as basal attributes, the repression of emotions was seen as civilized and morally right, while expression was deemed hysterical and unsophisticated (Magsamen and Ross 30; Scheper-Hughes and Lock 10–11). As “biological communicators” (Magsamen and Ross 30) emotions are providing us with important information about our environment; as we move through the world our brains are constantly processing stimuli, bringing only the most pertinent information (approximately 5 percent) to the level of consciousness, while the rest of the stimuli are being processed by our nervous system (8). It is this process that elicits *aesthetic pleasure* – an immediate, subjective response to a positive sensation to an object or experience (Reber et al. 365). In *Processing Fluency and Aesthetic Pleasure* (2004) Rolf Reber et al, define this “immediate joy without intermediate reasoning” (365) as “beauty”; it’s the subjective, subconscious valuation of an object.

Conversely, *aesthetic preferences* can be understood as the rationalization of the *aesthetic experience*. Like feelings, *aesthetic preferences* are informed by past experiences, psychological states, and socio-cultural information (Magsamen and Ross 31; Reber et al. 376); they inform how we *feel* about an object/experience and are not always congruent with our *aesthetic pleasures*. High degrees of aesthetic pleasure (perceived beauty) alongside diverse stylistic preferences are associated with higher rates of exposure to specific stimuli; those who have the privilege to engage with art regularly (e.g., artists, designers, curators, etc.) have a more positive response to abstraction (which is prevalent in contemporary art) than the general public (Reber et al. 366, 370–74). However, the same individuals are more likely to consider *aesthetic value* and perceived expectations of taste when selecting art, consequently making selections that bring them less pleasure than those who rely on “gut preference” alone (374).

Luckily, aesthetic pleasure is not intrinsic to feelings of positive well-being. An empirical study conducted by the University of Aalborg in Copenhagen and the University of Southern Denmark looking at the effects of art on patient experience in hospitals, concluded that patients noted a positive response to the presence of art, even if their aesthetic pleasure was low: “The emotional state of the patient can be positively affected, regardless of the artwork’s degree of abstraction [i.e., the patient’s aesthetic pleasure]” (Nielsen et al. 6). In *Your Brain on Art* (2023) Susan Magsamen and Ivy Ross state that aesthetic experiences can elicit an “aha! moment” that changes the way we see the world (20), by challenging our perceptions. By this virtue, emotions do not have to be effortless to be beneficially transformative, it is the quality of the emotional response, not its perceived value, that is essential to positive well-being.

There is another part to Nielsen’s concluding statement that is worth noting: “The emotional state of the patient can be positively affected, regardless of the artwork’s degree of abstraction *by its potential to generate sociality and atmosphere*,” (Nielsen et al. 6). The study, *How do patients actually experience and use art in hospitals?* (2017) uncovered an element of sociability, promoted by art, that was affecting patients’ self-reported feelings of positive well-being. Referring to art as a “socializer” Nielsen posited that low levels of aesthetic pleasure were offset by an increase in patient interactions. Those who spent time in the common spaces generally preferred to sit closer to the art, incidentally congregating and thus spending more time in conversation (6). As revealed earlier, feelings and aesthetic preferences are socially affected, so it is not surprising that sociability plays a crucial role in how we experience life, and therefore illness.

We are wired to be social and think socially (Magsamen and Ross 222). The answer to why is in our evolution, write Magsamen and Ross: as communities grew, methods of conveying complex emotional states and thoughts were needed to ensure our ancestors’ successful cooperation, and therefore survival (204). The nuances offered by language imbue it with the unique ability to convey new ideas, practical and fantastical, and complex emotions to produce strong saliency (emotional connection), ergo empathy, connecting us not only to the ideas being communicated but to the individuals communicating (Magsamen and Ross 205–06; Scheper-Hughes and Lock 29). This propensity towards sociality, towards human connection and inclusion, led us to lie. This is not to suggest malice, rather it’s to recognize that the role of storytelling is to establish belonging by constructing a version of events and self that is salient to others, promoting inclusion. All narratives, imbued with personal bias, socio-cultural influences, pressures (Sandberg 461; Scheper-Hughes and Lock 28), and perceptions of moral obligation (Sandberg 455) ultimately result in works of fiction, to varying degrees. Emerging ethnographic practices recognize this condition; therefore, they challenge positivist notions of the truth, and compulsory veracity in narration, in practice. In *What can ‘Lies’ Tell Us about Life* (2010) sociologist, and professor of criminology, Dr. Sveinung Sandberg PhD, states that, “discerning the ‘truth’ is not always important” (448); Sandberg argues that instead of trying to determine if a statement is *true*, we should instead look at what it reveals: “The emphasis shifts from narrative as representing what really happens to narrative being socially constructed versions of what happened” (451). Narratives thus function as artistic, as well as socio-cultural expressions.

Just as contemporary ethnographic practices challenge compulsory veracity in narration, to uncover “truths”, arto-ethnographic art and design methods are “challenging the tendency towards solutionism” (Schouwenberg and Kaethler 18), instead focusing on bringing *awareness* to socio-political truths.<sup>6</sup> In retaliation to being subjected to dehumanizing surveillance in Taiwan during the COVID-19 pandemic, artist Hsin Min Chan debuted her project *To-be-looked-at-ness* (2021) and wrote this about the experience:

The medical gaze dehumanized me, as it separated my body from my identity, fixing me in this inert, frozen cell. I had become an object. At first I felt powerless and hopeless. All I could do was cry and bury myself in the blanket, turning away from the camera. But suddenly I started to realize that hiding my emotions wouldn't change a thing. I thought, ‘Why not use my hysteria, my despair, why not turn my emotions into such a spectacle, that they can no longer ignore me.’ My hysteria became a weapon for changing the situation. (Chan, “How to Use Self-Dehumanization as a Strategy to Empower” 217–18)

In *To-be-looked-at-ness* Chan “wears” (climbs inside) a large, 2.5m tall sculptural dress, forcing people to look, thus subverting the power structure, and spurring her emotional healing journey. The quality (intensity) of Chan's challenging emotions – anger, despair, and humiliation – is transmuted through art, creating a piece that the viewers can empathize with. Notably, art as a form of resistance has been shown to have a positive emotional effect on individuals (Lind 79).

Emotions are a powerful motivator, spurring people into action, thus shaping the body-social through protest (Lind 79; Scheper-Hughes and Lock 29) – and art is the interlocutor. Curator Maria Lind describes the mediation of social frictions and the politicization of art as the *curatorial*. The curatorial goes beyond curating – the technical act of “making art go public”(72); it is akin to arto-ethnographic practices, as it takes into consideration one's relation to the world. The curatorial takes a stance, it responds to the tensions that exist between the art eco-system and the world around it (75). Thus, any mediation on the curator's part is less about establishing cohesion or community and more about providing material and immaterial (i.e., digital) discursive spaces, and spaces for processing emotions (Krasny 101,103; Lind 75–76).

These curatorially affected spaces can be described as “contact zones” (Lind 76). Anthropologists Mary Louis Pratt and James Clifford introduced the term to define “social spaces [i.e., museums and galleries] where cultures meet, clash and grapple with each other, often in contexts of highly asymmetrical relations of power” (Lind 81). Borne of the conflictual nature of culturally produced spaces, independent curating, embodies feminist, and queer-feminist values to reform art and curation (Krasny 96). Independent curating idealizes emancipation from patriarchal institutions, rejecting the materialism and commodification of modern art<sup>7</sup> and dependency on cultural establishments to produce and showcase art.

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<sup>6</sup> See Exhibition Review for more on arto-ethnographic practices.

<sup>7</sup> See Bourriaud.

It changed labour dynamics between curator and artist, and between curator and exhibition space, by redefining modes of production and the distribution of art (Krasny 97–98). The collective is the epitome of feminist independent curating. Collectives facilitate a greater distribution of labour and knowledge sharing, often highlighting and supporting communities in the places they practice.<sup>8</sup> The irony of the nomenclature, “independent”, is that this mode of curating represents a co-operative model that emphasizes inextricable co-dependence within the art eco-system to produce and exhibit art, and foregrounds art’s relatedness within social and political contexts.

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<sup>8</sup> See Krasny. *Curatorial Materialism* provides examples of feminist and queer-feminist independent (co-dependant) curating, from the 1960s and 70s, into the early 2000s. Includes references to artists and collectives such as Lucy Lippard, Ida Biard, *Red Min(e)d*, *Queering Yerevan*, et al.

## Interview Results

The interviews for *Body of Aesthetics* were conducted with experts in the field - curators actively practicing in Toronto - to gain a better understanding of their practices in the context of care.

The open-ended interviews provided opportunities for nuanced discussions that provided insights into the curators' professional and creative experiences, as well as their values. The discussions revealed the social and political complexities of the curatorial practice within the city of Toronto, informing how I may extend my practice of care in the design of the culminating exhibition.

Following the approval of OCAD University's Research Ethics Board (REB), a short survey, and guided interviews were completed as part of this study.

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### **Methods**

As the curatorial practice consists of a small, tight-knit community of both independent and institutionally affiliated curators, the research team was able to directly contact prospective participants familiar to them, who fit the inclusionary requirements. Any participants who expressed their interest in the study needed to confirm they satisfied the prerequisites: (1) have an active curatorial practice (independent or affiliated), (2) are currently practicing (min 2 years), (3) are practicing in Toronto. Five potential participants were contacted but only three were able to participate due to scheduling conflicts with curatorial obligations. The size of the community and the sample posed the potential risk of unintentional identification. To mitigate potential social risks, participants were given pseudonyms to protect their identities, and any identifiable references (i.e., name, job title, affiliates, age, physical descriptors, etc.) were scrubbed from the transcripts and published results.

Since the participants were all working professionals, it was understood that their voluntary participation likely took personal time out the day. Therefore, for their participation they were offered an electronic gift card for a restaurant of their choice, providing the opportunity for a paid lunch to be taken at their leisure.



