

Crafting Wellness: Yours, Mine and Ours
by Barry Trentham

A Pre-Crafted Recollection

My first job as a young, naïve, and inexperienced occupational therapist was in a forensic psychiatric unit located within an acute care hospital. Along with a recreation therapist part of my role was the coordinating of patient activities in the craft and woodwork workshop. While we were led to believe our observations of patient functioning and behaviour was informative of treatment approaches and outcomes, I later saw the unstated, but primary, role was all about keeping patients diverted and 'busy'- we placated. Was that it? Or did it offer a needed space to transcend the anxieties of an uncertain future or to focus outside of one's internal conflicts? Was it an exercise in the power to create, to express one's humanness? Did it build connections with others, did it heal, did it craft wellness?

Introduction

It is perhaps not surprising that arts and crafts have been used as healing modalities from ancient times and across cultures,¹ but with varying degrees of formalized or "evidenced-based" practice approaches. Since the turn of the last century, in the UK and North America, crafts were employed in earlier forms of occupational therapy to enable participation in everyday activities (e.g., work, leisure, self-care) by stimulating cognitive, sensory-motor, and musculoskeletal body structures to activate functional abilities. Later, recreation therapists expanded the use of crafts in their arsenal of

restorative tools. In the 1970s foundational concepts of art therapy included reference to the benefits of craft work, though distinguished its therapeutic uses from fine arts applications.

Overshadowed by its application for individuals in medicalized health care settings, craftwork was also used to promote the health and functioning of communities.²⁻³ By revisiting historical illustrations of craft applications and their power to promote the health and well-being of groups, neighbourhoods and communities, new questions are raised about their application to today's social challenges. To start this questioning process, an unpacking of the colonial shapers of current views on crafts and wellness is needed.

Purchasing wellness?

Distinct from health, the term wellness conveys a message of positive well-being devoid of the medical or illness associations of what it means to be *healthy*. If asked, “*Are you healthy?*”, one may assume that it is a concern for the absence of disease or illness that is behind the inquirer's question. If asked, “*Are you well?*” responses more likely refer to a subjective sense of being well, of feeling positive in mind, body, and spirit.

Wellness is a shared aspiration well noted by commercial profiteers promoting the notion that one can purchase wellness. As a multimillion-dollar enterprise, the wellness industry taps into every possible sense of human imperfection, insecurity, illness, or short-coming. From facial creams, weight loss and fitness programs to potions and

lotions or all sorts, the wellness industry claims to bring a sense of fulfillment and life satisfaction. Wellness is subsequently viewed as an individual's moral responsibility and serves to reproduce colonial, Western, and neoliberal individualism⁴ at the expense of collective responsibility for the well-being of communities and citizens.

Craftwork: Artwork by another name?

Old English and Old High German uses of the terms, *craeft*, *creft*, and *chraft* referred to notions of mental power, physical strength, skill, talent, art, or dexterity. Later *craft* came to refer to a trade, handicraft, or employment, requiring a particular level of expertise. Middle English usages of the term maintained a conveyed sense of power and might.⁵ Today uses of *craft* can still refer to skills or techniques, but also to the product of a creative or artistic pursuit. Crafting is about the process of making crafts and a craft person, crafter, or craft worker, is someone who does crafts for the purpose of leisure time, productive engagement, or for earning a living.

The distinction made between arts and crafts - these terms often used in tandem - is a relatively recent development and thought by some scholars¹ as an imposed Western and hierarchical frame to distinguish between Western (aka male) notions of the fine arts and the everyday creations of colonized peoples (aka primitive art); often historically viewed as “women’s work” and of less commercial value (e.g., needle work).

According to art therapist, Lauren Leone, early founders of art therapy were firm in their efforts to maintain the distinction between the use of the fine arts (e.g., painting,

sculpting) in therapy practice and the use of crafts in occupational therapy. Leone points out that art therapists were encouraged to maintain separate physical spaces in institutions for art therapy and occupational therapy thereby reproducing colonial and hierarchical distinctions between art and craft. The arts were viewed as a higher medium from which to elicit deep reflection, insight, and/or the realization of unconscious motivations or self-expression. Leone, in attempts to remedy this colonial overlay, called on art therapists to break away from this distinction to engage the healing power of craftwork to engage an individual's sensory, cognitive, or physical pathways, as well as, importantly for this discussion, to consider their use in community building and social activism.

Collaborative craftwork as a response to historical social ills

The latter half of the 19th century saw the growing influence of the Arts and Crafts movement led by social reformers including William Morris (1834-1896) and John Ruskin (1819-1900). The movement was a response to rapid industrialization and the alienation of workers who found little meaning in long hours spent in piecemeal factory labour that separated the final product from the maker. Factory work also meant long hours away from family and community. Social reformers sought greater artist and craft worker control and engagement in the creation of functional and decorative arts to bring beauty back into domestic and public spaces. As per earlier definitions of *craft* as referring to power, I re-frame these efforts to take control of the creative process as an exercise in collective power.