Prior to the interview, participants were required to fill out and return a short survey used to gather data about their professional and aesthetic practices (see Appendix B). The interview questions were used as a part of the qualitative analysis to understand how curators define care in their practice and how they engage in creative behaviours; the questions were as follows:

- How would you define ‘care’ in the context of your practice?
- What feelings of obligation do you have in your practice?
- In your practice have you experienced a shift in your obligation of care from the objects being produced to the people producing?
  - Do these obligations extend to the viewers and the community?
- What was your most challenging exhibition?
  - How was that experience transformative in the way you conceptual and practice curation?
- Do you experience curation as a creative behaviour?
- Are there any other creative behaviours you regularly partake in?
- Would say that your practice contributes to feelings of positive well-being?

The guided research interviews (King et al.), lasting approximately one hour in length each, were conducted one-on-one over Microsoft Teams, recorded, and transcribed for accuracy. Due to the small sample size in this study, the analysis was able to be completed manually. The transcripts were reviewed and approved by the participants prior to undergoing an inductive, qualitative content analysis (Elo and Kyngäs) to identify significant and recurring concepts. Qualitative content analysis is beneficial for examining written and verbal communications, such as in-person interviews, (107), where context is integral for deciphering meaning (109).<sup>9</sup> This was essential, as several of the questions elicited emotional responses from the interviewees (example, see Table 2).

## **Analysis**

I wanted to begin my analysis by understanding how the participants viewed and experienced creative behaviours. I looked at the short surveys that were returned and compared the results with the responses gathered in the interview phase (see Tables 1 and 2). During the interviews, the participants expressed an interest in a diverse set of creative behaviours, discussing activities they enjoyed, and those they did *not*. However, they were quick to point out the potential merit and benefit of activities they disliked. Also, all of the participants regarded their curatorial practice as a creative behaviour, counting it among the most enjoyable and rewarding ones (see Table 3).

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<sup>9</sup> This methodology allows for an analysis of *latent content* – material that can be interpreted for context and meaning such as laughter, sighs, pauses, posture, tone, etc.

Similar to their creative behaviours, the participants expressed an interest in a variety of art styles and mediums. Findings from this analysis align with Reber's observations regarding individuals with high processing fluency.<sup>10</sup> Curators are exposed to art daily, allowing them to derive aesthetic pleasure from a range of artworks, regardless of the artistic style or emotional response. Two of the participants interviewed in this study shared that they embraced works of art that elicited challenging emotions such as grief, anxiety, anger, or frustration. Their responses demonstrate an awareness of their high processing fluency and express a mindful approach to bringing art into public spaces:

“I always tell people when I'm installing, [art] in a space that not everyone's going to like everything. And if that were the case, then it would be boring, and I've always leaned into not liking something. And sometimes, there's art that I really viscerally reacted to and really disliked, but I still think about, and it makes me realize that, actually, that is what makes it a good artwork – that I can still have that reaction to it, even though it is one that is agitating or anxiety-inducing... but that's good. And it took a long time to learn that, to embody it in my every day. But it's very fulfilling to understand that something can frustrate you and that's maybe what makes it good.” (Participant 2)

“Every time I go into the breast cancer recovery rooms, there's these very mediocre watercolors of flowers that have been there for a very long time. For some people, maybe they're uplifting. I love a watercolor. I love a floral, watercolor. I don't like these. I find them dated and I find them condescending... I want the acknowledgement of grief. I rather something that's like a little bit more engaging, that's having me think and distracting me in the waiting room as opposed to something that is soft. It's a really interesting thing, but then I have to be careful because I'm in the art world. There are things that I don't think are difficult in any way because I'm well-trained in all kinds of imagery. Something that I think is incredibly 'safe' when I bring it to [the] wider public or patient partners might not be as safe as I thought, it might be a little bit more challenging, and maybe *too* challenging. So, how do you find that balance between something that's engaging but not going to spark anything, it's not going to be triggering?” (Participant 3)

While the participants of this study have varied experiences, both in affiliated (institutional and/or corporate), and independent practices, the majority of their experiences are with contemporary art and therefore living artists. This makes it no surprise that all the participants expressed that their obligations of care primarily lie with people – the artists and communities they work with – not objects: “I've never really felt an obligation to the objects to be frank, because I think there's already so much in place there as far as security, conservation, curators. For me, the obligation lives with the visitors” (Participant 1). This does not mean the same is true for all curators, especially those working with historical artifacts or collections. A larger study would need to be conducted to draw conclusions about interpersonal versus materialistic obligations in curation – this lies outside of the scope presented in this study.

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<sup>10</sup> See *Literature Review* for more on processing fluency.

Establishing that the participants' primary obligation is to people was fundamental to understanding how the participants defined care. "Community" was mentioned several times when participants described their practice. Within the context of care, establishing community was contingent on trust:

"I think care... I always find it comes down to this element of community. So, what I would say is that it's caring not only for physical artworks and physical spaces, but also your neighbors, your colleagues, your friends in the art world. Your community is what defines it and I think the care is beyond just anything that can really be pinpointed to a single action, but it's a culmination of actions. A very – intersectional perspective of how your work, and how you manage yourself, and how you care for the people around you has a long-term effect and it culminates over time and that really is kind of entwined with trust." (Participant 2)

Trust and care were defined by Participant 1 as necessitating reciprocity. The participant felt that this is missing in the practice, and that too often a curator's well-being is negatively impacted by a lack of empathy and consideration from their communities:

"Often when you do work for a larger organization, you start to lose your identity a bit – you become that org. And I'm like, 'no, I'm a person'... To me it's about – I can advocate, and I can provide this care, I can be really transparent, I can be really communicative. That's how I approach how I can provide [care] in my practice. My expectation is that you mirror that back to me." (Participant 1)

"... I often have to be an apologist for the communities that I engage with because of the institution I work in. And I just don't want to be anymore." (Participant 1)

All the participants described the challenge of having to balance the needs of the establishment with the needs of the artists in some way or another, because "there's so much precarity in this field" (Participant 3), that artists' basic needs are not always met. The following is a non-exhaustive list of some of the things that participants have had to advocate for: fair and timely pay for artists, artists' well-being, artists' autonomy over production/creative vision, and lowering barriers to access.

## **Conclusion**

I use the word "advocate" because I do often have to really fight. So, that's where, to me, it's important that it's "advocacy" more than just "facilitation" because it does take a lot of labour and work on the inside... (Participant 1)

There is a tendency to associate creativity only with the "makers" (see Table 3, A) – a notion that the participants in this study challenged, stating that they found their curatorial practices creatively fulfilling. The participants defined their practices as a composite of facilitatory tasks and social justice: coordination, administration (see Table 3), and most notably advocacy. The participants mentioned taking on responsibilities under the umbrella of "advocacy" that go above and beyond their formal duties, such as

ensuring that the artists they work with have had a meal or that they are not overworked. This demonstrates a keen awareness of the social conditions they must navigate and a strong capacity for empathy.

This study brings a greater understanding of the curatorial in the context of care, revealing the interpersonal relationships that define the practice. The findings from the study define advocacy, not only as a form of care but also as a creative behaviour. This unexpected intersection holds potential for future research: is care a creative behaviour?

## Exhibition Review (Precedents)

The artists featured in the *Body of Aesthetics* exhibition address challenging issues concerning mental health and illness that need to be communicated with care. As the curator, I feel an obligation not to present any work or discursive content in the exhibition as medical advice or cure. Yet, I want to be able to meaningfully contribute to the discourse on well-being and create a space with the potential to support feelings of positive well-being. Therefore, I begin my precedent review, by looking at an exhibition that tackles well-being and exists at the intersection of art and science.

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*A Space for Being* (2019), a combination design exhibition and scientific study, led by search-engine *cum* multi-national technology conglomerate *Google*, addressed well-being in the context of aesthetic experiences. The exhibition consisted of three rooms, each carefully designed using the principles of neuroaesthetics, to provide unique sensorial experiences. Participants were asked to wear wristbands that collected their physiological responses (heart rate, respiration, and body temperature) to each room. Afterward, they were presented with data that revealed which room they felt most at ease in. Much to their surprise, many participants found that their results were inconsistent with the room they *perceived* as the most calming (Magsamen and Ross 22). Presented in this way, the results of the study perpetuate the contentious mind/body problem by defining an incongruence between one's physiological experience and their perception of that same experience.

*A Space for Being* was designed to demonstrate how sensory experiences shape our lives, and provide “scientific proof that design is important” (Ivy Ross qtd. in Hitti). Considering the positionality of the project's collaborators<sup>11</sup> (i.e., designers and luxury design brands) the endorsement of design as a commodity capable of promoting well-being is palpable. The tendency towards solutionism displayed by this exhibition/study establishes a positivist, prescriptive approach to well-being that defines “good art/design” or “good stimuli”, and conversely the “bad”, that act upon the phenomenal body, instead of recognizing the subjective, individual material that transforms an experience – the crux of neuroaesthetic practices.

Despite the intimate dialogue that exists between the arts and sciences, this first precedent illustrates the dissonances that occur when solutionism is the goal of art and design. Compatibility between the disciplines lies in their approach to understanding the world. Both artists and scientists engage in a practice rooted in experimentation, observation, and exploration, to challenge perspectives and learn about the world. *The Auto-Ethnographic Turn in Design* (2021), a collection of dialogues, essays, and projects,

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<sup>11</sup> The design for *A Space for Being* was co-created by Ivy Ross (Vice President, Google Hardware Design, UX, and Research); Christian Grosen (Design Director, Muuto); Suchi Reddy (Founder and Principal, Reddymade Architecture and Design Studio); and Susan Magsamen (Executive Director, the International Arts + Mind Lab at Johns Hopkins University).

edited by Louise Schouwenberg and Michael Kaethler, introduces art and design as research devices that are less focused on materialism and commodity, and more on awareness and growth (18–19). The book positions creative expression as research, as a way to learn about oneself and the world. Recognizing the unique juncture of art and science, social anthropologist Andrea Gaspar coined the term “arto-ethnographic” to distinguish artistic research methodologies from the anthropological “autoethnographic” (79). The following precedent demonstrates how these methods can produce art with great empathic potential: *A rose gives its fragrance even to the hand that crushes it* (2024) tackles challenging issues while facilitating meaningful discourse.

*Waard Ward*, a contemporary arts collective in Toronto, produces art projects in collaboration with communities as a form of social justice. Their projects center around flowers,<sup>12</sup> and decolonial gardening practices, teaching newcomers flower arranging as a form of community building. Their recent exhibition, *A rose gives its fragrance...* evokes the memory of a Syrian family’s home garden that was lost in the war. Filled with live rose bushes, this project makes space for processing challenging emotions and invites visitors to consider the impact of war on bodies and lands. The project’s orientation to social justice is expressed in its timeliness and relatedness to the social and political dimensions of life, providing an opportunity for a deeply emotional (salient) aesthetic experience. Holding space for these experiences provides an opportunity for visitors to process any emotions that may arise, thus fostering feelings of positive well-being.

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While prescriptive approaches may not be the solution to eliciting positive feelings of well-being, compliance-based methods are still a part of curating. To remove barriers to access, a serious consideration for accessibility needs to be made in the design of the exhibition. To better understand how to facilitate this in my exhibition I looked to Tangled Art Gallery (Tangled Arts + Disability) in Toronto. Tangled Arts + Disability is a non-for-profit art and disability organization, dedicated to improving access to the arts, and challenging *compliance-based* methods. In *Access Anthology* (2023) they discuss the importance and limitations of “creative access” and “conventional access” (17) approaches. Creative access is borne out of system of relations between the artist, curator, and gallery, informed by each person’s unique positionality, to define a salient experience. Conventional access, such as considerations for the physical design of the space, is crucial for laying the foundation for access to art spaces. Concerns arise when conventional access is overshadowed by creative access and basic accommodations are not met, incidentally establishing barriers to access.

Hosted at Tangled Arts Gallery, *Undeliverable* (2021) curated by Carmen Papalia, presents curation as a form of care, “re-envisioning the museum around the demands and desires of the disabled body/mind” (“Undeliverable”; “Undeliverable”), to normalize accessibility and inclusion for crip

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<sup>12</sup> “Waard Ward’s name proposes the idea of a diasporic flower district; ‘waard’ is a romanization of the Arabic word for flower” (“About + Contact”).

individuals. *Undeliverable* highlights interdependent responsibilities and interactions that produce accessibility. While the works presented in the exhibition rely predominately on the visual senses, they are presented in a way that challenges sensory hegemony and compulsory able-bodiedness<sup>13</sup> in society. The video in Aislinn Thomas's project, *ongoing, collective effort...* (2021),<sup>14</sup> features Deaf artist Sage Lovell communicating in ASL; this piece is unaccompanied by audio or visual aides (i.e., translations or subtitles), subverting the normative privileges of hearing individuals. According to conventional access guidelines, which require closed captioning for all videos, this piece would be considered non-compliant. However, this exemplifies how creative access defines the exhibitionary experience and aptly communicates the artist's lived experience and message.

For the same exhibition, Thomas created an accompanying document (*Fragrance Free at the RMG and Tangled Art + Disability*, 2021) that informs visitors of the potential harm scents can have and why they should be left out of public spaces. Thomas goes as far as to encourage visitors to shower with fragrance-free products before attending the show. This requires a collective willingness and effort (labour) from the community to produce the intended experience. The appeal incidentally invites visitors to notice the lack of scent as part of their overall experience, bringing awareness to the issue. However, this compliance-based constraint eliminates a powerful, emotionally salient, sensory stimulus from art spaces. In contrast to the oft-sterile and mute propriety of art establishments, immersive exhibitions provide a break in decorum that fosters salient aesthetic experiences. Contemporary exhibitions are beginning to move beyond mere audio-visual immersions, introducing tactile and olfactory<sup>15</sup> interactions for a truly multi-sensory experience, toeing the line between creative and conventional access.

A recent example of this is Jónsi's *Hrafninn (Obsidian)* (2022). Taking up residency at the AGO for over a year, the installation is a fictional retelling of a volcanic eruption that occurred in the artist's hometown of Reykjavik, Iceland. The multi-sensory, immersive installation featured visual, auditory, olfactory, and haptic stimuli to reconstruct the events as they happened from inside the volcano. This deeply personal narrative, a piece of autobiographical, creative non-fiction, provides an aesthetic manifestation of the experience – highlighting the emotional aspects of witnessing a volcanic eruption, or in Jónsi's case, being isolated and detained from his home during a culturally significant event for Icelanders.

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<sup>13</sup> McRuer, Robert. "Introduction: Compulsory Able-Bodiedness and Queer/Disabled Existence." *Crip Theory: Cultural Signs of Queerness and Disability*, New York University Press, 2006. See for more on crip theory and "compulsory able-bodiedness".

<sup>14</sup> Thomas's project, commissioned for the *Undeliverable* exhibition, features a long descriptive name: *Ongoing, collective effort and learning in appreciation and humble recognition of bodily complexity, permeability, and vulnerability, as well as the interdependent nature of our survival, our thrival OR Fragrance-free sculpture piece (in which we imagine and co-create toxicant-free access and fragrance-freedom as a fragile, dynamic, invisible sculpture made possible by the efforts of everyone who is present and everyone who maintains this space)*

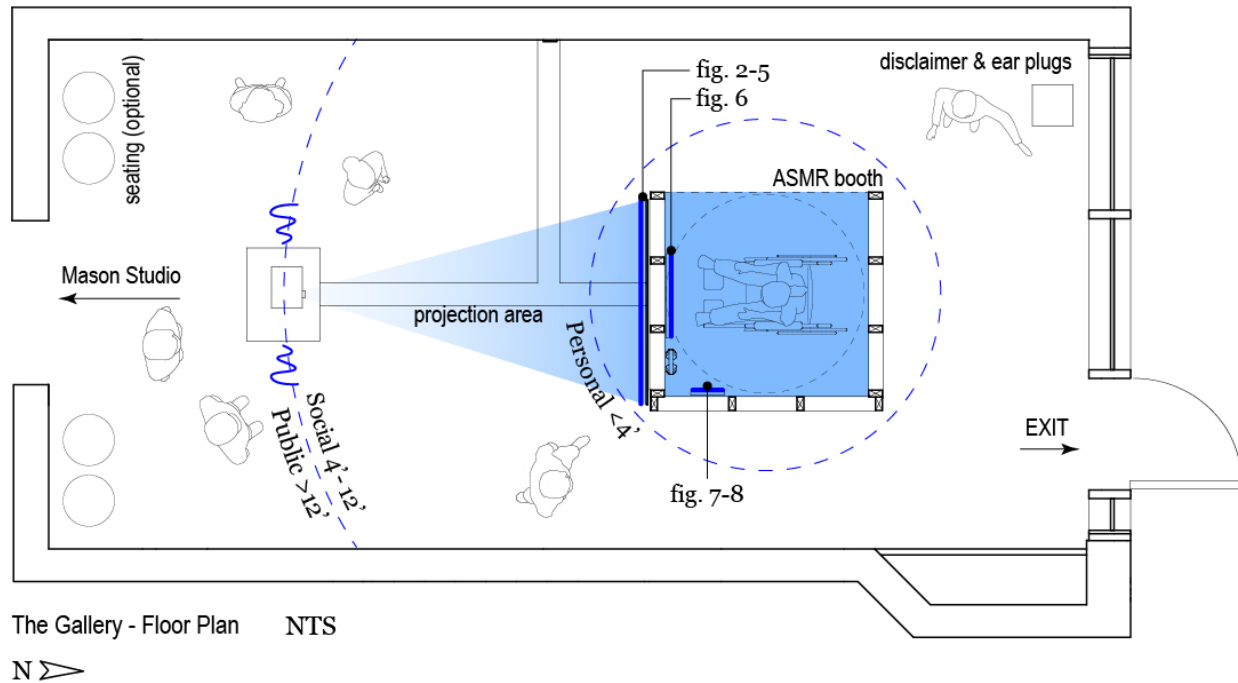
<sup>15</sup> Olfactory stimuli are banned from many inclusive spaces due to their potential "toxicity" (Thomas, *Fragrance Free*). Consequently, to be considered truly accessible, cultural spaces are required to be scent-free.

# Exhibition Concept & Design

## Curatorial Statement

*Body of Aesthetics*, curated by Sara Dagovic, presents the works of artists Orus Mateo Castaño-Suárez and Artemis Han who respond to the injustices suffered by the body through its subjugation by the medical gaze, as it is isolated from the collective and reduced to a means of production. The exhibition investigates the therapeutic potential of aesthetic experiences to combat loneliness – the embodied experience of social isolation. Castaño-Suárez and Han turn to digital multi-sensory mediums to explore meaning-making while navigating the world through illness. Each artist critiques a perceived social or political injustice in contemporary mental health diagnosis and treatment through the lens of aesthetics.

## The Experience



**Figure 1** Floor Plan - Exhibition layout at The Gallery. Not to Scale.

The design for the *Body of Aesthetics* exhibition was driven by two key elements: (1) proxemics and (2) the color blue. Proxemics non-verbally communicates distance relationships between bodies, defining modes of social interactivity, by degrees. Constrained by invisible concentric circles, the works featured in the exhibition were laid out to provide opportunities for salient social connections at all distance relationships (personal, social, public), as defined by proxemics (see fig. 1), emphasizing the need for *quality* connections



over *quantity*, in combating feelings of loneliness. At each interval where artworks are present the color blue was strategically injected into the design of the space to identify digital contact zones.