The mental hygiene movement of the early 20th century^a noted the deleterious impact of idleness within the asylum walls on patient mental well-being and advocated for the provision of cognitively stimulating activities, including artistic pursuits. Indeed, engagement in stimulating, productive and meaningful occupations came to be identified as key to the promotion of mental well-being for all. Mental hygiene prescriptions were later critiqued based on class-based assumptions as to what constituted “appropriate” therapeutic activities. These critiques along with the arrival of psychotropic medications may have led to the subsequent downgrading of the perceived value of occupational treatments and consequently to the eventual demise of the mental hygiene movement. The basic principles of the mental hygiene movement, however, in its appreciation for the mental health benefits of productive, structured, and stimulating activity remained, and remains, relevant for mental health practice.

Social and mental health practitioners shared common cause with the Arts and Crafts reformers and found a ready source of collective power in the form of first-wave feminism. Founding female members of occupational therapy (e.g., [Eleanor Clarke Slagle](#)) along with those of the emerging social work profession (e.g., [Jane Addams](#)) worked alongside each other in the establishment of settlement houses and would have been immersed in first-wave feminist discourse.

From its beginnings, occupational therapy employed craftwork as a way for marginalized communities (e.g., the unemployed, new immigrants, returning veterans,

^a The mental hygiene movement was a further development from the earlier asylum-based reforms of the mid -19th century *moral treatment era*. *The moral treatment era reconsidered* mentally ill people as moral agents with emotions and cognitive capacities.

Indigenous people),^{3,6} to develop useful and employable skills, while in the process, establishing community connections. The first settlement houses offered a venue for this work. For example, [Hull House](#) in Chicago,⁷ [Toynbee Hall](#) in the UK,⁸ and the [University Settlement House in Toronto](#)⁹ are some of the earliest examples of how craftwork was used within a community development enterprise and under the coordination of founding members of both the social work and occupational therapy professions.⁷

Can crafts be harmful for collective well-being?

As with the wellness industry crafting has become a very lucrative business. Note for example the proliferation of craft stores across the country (e.g., Michaels). Perhaps I am not alone when shuddering at the sight of shelves full of environmentally, unsustainable coloured plastic materials that crowd the interiors of major craft stores. Apart from these environmental concerns, I question what other issues might be raised when the wellness and craft industries find common cause in possibilities for profitable pursuits?

As with potential harms associated with individual craftwork (e.g., musculoskeletal and neurological strain, impact of toxic chemicals) craftwork to support the collective good may also bring with it potential threats to collective well-being. Concerns about an observed overemphasis on the *product* (with the sale of crafts supporting institutional budgets) over the benefits of the therapeutic *process* of craft making in psychiatric facilities were conveyed in early occupational therapy journals. See, for example,

discussions by McGhie and Myers as early as 1933.¹⁰ While crafting may well support wellness, depending on *how* the *process* is applied, it can be detrimental to the well-being of communities. It is no secret that historically marginalized and vulnerable groups can be, and have been, taken advantage of for their noted craft skills.

Appropriated art forms can make for lucrative returns raising the ongoing question for Canadians: In our socially diverse and inequitable social context, who should practice what sort of crafts, and who should profit from the work of more vulnerable communities?

Context matters

Apart from craftwork itself the context in which crafts are employed for wellness ideals must also be considered. For example, Canadians are now just beginning to come to terms with a history of cultural genocide perpetrated against Indigenous peoples, most tragically operationalized through the residential school system. Less known by many perhaps is a history of forced relocation of Indigenous peoples to tuberculosis (TB) sanatoria referred to as “Indian Hospitals”. Introduced by settlers, and exasperated by repressive colonial practices, highly communicable TB spread quickly and led to many deaths particularly in Indigenous communities. Inuit communities in remote regions without access to treatment centres were particularly at risk. These “Indian Hospitals” which operated up until the 1970s have been likened to Indigenous residential schools in their regimented routines, reported use of experimental medical treatments, and the reported existence of unmarked graves on hospital sites.¹¹ For further information on

TB “Indian Hospitals” in Manitoba refer to the [Manitoba Indigenous Tuberculosis History Project](#).

Amidst [troubling patient accounts of life within the sanatoriums](#)^{12 13-15} were those that described the freedom, pleasure and intercultural connections experienced in the hospitals’ handicraft workshops. Prior to effective medications, the treatment for TB stressed a focus on nutrition and rest, but with allowances for increasing time spent (as one’s health improved) on graded levels of craftwork.