When I invited artist Orus Mateo Castaño-Suárez to produce a commissioned work for the culminating exhibition, I asked them to respond to the themes in this thesis, particularly to reflect on the dissonances caused by the medicalization of the lived experience of disease. I also prompted Castaño-Suárez to consider, “If this narrative had a color – what would it be?” The prototypical saturated blue (RGB code: Ro Go B255) used by computer operating systems as a default container – the absence of an object, an untouched hyperlink, and most notably the color of the BSOD (“blue screen of death”) – the digital signification for a *failure to produce*, became the dominant color used throughout the exhibition. Castaño-Suárez’s immersive audio-visual projection, *Failure to Produce* (2024) fills the gallery space with dynamic sound and a cast of blue light, drawing people in to collectively experience the work.

The ASMR booth in the center of the gallery is specifically designed to be experienced by one visitor at a time, emulating a solitary existence. The booth features three of the five works that comprise Artemis Han’s *Autonomous Sensory* (2023) project. The largest work, *Sets of Containership* (see fig. 6), critiques how diagnostic and therapeutic healthcare infrastructures isolate individuals experiencing mental illness, by putting the onus of well-being on the individual instead of collectivizing and addressing the conditions socially. The accompanying visualizations, *Muffling the Sounds of the Beach* and *Sifting Colours of the Beach* (see fig. 7-8) depicted on smaller screens, offer a solution to the imposed isolation by reintroducing haptic connections to emulate physical, and by extension, social intimacy. When Han originally presented her work, the videos were accompanied by kinetic sand to provide the sought-after tactile quality. However, the artist noted that the sand proved to be expensive, wasteful, and *too* distracting. The sand’s sensory stimulation took away from the audio-visual experience instead of augmenting it. Following my consultation for the *Body of Aesthetics* exhibition, the artist added an audio interpretation of the visuals to be conducted through a bone conduction speaker (see fig. 16), offering a synchronized haptic response.

### **Accessibility**

*Body of Aesthetics* is committed to providing an exhibition that is accessible to a diverse audience. The location for the exhibition is close to accessible transit routes and it is located on the ground floor and accessible without a change in elevation. Barrier-free access and paths of travel were maintained in the design of the exhibition as per the Ontario Building Code (OBC) 3.8 *Barrier-free Design*.

Graphics standards for the exhibition followed the *Inclusive and Accessible Design Guidelines* (2017) defined by the Canadian Museum of Human Rights. Considerations for text size, font, color, spacing, and contrast were made to ensure that visitors with visual disabilities and/or low-vision lines (i.e., wheelchair users) could easily engage with the content.

In addition to these conventional access considerations, the following creative access interventions were introduced as an extension of the care provided in the *Body of Aesthetics* exhibition:

### **Earplugs**

Mindful of the immersive nature of the exhibition, and the varying sensory needs of visitors, complimentary earplugs were provided to visitors.

Outcomes: Fifteen pairs of earplugs were used on opening night. With an estimated 60-70 people in attendance that meant 21-25% of visitors accepted this intervention.

### **Seating**

The viewing area for the large projection screen was initially designed for standing to accommodate 15-20 people. In addition, four stools were provided along the perimeter of the space to accommodate various mobility needs.

Outcomes: The chairs were used throughout the night and re-located by guests as needed.

### **Disclaimer & Additional resources**

The following disclaimer was posted at the entrance to the exhibition:

*This exhibition is experiential in nature and features a dimly lit space with high-contrast visuals and, immersive sound. For the best experience, move along the perimeter of the exhibition; please do not walk in front of the projector. Complimentary earplugs are available for visitor use.*

This text was accompanied by content warnings, and a QR code that links to a list of contacts for anyone seeking support with their mental health (see fig. 12).

See Appendix E for a list of resources provided during the exhibition.

## **Public Programming**

During its two-week run, three free public events were offered to provide engagement and education opportunities outside of the gallery's regular hours. Marketing for the event was shared through multiple streams including email, OCAD University's Graduate Studies newsletter, Instagram, LinkedIn, and Eventbrite.<sup>16</sup>

Regular Gallery Hours:

March 15-27, 2024 (Wed-Sat) from 10:00 am-4:00 pm

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<sup>16</sup> Eventbrite, an online ticketing platform, was used to manage event capacity; registration was required for all events. The events were offered at no cost.

## **Opening Night**

Thursday, March 14th, 2024, 7:00 – 10:00 pm

An informal opening event was held to provide a place to connect with the public and celebrate the culmination of collective labours that produced this exhibition.

See Appendix F for exhibition and event photos.

## **Exhibition Tour**

Thursday, March 28th, 2024, 6:00 – 7:00 pm

On the last night of the exhibition, the public was invited to attend an intimate tour (max 15 people) led by myself, the curator, and artist Orus Mateo Castaño-Suárez. For the first half hour visitors got a chance to learn more about the exhibition design process and get a "behind-the-scenes" look at how it all came together. Following the tour visitors were given the chance to experience the exhibition at their own pace.

## **Artist Talk**

Thursday, March 28th, 2024 7:00-8:00 pm

Hosted as a separate event following the exhibition tour, I moderated a panel discussion with the artists on the role of aesthetics, providing them with an opportunity to discuss their practices and share their bodies of work.

Prompts provided:

- Why is this work important to you?
- Why did you choose to work with digital mediums? What does digital visualization offer?
- What aesthetic practices do you engage in and how do these inform your practice?

## Conclusion

Loneliness is considered to be a socio-culturally produced condition (Magsamen and Ross; “Social Isolation and Loneliness”; Wister and Kadowaki) and could therefore be affected in social interstices<sup>17</sup> through interventions of care. Social prescribing is one such intervention focusing on supporting the emotional and social well-being of individuals, by prescribing subsidized community engagement. For example, with this model, patients may be prescribed complimentary admission to art galleries and museums, reducing barriers to accessing meaningful social and community interactions. However, this type of social intervention still operates under the authority of clinical practice, presenting its own set of challenges. Social prescribing is complementary to clinical treatments as part of a holistic approach to healthcare rather than a standalone treatment option, requiring continual access to a healthcare provider for ongoing benefits.

*Body of Aesthetics* challenges prescriptive approaches to the social dimension of well-being through curatorial epistemologies. Mirroring the evolution of contemporary artistic practices, the curatorial departs from a concentration on formal aesthetics to engage in social and political discourse through the lens of aesthetics. Neuroaesthetics reveals that there is no exact formula for eliciting an aesthetic experience, and no single creative behaviour responsible for well-being. Rather, practices that meaningfully engage our senses and emotions have the greatest therapeutic potential, activating our social brain to evoke empathy, thereby establishing salient neural connections and a sense of belonging. As demonstrated by the Toronto-based curators interviewed for this thesis, the curatorial engages in social justice to support the social needs of artists and community members through advocacy, making the exhibition space, a space for protest against oppressive systems that negatively affect well-being. This form of care foregrounds the care of people, providing discursive spaces (contact zones) for collectivized care to take place. The merger of social and spatial practices of care as a methodology is not exclusive to the curatorial and can be seen in architecture and design practices alike. Recognizing this correlation presents an opportunity for other fields to interrogate if their own practices’ penchant for compliance-based methods may be hindering desired outcomes.

The titular exhibition presents the *Body of Aesthetics*’ methodology in practice, demonstrating how curators can make space to support positive well-being, without relying solely on compliance-based methods. To ensure a diverse audience was included in the discourse presented, accessibility considerations were an integral part of the design. However, the driving design factors were experiential and narrative in nature, defining the visitor journey and the shape of the space. The exhibition was designed to model the varying dimensions of social isolation (intimate/emotional, relational/social, and collective), mindfully providing opportunities for salient connection throughout. Using digital, multi-sensory mediums the

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<sup>17</sup> See Bourriaud. In *Relational Aesthetics* (2002) he uses the term to define spaces that provide opportunities for social engagement, without restricting the “possibilities of inter-human relations” (16).

artists, Orus Mateo Castaño-Suárez and Artemis Han challenge the current model of mental health diagnosis and the commodification of positive well-being, respectively, to critique the medicalization of socially affected conditions, through aesthetics. The ways that the *Body of Aesthetics* exhibition was able to confront and critique medical and capitalist epistemic models, as demonstrated by the artists, raise the question: What does a body of aesthetics practice look like beyond the topics and themes presented in this thesis? What would this approach look like in museums, galleries, and cultural institutions when confronting other oppressive epistemic and ontological systems?

# Body of Aesthetics

### Prologue

In the digital age almost, nothing is as terrifying as the intensity and abruptness of the “stop error” manifesting on your screen. More commonly known as the “blue screen of death”, or “BSOD” by the more initiated, it signifies a fatal error in the system, mocking you with a deluge of unnatural, pure blue (RO Go B255) light. The *Body of Aesthetics* (2024) exhibition, hosted in a contemporary, white space, is awash with this color, its intensity ebbing and flowing to the rhythm of languid breathing – thus the blue light rejects its signification as digital apathy.

The focal point of the exhibition, situated at the imaginary epicenter, is a square-based, partially constructed room, open to one side. In contrast to the white exterior (emulating the surrounding space), all the interior surfaces are blue. The interior features Artemis Han’s body of work, *Autonomous Sensory* (2023), in two parts: (1) an ASMR immersion, and (2) a haptic intervention. Designed for a single visitor, the booth facilitates an intimate exchange via a set of multi-sensory digital interactions, providing an opportunity for salient connections in isolation, to subvert feelings of loneliness. Typically, accessible only through the immediate proximity of bodies, tactile qualities are made possible through Autonomous Sensory Meridian Response (ASMR):

Developing research suggests ASMR activates both the brain's reward and social behavior regions, thus creating a sense of connectedness, bonding, and emotional satisfaction. With its ability to trigger a physical response, viewers describe that by watching the videos, it feels as if they are partaking in action and sensing the material themselves. As a result, distributed on social platforms, a

new online community formed around this phenomenon and has been increasingly used as a self-prescribed form of mental healing. (Han, *Autonomous Sensory: Mediation of the Liminal* 19)

The emergence of online communities challenges the notion that physical proximity is integral to collectivity, by establishing intangible contact zones. Han's project demonstrates the potential of digital contact zones (i.e., social media platforms such as YouTube), as spaces through which we can collectivize care for mental well-being.

Han's featured digital sensory visualization, *Sets of Containership – A Sensory Visual* (2023), responds to the complexities and dissonances of the mind/body, individual/collective, perpetuated by healthcare infrastructures. The work consists of a technicolor fractal matrix, synchronized with an ASMR soundscape that contextualizes the seemingly discordant objects on the screen. *Muffling the Sounds of the Beach* (2023) and *Sifting Colours of the Beach* (2023) depict the sounds and textures of the beach through sensory visualizations. A small bone conduction speaker provides the visitor with the option to experience the tactile quality of the visualizations.

Sand is a personal narrative tool used by Han to convey her longing for the beach, and how recent estrangement from it has impacted her own well-being. Raised in a coastal city, Han grew up with access to the beach, a place that provided her with the aesthetic experience she coveted and became a place of comfort. However, living in suburbia she is now separated from the beach – no longer easily accessible, it required a car to reach, and so her feelings of positive well-being became commodified, and eventually prescribed through medical intervention. Introduced as a design methodology, Han's digital sensory visualizations seek to improve access to salient stimuli by exploring "the potential of spatial experiences in providing mediation between one's inner emotions with the outer world" (Han, "Autonomous Sensory"). *Autonomous Sensory* produces salient connections across distance by inducing haptic responses – bringing a new dimension to digital experiences.

The experience in this exhibition begins with the most intimate relationship – the self. As visitors move through the exhibition, they move through the various distance relationships as defined by the practice of proxemics – personal (self), social, and public – with increasing degrees of relations as they leave the epicenter. The solitary room in the gallery is a spatial representation of the isolation faced by individuals experiencing mental illness; the sense of touch facilitates a figurative reaching-out between the personal

and social bodies. As visitors leave the confines of the room they are confronted with the socio-political dimensions of illness, as presented in Orus Mateo Castaño-Suárez's *Failure to Produce* (2024).

Commissioned for the *Body of Aesthetics* exhibition, *Failure to Produce* protests the body's subjugation by the hegemonic medical gaze and "interrogates how mental health diagnosis is shaped by capitalistic measures of production" (Castaño-Suárez). Projected onto the isolated square enclosure, the video opens with what appears to be a BSOD, quickly transforming into a soft, undulating veil. Accompanied by the sound of intelligible human whispers and the scratching of pens, mirrored handwriting runs across the bottom of the frame, placing the viewer as a witness to private thoughts. A sharp *ping!* interrupts the introspective process and replaces the scene with a network graph analysis of the themes presented in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM). Produced through AI-assisted topic modeling methods, the graph morphs to display various thematic connections within the DSM, serving as a critique of the language used by this diagnostic method to describe bodies experiencing mental illness:

There are few documents as influential in the diagnosis of mental illness, if any, as the [DSM]. It includes definitions of illness within the manual like "failure to fulfill major role obligations at work, school, or home." In the capitalistic systems that foster the development of this document, 'failure to fulfill' is de facto a failure to produce. Such collapsing of a patient's personal value occurs in diagnosis when people are especially vulnerable. Our human value is too often tied to economic productivity. It is imperative that we de-center financial production in definitions of wellbeing, and challenge the language in diagnosis to make it more just. (Castaño-Suárez)

For several minutes, the dynamic graph dances in sync with the ethereal soundscape, occasionally revealing anthropomorphic distortions ("skulls") within the data. Castaño-Suárez bids visitors to consider the individuals behind the data collected, instead of their prescribed value as per the DSM, begging the question, "How, then, do we resist the ways our mental health is measured by our ability to produce"(Castaño-Suárez). The intermittent anthropomorphizing of the data clusters and the whispering bring a human shape to seemingly impersonal data sets, inviting you to listen to the buried voices within.

*Failure to Produce* closes with an opportunity for reflection. The rippling, digital blue veil returns to the screen, alongside the disembodied whispers and scratching of pens. The artist, in their own words, "invites visitors to claim their wellness as an act of resistance against systems of oppression." Additional meditative prompts are provided to the visitors through a companion script poem and scores, devised by the artist.





## Visitation

Speak to heal  
you silenced,  
you, price of progress.

Write to heal  
through the veil,  
your whispers blue.

Here is paper,  
scratch,  
and echo too.

Orus Mateo Castaño-Suárez, “Visitation”  
*Companion Script Poem, 2024*

## **Chapter 1:** **Dis/sonance**

*...the “illness” dimension of human distress (i.e., the social relations of sickness) are being medicalized and individualized, rather than politicized and collectivized. Medicalization inevitably entails a missed identification between the individual and the social bodies, and a tendency to transform the social into the biological.*

– Scheper-Hughes & Lock, *The Mindful Body*

The notion that our thoughts can affect our health outcomes has only begun to be recognized in Western clinical medicine as recently as the 20th century (Scheper-Hughes and Lock; Kleinman). In *The Mindful Body* (1987), anthropologists Nancy Scheper-Hughes and Margaret M. Lock describe this incongruence, the “failure to conceptualize a ‘mindful’ causation of somatic states” (9), as the enduring “legacy” and “fallacy” of Cartesian mind/body dualism. A hegemonic, reflexive “I”, the *thinking* entity, as established by René Descartes (1596-1650), exists independent of the tangible body, and by extension the material world. This dualism creates further divisions of being, individual/society, society/nature, etc., that are unreconcilable under the I’s dominion. Dissonances caused by these severances are considered contributors to the experience of loneliness (Scheper-Hughes and Lock 10), and thereby illness (Magsamen and Ross 220–21; Sternberg 226–30; *Connected Communities: Healthier Together* 5).

The relational paradox, identifiable by the divisive “/” (slash), has undergone a transformation in contemporary epistemologies, fusing previously disparate entities with the unifying “-” (hyphen), in an effort to reconcile the mind and body. The “mind-body” model represents a “phenomenally experienced individual body-self” (Scheper-Hughes and Lock 6), a union made possible, in theory, by the leveraging of multi-modal sensory experiences, which inform our understanding of our environment more fully than the eye alone. Alongside the hegemony of the “I” was the growing hegemony of the eye – ocularcentricity was governing our socio-cultural production and experiences (Bourriaud 21; Pallasmaa 22–25). This prevailing ocularcentricity, prevalent in art and architecture, is innately non-inclusive, and as Juhani Pallasmaa observed, in *The Eyes of the Skin* (2005), “nihilistic” (22). It is through multi-sensory experiences that we build our understanding of the world around us, and in turn, the self. We may not be aware of, or thinking about, the lighting levels in the room, the temperature, or the smell, but our body is experiencing these things still, subconsciously informing our perception of the world (Magsamen and Ross 8). A collaborative model of the senses, rather than a privileged one, refutes the division between mind and body by presenting a unified self, one that both has a body and is a body, both thinks and feels.

Reconciliation of the self does not solve for isolation, only dissonance. The body exists in-relation-to; it cannot exist or know itself without the other (Bourriaud 22; Manning; Sartre et al.). What is required is an embodied existence – a symbiotic one – in which the body acting upon and acted upon creates the inner microcosm of emotions, memories, and thoughts, and the larger macrocosm of the social, political, and natural, simultaneously, and in perpetuity.<sup>18</sup> At the heart of this relation is a desire to reach-toward, a visceral need for connection. This reaching-out creates a new body paradigm in which the “-social/natural”, and the “-political” forms become extensions of the self.



## [Chapter 2:](#) [Reaching-out](#)

We lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts.

– Scheper-Hughes & Lock, *The Mindful Body*

Dr. Vivek H Murthy M.D., the 19th surgeon general of the United States, who co-chairs the WHO (World Health Organization) Commission on Social Connection, identified “three different dimensions of social life where humans need to feel connection” (Magsamen and Ross 220): intimate/emotional, relational/social,

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<sup>18</sup> See Manning; “being and becoming” (84–109). Also, see Sartre.

and collective; stating that a lack of connection in any one of the three resulted in feelings of loneliness. Murthy's dimensions of social life – the personal-social-political tripartite – are expressed in the way we shape and interact with our environment. Proxemics, a theory utilized in architectural practice, establishes “distance relationships among people” (McGowan 3) to influence human behaviour and protect individual comfort. Proxemics presupposes those relationships – “personal”, “social” and “public” – are socio-culturally defined boundaries with their own set of relational privileges – family/friend, colleague, stranger. These distance relationships are identified by intangible concentric circles with increasing degrees of separation, emanating from the intimate relationship, the self, represented as a node in the epicenter. Proxemics thus illustrates the forced, though likely unintentional, isolation imposed on the individual in Western social praxis.

In *The Mindful Body*, Scheper-Hughes and Lock introduce emotions as the mediatrix of the bodies (phenomenal, social, political), capable of collapsing Cartesian dualities. They posit that emotions, whether individual or collective, are socio-culturally affected (28), and affect those bodies in turn. By extension art and illness, as byproducts of emotions, would be considered socio-cultural expressions. Borne out of a system of relations, their meaning and value, rather than being individually ascribed, exist within social contexts (Bourriaud 14,81; Magsamen and Ross 19, 223). As such, anthropologists view “sickness<sup>19</sup> as cultural performance” (Lock 141).<sup>20</sup> As a product of socio-cultural relations, sickness is a form of communication revealing “social truths” (Scheper-Hughes and Lock 31). Kleinman observed that illness narratives, particularly retrospective narratization, function as a form of communication, revealing a patient's perceived social oppressions and injustices (51).<sup>21</sup> Arto-ethnographic art and design practices recognize the intimate relationship between art, illness, and culture: “the intimate juncture of the self-in-the-world, a self that is aware of and responsible for how it relates to the world... it starts with the intimate and works outwards” (Schouwenberg and Kaethler 19).