In narrative interview accounts, occupational therapists saw it as their job to nurture social relationships among patients and to maintain patient cultural connections in the process of craft making.¹⁶ Patients were encouraged to use traditional materials and techniques in the production of crafts of their choosing. As outlined in their 1993 booklet, [Soapstone and seed beads: arts and crafts at the Charles Camsell Hospital, a tuberculosis sanitorium,](#)

Staples and colleagues report that the profits from craft sales were returned to patients with a portion of the funds going to the cost of materials.

These handicraft programs were viewed as offering a space for Indigenous peoples from numerous distinct First Nations, Métis, and Inuit communities to engage in craftwork and to learn various techniques from each other.

Full disclosure - my settler and occupational therapist identity lenses have undoubtedly shaped my reading of the limited documentation on the therapy programs at the TB hospitals. Further, I cannot claim to have completed a full and comprehensive scoping review of existing literature. With these limitations in mind, I cannot comment on the

extent to which therapy staff involved in the handicraft programs were aware of reported uses of experimental medical treatments on Indigenous patients. Neither did I encounter any reports of whether-or-not (if aware of medical abuses) staff resisted or spoke out against oppressive practices. The question remains, however, was craftwork simply used to placate patients within an institutional context that, for many, was experienced as violently oppressive or did it offer a necessary space for respite, for renewed expression of one's creative power and one's humanness?

Taking up crafting for current and pressing social challenges

Though now retired and in my senior years, as an occupational therapy student in the early 1980s, I was also schooled in the therapeutic use of crafts including weaving, pottery, and metal work to enable individuals' return to, or entry into, activities of everyday living. We were taught how to break down each crafting project into its physical, affective, sensory-motor, and cognitive demands in a process referred to as activity analysis. Though practiced by the profession's founders, craftwork's social applications were seldom, if at all, discussed.

Though exceptions remain within mental health and pediatric settings (see for example the work of Isabel Fryzberg ¹⁷ and Frances Reynolds),^{15,18,19} the application of arts and crafts by therapists to promote "occupational outcomes" for both individuals and groups (e.g., return to work, school or play, increasing social connections) has largely been replaced, at least in North American contexts, by other "enabling" modalities and strategies. Craftwork's power to "heal" mental, physical, or spiritual maladies and to

build community has been taken up by other health professionals and charitable organizations. For example, note the concept of *Craft Care Specialists* promoted by the American [Help Heal Veterans](#) charity.²⁰ Also, Lauren Leone,² Kirsty Robertson and Lisa Vinebaum²¹ provide examples of art therapists who use crafts as art forms for the purpose of community building and social activism. Public libraires and museums increasingly offer creative social spaces for many communities including new immigrants and others from marginalized or disconnected communities. For example, the [Manitoba Crafts Museum and Library](#) where this event is being held, holds regular crafting workshops and lectures to engage the public. [The Winnipeg Public Library](#) supports craft gatherings for youth, families and adults where participants can learn and work together on a variety of crafts as diverse as knitting, quilting and lantern making. Personally, I have invited friends to join me at the [Textile Museum of Canada's](#), *Queer Crafting Socials*; facilitated social events that bring disconnected strangers together to work on shared or individual textile crafts.

The growth of similar collaborative crafting initiatives speaks to a pressing social need. Social research scholars have observed the extent to which the proliferation of internet technologies and polarizing social media has led to a marked decline in community-based participation (e.g., organized religion, community voluntarism) alongside increased levels of solitary engagement in work and leisure activities.^{22 23} As with the Industrial Revolution of the late 1800s meaningful and in-person social connections have been increasingly disabled. We are in danger of becoming socially alienated from each other. Becoming more recognized as a powerful tool to help remedy increasing

levels of social isolation, craftwork's power to build community, to maintain connections within and across communities, to celebrate traditions, and to provide a venue for social activism, can't be underestimated.

Post-Crafted Recollection

Since 1985, I have had on my writing desk a small soapstone seal carving made in that craft workshop on the forensic psychiatry unit where I first started my career. It has travelled with me from Calgary to Montreal and is now settled in Toronto. It was a gift from a young, often frightened and confused looking Inuit patient. He would have been around my age then, in his early twenties. I recall his broad smile as he proudly offered the gift to me just prior to his departure from the unit. The name "Johnny" is etched on the bottom of the piece along with a barely discernible number, a status number perhaps?

Prior to the writing of this essay, I never asked myself why I have kept this small soapstone seal carving front and centre on my desk and just above my writing gaze. Its tail fin is missing, and its nose has been re-attached after an incident years ago - the glue trails having yellowed. To hold this central space for what has now been 40 years must speak to latent meanings that I have not yet acknowledged. Perhaps this crafted work of art represents a bridge between two peoples and two persons who are far apart in power, privilege, and geography. Maybe it represents how the crafting experience can transcend suffering, a brief reprieve from internal and external struggles? The memory of this gift-giving act of something simple, yet beautiful, does bring to mind a cherished and shared

experience of delight, of gratitude, of affection, between two young men both acting out-of-character in what is expected of a therapy performance.



Artist: Johnny

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