In *Relational Aesthetics* (2002) French critic and curator, Nicolas Bourriaud, investigates the “indissoluble bonds between the social order and the aesthetic order” (Bourriaud 65); he contests the notion

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<sup>19</sup> In Lock's text “sickness” embodies both medical and social conditions – disease and illness.

<sup>20</sup> Lock warns against assuming that *all* sickness is a socio-cultural, or political protest, but cannot deny the “intimate relationship” (Lock 144) identified by anthropologists.

<sup>21</sup> Kleinman expressed that retrospective narratization can function as a moral or political commentary (50) and “can readily be shown to distort the actual happenings (the history) of the illness experience, since its *raison d'être* is not fidelity to historical circumstances but rather significance and validity in the creation of a life story” (51).

that artists (and conversely curators) are loners, or that art is a solitary endeavour, produced in isolation (81). Subverting ideals of individualistic acquisition and commodification that were prevalent in modern art, *Relational Aesthetics* explores how interactivity became fundamental to contemporary art, defining it as “a period of time to be lived through” (15). Challenging acquisition and materialism paved the way for ephemeral, immersive, and interactive artworks, as did the advancement of digital mediums. Despite its sometimes-transient nature, contemporary art has not supplanted commodification as it is still *selling*; it's just changing the methods of production, exhibition, and commerce, selling an experience rather than an object. Capitalism fundamentally affects how we relate to the world, influencing our modes of production (14–18), and the conceptualizations of body-self, and thus, the manifestations of illness.



### **Chapter 3:** **Metaphors**

...the world in which most of us live is lacking a comfortable and familiar human shape.

– Scheper-Hughes & Lock, *The Mindful Body*

Body metaphors effectively change the way we conceptualize and relate to our bodies and lived experiences. Imbued with social and cultural values the contemporary “body-as-machine” metaphor implies that humans have embodied their relation to labour and production – a likely symptom of industrial capitalism.

We rely on the body-as-machine metaphor each time we describe our somatic or psychological states in mechanistic terms, saying that we are “worn out” or “wound up,” or when we say that we are “run down” and that our “batteries need recharging”. (Scheper-Hughes and Lock 23)

When we equate the human with the machine, we stray from the way bodies actually function – in-relation-to other bodies (phenomenal, social, and political) – and so are left with a dissonant being searching for itself in incompatible forms. This dissonance affects our feelings of well-being. This phenomenal-social dichotomy, explains Kleinman, is why someone experiencing a disease will often see their sick, ailing body as separate from themselves, and separate from the social fabric (26). The inability to reconcile the body-self with the social body is a symptom of being stuck in incongruent

metaphors that perpetuate the body's isolation. Looking to mechanistic fixes only exacerbates feelings of negative well-being – feeling “broken” or “insufficient” for not fulfilling social, familial, or work obligations – because embodying industrial capitalist production also means embodying notions of malfunction: a *failure to produce*.

In the digital age, people are often represented by and even replaced by their data in social and medical practices. However, unlike the machine, data is a natural byproduct of the personal and social bodies. It is a digital manifestation of our lived experience. Embodying our data may be a step towards a mindful reconciliation of the bodies in the digital age. Self-proclaimed digital storyteller and artist, Biana Schick, says this about her arto-ethnographic practice:

My data is not a collection of impersonal data points but rather a record of affective-charged narratives... As such, I genuinely recognize myself in my devices, and so I must contend with understanding myself as data... [my design work] identifies the uncomfortable realities and boundaries of the self and data, such as how feelings and emotions arise from the orienting of our bodies towards digital technologies. How are we performing new data-identities? To explore these questions, I use a range of media. In particular, I use moving images to give data a shape and a “body”, in order for it to find a representation closer to the social life as we experience it rather than simply as the numbers, statistics, and graphs that feed it. (Schick, “Sticky Data” 119)

Schick's exhibition *I lick I click I bite I spit* (2021), explores her sense of self in-relation-to the contemporary social condition – the digital age. Her video installation project reimagines intangible data sets, so often thought of as disparate, as familiar forms and actions, accompanied by ASMR quality audio, to introduce new-found intimacy with these forms, making them salient. *I lick I click I bite I spit* offers insight into how this emerging body metaphor, body-as-data, is culturally produced, by entering into dialogue with the digital contagion that forms our view of self in a digital age. Schick doesn't antagonize the data – she doesn't position her body in protest to it, rather she aims to reconcile the body (self) with the data produced.

Embracing one's data does not signify an acquiescence to the social and political systems of oppression that rely on data gathered from individuals, rather it's a means to resolve dissonances arising from their estrangement. Artists Orus Mateo Castaño-Suárez and Artemis Han, use digital mediums as a meaning-making tool to inject seemingly disparate data back into the familiar phenomenal and social dimensions of life. Together, the works presented in *Body of Aesthetics* challenge the oppressive medicalization of socially affected conditions and capitalist measures of production to ascribe well-being.



## Epilogue

The slash, exhausted from its tyranny, pronates itself in a desperate attempt, reaching out to reconnect the sundered pieces of the being. Mind and body collapse, taking a singular tenuous form – a being that both thinks and feels – a neuro-aesthetic form.

Despite the best efforts of the hyphen, isolation persists. The hyphen highlights the pervasive disparate realization of the self and the prevailing dimensions of loneliness. In relation-to other bodies the being begins to know itself and communicates through aesthetic production.

Forced into incongruent body metaphors the being rallies against ill-fitting molds to embrace the phenomenal and affectual material it produces. Emotions become the catalyst for its liberation, transforming the body-social through art and protest along the way.

The being embodies aesthetics.

An aesthetic body, does away with dictatorial punctuation, making way for a clear and succinct form – a body that recognizes itself in the world and responds in kind.

*A body of aesthetics.*

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## Appendix A: Glossary of Terms & Definitions

**Aesthetics** For the purposes of this research, references made to “aesthetics” are not to formal aesthetics (i.e., valuations of beauty, or aesthetic fluency<sup>22</sup>), rather, they refer to:

**Aesthetic experience** An emotional, neurological response to engaging in creative behaviours (i.e., creating or beholding art). An aesthetic experience has the potential to challenge existing perceptions and fundamentally change one’s perspective.

**Neuroaesthetics** This field of study concerns itself with the human neural experience of viewing and engaging with art; it is a study of how aesthetic experiences measurably change the mind and body to facilitate healing. The term was coined by neurobiologist Semir Zeki in the 1990s.

**Relational aesthetics** This term was coined by French critic and curator Nicolas Bourriaud to describe the contemporary shift in artistic practices to participation and interactivity, emphasizing the influence of sociality in the formation of art.

### Care

**Clinical** A long-term system of prescribed therapeutic social interventions, often undertaken by family members and friends, that establishes and maintains feelings of *positive well-being* in individuals living through illness.<sup>23</sup>

**Social** Care as presented in this thesis occurs in social interstices in the form of aesthetic practices. These aesthetic practices challenge prescriptive or compliance-based methods in favour of creating emotionally salient and meaningful experiences to foster feelings of positive well-being.

**Cure** A bio-medical response (the result of medical intervention) to a disease.

*\*This is a concern for pathology and is not addressed in the context of this study.*

**Disease** A disorder in someone’s biology that causes symptoms. It requires a *cure* – a bio-medical / clinical intervention through drugs, surgery, etc.

**Illness** The embodied, lived experience of a disease, including symptoms (whether measurable or not), disabilities, chronic effects, socio-economic impacts, etc. Illness experience is always culturally shaped. Illness, especially chronic illness, requires *care* (i.e., familial support, community engagement, change in lifestyle habits, occupational therapy, etc.).

**Illness Narratives** A patient’s personal narrative of their experience living with a disease, including the lived experience of the patient’s significant others. The idea of illness narratives was introduced in 1988 by Dr. Arthur Kleinman M.D., a professor of psychiatry at Harvard Medical School, as a way to

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<sup>22</sup> See Reber et al.

<sup>23</sup> This definition of care was devised for the purposes of this thesis to clearly distinguish it from the clinical *cure*. The definition was informed by my reading of Kleinman’s *The Illness Narratives* (1988).

highlight the psychological and social aspects of chronic illnesses that are often disregarded in doctors' traditional approaches to treating disease. This is still however very much a clinical tool and meant to be part of a holistic medical treatment, not a *cure*.

*Kleinman warned clinicians and patients against the “myth of cure” (229): thinking or hoping that non-clinical interventions can cure chronic illness. He urged patients instead to think of these social interventions not as cures, but as therapeutic and on-going parts of their lives, required to feel better.*

**Phenomenology** The study of lived human experience, and its meanings, as perceived by the individual. Phenomenology posits that reality is a subjective construct – meanings and values are assigned in relation to – rather than existing as a positivist truth to be discovered.

**Positivism** The notion that anything not measurable or logically verifiable is not real. When it comes to illness there is sometimes a dissonance between available biomedical data and statistics, and a patient's record of an experience. For this reason, symptoms that cause suffering, especially pain, are not always taken seriously. This invalidates the lived experience.

**Social prescribing** Part of an emerging wellness model that seeks to provide care, predominately with the goal of lessening social isolation and feelings of loneliness through meaningful engagements in community and culture. Doctors can prescribe non-clinical interventions such as knitting classes, painting, dance, and even museum and gallery visits to patients in addition to their medical treatments.

**Well-being** Is an individual's *perceived* measure of their quality of life. Feelings of *positive well-being* are referenced in this study; not to be conflated with *health*.

## Appendix B: Interview Results

**Table 1** Creative Behaviours - Survey Results

What types of creative behaviours do you participate in the most (>80% of the time)?

*Some creative behaviours involve multiple sensory stimuli and experiences; choose the one that is most appropriate in the context of your own, personal experience.*

In the survey the participants were asked to provide insight into their creative behaviours, in the context of sensory stimuli (visual, auditory, olfactory, kinetic/proprioceptive, and/or other). The survey results revealed that the visual senses were most engaged, while only one participant noted engagement in kinetic/proprioceptive activities.

Two participants said they participated in creative behaviours daily, and one said 1-5 times a month.

A similar question was asked during the interview process, revealing different results (see Table 2).

Creative Behaviour / Sensory Stimuli	Mentions
Visual (i.e., visiting museums, drawing, painting, watching a movie, etc.)	3
Auditory (i.e., creating music, listening to music, singing, composing, etc.)	2
Olfactory (i.e., picking flowers, lighting candles, wearing perfume, etc.)	2
Kinetic (i.e., dancing, meditative walking, somatic movement, etc.)	1
Other	0

**Table 2** Creative Behaviours - Interview Results

*Are there any other creative behaviours you regularly partake in?*

During the interview process, participants had the opportunity to expand on the survey question regarding creative behaviours. I noticed that when prompted to speak freely, and without the constraint of categorizing the activities by sensory stimuli, the variety of activities increased from what the participants indicated in their surveys.

All the participants expressed excitement in answering this question; there was a noticeable change in demeanour, revealed by the use of absolute language and hyperbole, such as “I love x”, “I’m crazy about x”, “I will never...”, etc. When answering this question, two of the participants, unprompted, also provided details regarding activities that they disliked.

Creative Behaviours	Mentions	Notes / Observations
Curating	3	See Table 3
Viewing Art	3	
<ul style="list-style-type: none"> <li>- Museum visits</li> <li>- Gallery visits</li> </ul>		
Listening to Music	2	Participant 2 stated that they enjoy music in many forms, particularly live music but strongly dislike <i>musicals</i> : “I’m not really big into musicals, is maybe the one spot where I’m not diving in.”
<ul style="list-style-type: none"> <li>- Going to concerts</li> <li>- Creating personal playlists</li> <li>- Attending Operas</li> </ul>		
Biophilic	2	Participant 1 stated that they enjoy being surrounded by plants, but strongly dislike hiking: “My partner, often goes hiking and things like that, and I grew up with a [outdoorsy] father... So, I had my max...”
<ul style="list-style-type: none"> <li>- Plant procurement</li> <li>- Flower arranging</li> </ul>		
Film	2	
<ul style="list-style-type: none"> <li>- Watching films</li> <li>- Attending film festivals</li> </ul>		
Photography	2	
<ul style="list-style-type: none"> <li>- Viewing photographs (memories)</li> </ul>		

- archiving		
Singing	1	
- Karaoke		
Interior Design	1	
Food (Culinary Arts)	1	
Dancing	1	
Learning Languages	1	
Writing	0	“I hate writing. Hate it [laughs], hate it... ‘write in your diary’. No [laughing]. No, I will never do that.” (Participant 1)

**Table 3** Participant quotes on curation as a creative behaviour

<p><i>Do you experience curation as a creative behaviour?</i></p> <p>The participants all expressed that they regarded their curatorial practice as a creative behaviour that is both creatively fulfilling and rewarding.</p> <p>A: “100%. Yeah, I can't even think of [curation] as not a creative behavior. I couldn't even define it in any other way. Because for me, I've always been such an incredibly creative person. And I was always struggling with how to define that because I'm not an actual maker. But through curating I've been able to create in a different kind of way that's almost like a director, producer, coordinator, social facilitator, designer or – kind of combines all of these things to create, without necessarily making with my own hands.” (Participant 3)</p> <p>B: “Totally. Yeah, it's from the get-go. I went to art school and fine art and, you know, had thoughts that, ‘ohh, maybe I could do this art thing’, but it was a very quick realization that I was better at making art happen than making art. And I just leaned into that - I turned my practice into more about the back-end. You know, the politics, the structures, the infiltration of spaces – always finding just the smallest crack or the smallest entrance point and opening that up to create something new and exciting [...] I'm totally creatively fulfilled... on a daily basis.” (Participant 2)</p>
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C: "... I also think it's really important sometimes just to hold the space, to just be super administrative and be that advocate for the person that has their own creativity and message and – vision. So sometimes I'm making sure they can make that happen, and that can be equally as rewarding."  
(Participant 1)



## Appendix C: Artist Bios

### Orus Mateo Castaño-Suárez

Orus is an award-winning researcher and artist based in Tkaronto. They are a Master's degree candidate at OCAD University's Digital Futures program, specializing in the emerging technology of digital scholarship. They are an ongoing contributor to Harvard University's Working Group for Art and Spirituality, Nodus Labs, and Metaresearch Lab. Their work in AI, topic modeling, interface, and climate justice can be found in a number of places online. For a detailed exploration of this work, they encourage you to visit:

**Website**

[orusmateo.com](https://orusmateo.com)

**LinkedIn**

[mateotoronto](https://www.linkedin.com/company/mateotoronto)

**Instagram**

[@mateotoronto](https://www.instagram.com/mateotoronto)

**Sources:**

Castaño-Suárez, Orus. *Failure to Produce*, 2024. YouTube,

To view the video, go to [Failure to Produce](#).

### Artemis Han

Artemis is a Taiwanese-Canadian designer whose work engages with the intersection of mental health and space. Her work and research explore the influence of sensory experiences and perception within spatial contexts. She is interested in the interplay between emerging technologies, media, and the built environment and utilizes storytelling and immersive experiences as mediums for creative expression.

Artemis holds a Master of Arts in Architecture from the Royal College of Arts and also obtained a Bachelor of Interior Design from the Creative School at Toronto Metropolitan University.

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**Instagram**

[@artemishan.j](https://www.instagram.com/artemishan.j)

**Sources:**

Han, Artemis. *Muffling the Sounds of the Beach*, 2023. YouTube,

To view the video, go to [Muffling the Sounds of the Beach](#).

Han, Artemis. *Sets of Containership - A Sensory Visual*, 2023. YouTube,

To view the video, go to [Sets of Containership](#).

Han, Artemis. *Sifting Colours of the Beach*, 2023. YouTube,

To view the video, go to [Sifting Colors of the Beach](#).

## Appendix D: Description of Works

The following content is courtesy of the artists, as presented in the *Body of Aesthetics* exhibition.

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Orus Mateo Castaño-Suárez

**Failure to Produce**, 2024 [see fig. 2-5]

Video projection, soundscape, 9' 00"

The Failure to Produce installation uses video, soundscape, poetry, and score to interrogate how mental health diagnosis is shaped by capitalist measures of production, exploring themes of productivity, worth, and resistance.

To learn more about this project, visit [Failure to Produce](#).

### **Driving Themes and Questions**

Our ecology is collapsing because a small few ranked their profit over the lives of the many.

In a time such as this, how do we make room for care?

How, then, do we resist the measurement of our mental health by our ability to produce?

How do we cultivate this in our communities and mental health institutions while they still exist?

### **The Work**

*Failure to Produce* is a work of video projection and soundscape.

As an audible intervention, it asks the visitor to listen for the unheard. The soundscape features whispers and the sounds of writing.

As a visible intervention *Failure to Produce* projects the network graph analysis of the themes in the DSM. Castaño-Suárez reveals the economic and political underpinnings of often-invisible, ableist, and capitalist oppression within medicine.

In doing so, *Failure to Produce* centers those buried nameless in medical history for their own 'failure to produce.'

### **Call to Wellness as Resistance**

Orus includes *sounds of thought*, like whispers and writing, as an invitation to engage in therapeutic journaling. This well-documented intervention, developed by psychologist Dr. James W. Pennebaker, leverages writing as a tool for improving mental health outcomes. Inspired by Audre Lorde, Castaño-Suárez invites visitors to engage in critical wellness as an act of resistance against oppressive systems.

### **Companion Script Poem**

#### **Visitation**

Speak to heal  
you silenced,  
you, price of progress.

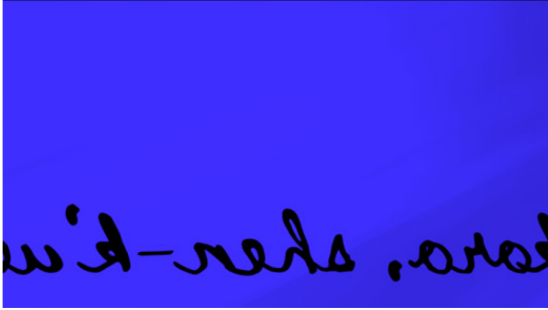
Write to heal  
through the veil,  
your whispers blue.

Here is paper,  
scratch,  
and echo too.

### **Companion Scores**

Listen for the Who is Not at the Table: Stay with the installation for its duration. Notice the moments of diminishing volume within the soundscape. Consider what those moments might represent for you, including unknown stories and unknowable variables within a diagnosis.

Data Breathing: Observe the movement of the network graph. Imagine the changing lines as an act of breathing. How does the vastness of medical data feel as you embody it?



**Figure 2** Video still: Castaño-Suárez, Orus. “Blue Veil 2”, *Failure to Produce*, 2024. Run time 9' 00”. Photo: courtesy of the artist.



**Figure 3** Video still: Castaño-Suárez, Orus. “Loading Wheel”, *Failure to Produce*, 2024. Run time 9' 00”. Photo: courtesy of the artist.



**Figure 4** Video still: Castaño-Suárez, Orus. “Skull 2”, *Failure to Produce*, 2024. Run time 9' 00”. Photo: courtesy of the artist.



**Figure 5** Video still: Castaño-Suárez, Orus. “Blue Veil 1”, *Failure to Produce*, 2024. Run time 9' 00”. Photo: courtesy of the artist.

Artemis Han

**Sets of Containership – A Sensory Visual**, 2023 [see fig. 6]

Digital sensory visualization, 1' 50"

This piece is part of a body of work titled *Autonomous Sensory* that *explores the potential of spatial experiences* in providing mediation between one's inner emotions with the outer world. Amidst current isolating mental health infrastructures, the work and research question how we can *push the boundaries of our perception and senses to expand our ability to feel and experience*.

Embodying its research matter, ASMR (Autonomous Sensory Meridian Response), the sensory visual utilizes editing and visual techniques to highlight the continuous separation of the mind and body and, the individual and collective within the current mental health infrastructure. Engaging and stimulating the senses through its audio-visuals, it displays the infrastructure's complexities and the collective isolation and containership resulting from extractive neoliberal solutions packaged as care.

*In the loss of haptic connections and the lack of social dimensions in its infrastructures, how might we approach mental health and its complexities differently?*

To learn more about this project, visit [Autonomous Sensory](#).

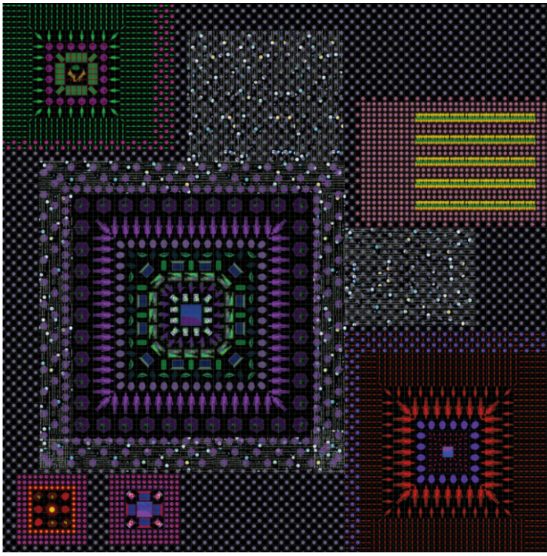
**Muffling the Sounds of the Beach**, 2023 [see fig. 7]

Digital sensory visualization, 1' 48"

**Sifting Colours of the Beach**, 2023 [see fig. 8]

Digital sensory visualization, 1' 07"

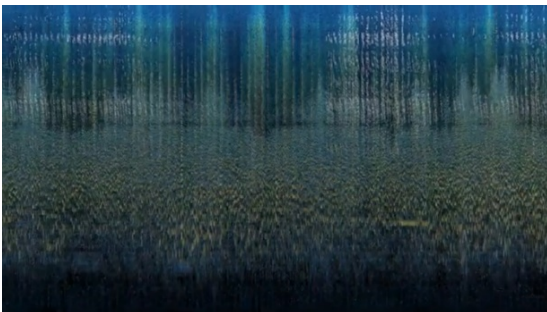
Digital sensorial environments made by the design methodology developed in *Autonomous Sensory* which uses the interplay of the senses and binaries.



**Figure 6** Video still: Han, Artemis. *Sets of Containership - A Sensory Visual*, 2023. Run time 4' 20". Photo: courtesy of the artist.



**Figure 7** Video still: Han, Artemis. *Muffling the Sounds of the Beach*, 2023. Run time 1' 48". Photo: courtesy of the artist.



**Figure 8** Video Still: Han, Artemis. *Sifting Colours of the Beach*, 2023. Run time 1' 07". Photo: courtesy of the artist.

## Appendix E: Additional Resources

The following statements and resources were provided by artist Orus Mateo Castaño-Suárez. The statements were posted at the entrance to the exhibition, alongside a QR code [see fig. 12] to give visitors continued access to the resources [online](#).

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**This work is not a substitute for medical advice:** The artwork should not be interpreted as medical advice, diagnosis, treatment, or a substitute for professional healthcare. If you are experiencing concerns related to your mental or physical health, please consult a qualified medical professional.

**Potential for Emotional Response:** We are aware that the work is emotionally charged. Some viewers may find content within the artwork emotionally challenging or potentially triggering. We support you in your discretion to view or not view the work.

**Right to Disengage:** You have the right to step away from the artwork or leave the exhibition at any time if you feel uncomfortable or distressed. Prioritize your well-being as needed before, during, and after engaging with this work.

### Resources for additional support, if needed:

**Peer Support Warmline** - all ages;

4 pm-12 am ET

Call 1-888-768-2488

**Wellness Together** - all ages; 24/7

Call 1-866-585-0445 (counselor)

Text 741741 (volunteer crisis responder)

**Suicide Crisis Helpline** - all ages; 24/7

Call 988

Text 988

**Trans Lifeline** - all ages; 24/7

Call 1-877-330-6366

**Kids Help Phone** - age 29 and under; 24/7

Call 1-866-668-6868

Text 686868

Live chat via [website](#) (7 pm-12 am ET)

**LGBT Youthline** - age 29 and under;

4 pm-9:30 pm ET (Sun to Fri)

Text 647-694-4275

Live chat via [website](#)

**CAMH Virtual Urgent Care** - all ages;

1-9 pm ET (Mon to Fri); Toronto only

Book same-day appointment via [website](#)

If you're in crisis, don't face it alone. Reach out to someone you trust, a mobile crisis unit, or go to the nearest hospital emergency room.

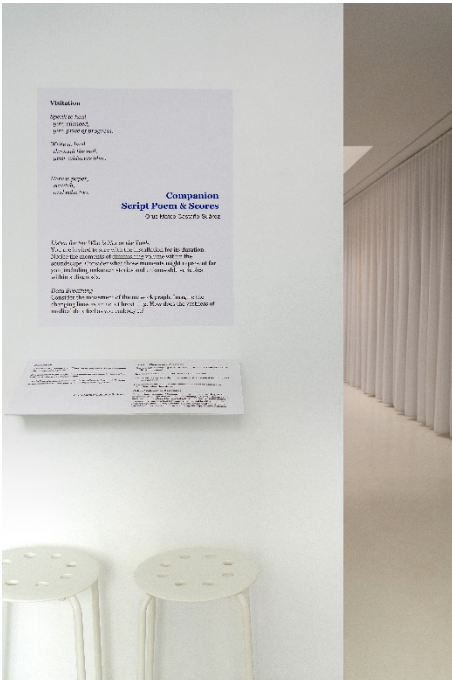
# Appendix F: Exhibition Photos



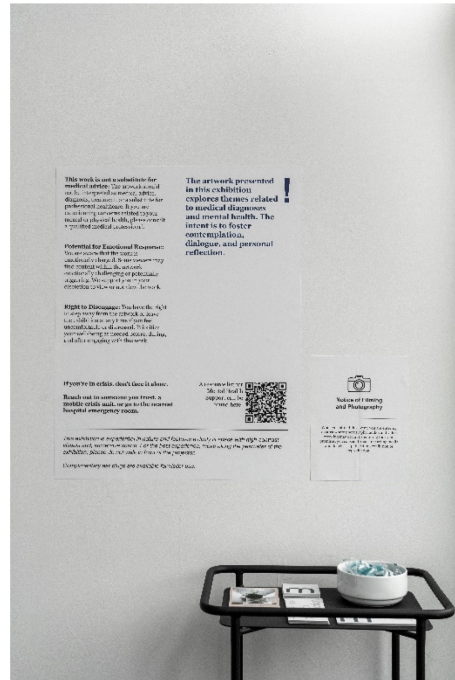
**Figure 9** Exhibition installation, view from the entrance. Photo: Hansen Brown



**Figure 10** Exhibition installation, view from the entrance. Photo: Hansen Brown



**Figure 11** Exhibition installation, view of text for *Failure to Produce* (2024). Photo: Hansen Brown



**Figure 12** Exhibition installation, view of disclaimer text, and a QR code for additional resources. Photo: Hansen Brown





**Figure 13** Exhibition installation, ASMR Booth entrance. Photo: Hansen Brown



**Figure 14** Exhibition installation, ASMR Booth interior. Photo: Hansen Brown



**Figure 15** Photo of a visitor interacting with artwork in the ASMR Booth. Photo: Hansen Brown



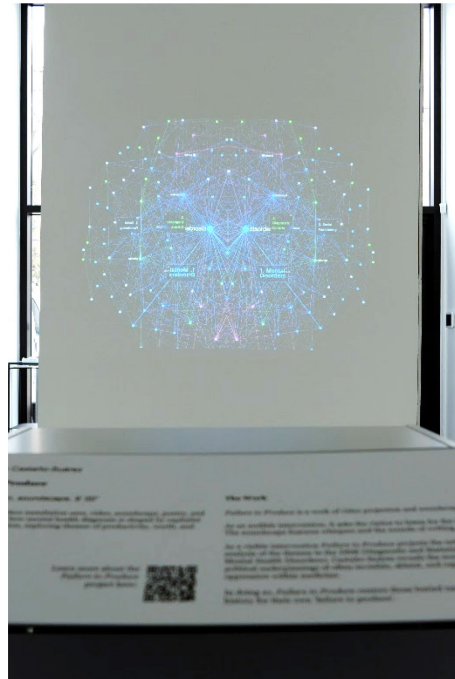
**Figure 16** Photo of a small child interacting with the bone conduction speaker in the ASMR Booth. Photo: Sara Dagovic



**Figure 17** "Behind the Scenes" photo of the curator and artists installing vinyl lettering. Photo: Hansen Brown



**Figure 18** Exhibition installation, view of *Failure to Produce* (2024) projection. Photo: Hansen Brown.



**Figure 19** Exhibition installation, view of *Failure to Produce* (2024) projection, close-up. Photo: Hansen Brown



**Figure 20** Opening Night, photo of the crowd watching *Failure to Produce* (2024).  
Photo: Hansen Brown



**Figure 21** Opening Night, photo of the crowd watching *Failure to Produce* (2024).  
Photo: Hansen Brown



**Figure 22** Opening Night, photo of artist Orus Mateo Castaño-Suárez next to his projection. Photo: Hansen Brown



**Figure 23** Opening Night photo of visitors. Photo: Hansen Brown



**Figure 24** Opening Night, photo of visitors. Photo: Hansen Brown



**Figure 25** Opening Night, photo of visitors enjoying the reception. Photo: Hansen Brown

## **Appendix G: Accompanying Digital Materials**

Body of Aesthetics Walkthrough, video walkthrough of the exhibition installation, Mar 2024,

Body of Aesthetics Walkthrough.mp4