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Body mapping for telling counter-addiction stories: Reflections from a workshop in London

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Garry, research participant and artist

Where drugs are consumed regularly and heavily, addiction narratives restrict the stories that can be told about them. The brain disease model of addiction continues to dominate in scientific as well as popular discourse, reducing this kind of drug use to a matter of chemical imbalance, need, and compulsion. This works to deaden interest in these practices on two fronts. First, it can eclipse an individual's agency in terms of their drug-use practices and even in other parts of their life, identity, and interests. Second, and relatedly, it can reduce a carefully crafted drug-using event and the specificities of people's drug use to necessity – the idea that once people become addicted, they will use whatever, wherever, whenever and with whomever they can. I employ the practice of body mapping as a way of getting beneath or beside these dominant narratives in enabling more embodied, creative, and relational stories about regular, heavy drug use and participants' attempts and strategies to mediate drug and/or alcohol effects.

Zeroing in on the material practices and specificities of consuming, moderating, and abstaining from drugs, body mapping strives to reignite a sociological imaginary and interest in long-term and dependent drug use and what living with drugs in these ways can look like beyond narratives of addiction and its dehumanizing imagery. In this chapter, I focus on the experience of one research participant in particular, Garry, and his reflections on his body map and the body mapping process. In the study he was part of (details below), body mapping was employed in a series of collaging workshop for participants to explore the social and material components of their lives 'with' and 'without' drugs. Working with two artist makers, Isla Millar and Penny Maltby¹, and the materials in the collaging process, new ways of knowing these lives emerged. The binary of with/without blurred and participants described an ongoing process of learning to live with drugs' effects and affects. Elsewhere, I have explored this learning in terms of what participants describe as "staying alert" to "the addict that lurks"².

Interestingly for this chapter, one way participants talked about 'staying alert' was through the exchanging of 'addiction' or 'recovery stories' in treatment settings. Typically, these stories relied on experiences of shame or pain and admitting a 'powerlessness' over their drug

¹ More details on their work can be found at their respective websites: <https://www.islamillar.co.uk/>; <https://www.pennymaltby.co.uk/>

² Fay Dennis (forthcoming) "Chemical species: the art and politics of living with(out) drugs after addiction". *BioSocieties*.

use. Garry, however, was among a few of the participants in the workshops who resisted such storytelling. Linked to this, he explicitly wanted to engage with the body mapping to affect and make connections rather than tell stories and represent his experience: “I really wanted to make it an art piece rather than this is my journey about recovery”. I am interested then in not only body mapping’s potential to tell different kinds of drug-using and -abstaining stories but to tell them differently: to explicitly affect publics and engage them in an opening out of drug-using ‘problems’.

Researching stigmatized conditions: Body mapping’s history

Body mapping as a research method emerged at the beginning of the century in South Africa. In the first facilitators guide of its kind, Jane Solomon (2002) conceived of body mapping as a therapeutic tool as well as a research and activist tool for working with people living with HIV/AIDS³. Within this context, participants are invited to produce life-size paintings of themselves as a means of telling their ‘life stories’, which are then analysed “to gain insight into certain aspects of their logic, aspirations, desires, material circumstances, and ways of handling particular issues”⁴. Importantly for the study I describe here, a key part of body mapping’s appeal from its inception was as a dissemination tool that could “reach out to other people in social and political ways”⁵.

Body mapping with people who use drugs

Body mapping in my research emerged as a way of studying embodied experiences of injecting drug use and particularly listening to stories of skill, creativity, pleasure, and care in these otherwise highly pathologized and stigmatized practices that are dominated by stories of misery, pain and trauma. This is not about denying these negative experiences, but also making space for other experiences, which are crucial for understanding and giving voice to the complexities of people’s lives and the stories they want to tell. Body mapping as a creative practice invites a conversation by other means where the practices or conditions under discussion are too emotionally difficult or subject to certain ‘scripts’⁶ that make them too difficult to express through talk alone. For studying heavy, regular drug use, especially where

³ Jane Soloman (2002). “‘Living with X’: A body mapping journey in time of HIV and AIDS. Facilitator’s Guide”. Psychosocial Wellbeing Series. Johannesburg: REPSSI.

⁴ Denise Gastaldo, Lilian Magalhães, Christine Carrasco et al. (2012) “Body-map storytelling as research: Methodological considerations for telling the stories of undocumented workers through body mapping”. http://www.migrationhealth.ca/sites/default/files/Body-map_storytelling_as_research_HQ.pdf

⁵ Jane Solomon, 2002 (see above); no page; see also, Hayley MacGregor and Elizabeth Mills (2009). “Mapping change and continuity: Living with HIV as a chronic illness in South Africa”. <http://www.cssr.uct.ac.za/sites/cssr.uct.ac.za/files/MacGregorandMills.pdf>; Yafa Shanneik (2018) “Islamic studies and the arts: New research methodologies in working with refugees in Jordan”. *Contemporary Levant*, 3, 2 157-162.

⁶ See, for example, E. Summerson Carr’s (2011) excellent description of these processes in “Scripting addiction: The politics of therapeutic talk and American society”. Princeton; Oxford: Princeton University Press.

research participants may no longer be using drugs and are in treatment or recovery, powerful addiction discourses make it difficult to know these experiences differently⁷.

Originally, I used body mapping in my doctoral research (2012-2016) with people who inject heroin and/or crack cocaine as a drawing method in the in-depth interview⁸. Participants were invited to hand-draw an outline of their body before, during and after injecting drugs (although these instructions were open to interpretation) and use these outlines to then map out, using pens and other drawing equipment, what was going on at the time – who and what was present, including people, objects, sounds, smells, and what they would be feeling. Rather than privileging the “subjective I” in our usual mode of telling stories⁹, body mapping focuses on the collaborative way we make decisions and how events and meanings unfold. As a visual form, it is also able to flatten out the relationship between subjects and objects, the mind and body, and the human and nonhuman, allowing them to be presented “all in one go”¹⁰.

In this chapter, I focus on Garry’s body map, which forms part of my current work (2019-2022) using body mapping as a collaging method (details in the para-map). A key part of this project was being able to exhibit the maps and engage publics. And this was the aspect that Garry was most drawn to and shines a light on here. As mentioned, from the start, Garry was concerned with the aesthetics of his body map: “I didn’t do it really from a recovery perspective, I did it from a very artistic [place]”. He was keen to think of body mapping as art rather than researching recovery. He did not want to be restricted by the process, think too much about the meaning or tell a linear, straightforward ‘addiction’ or ‘recovery story’: “with art it doesn’t matter [what you do]. It’s just whatever you do, so you’re not restricted”. Here, then, I focus on Garry’s map as a way of disrupting addiction stories and storytelling with his concern for complexity and affecting publics.

Telling counter-addiction stories and affecting publics

Ambiguity and ‘hiding’

Garry was clear that he did not want to use the mapping process to say anything “obvious” about his drug use or to answer a research question per se (like the ones I outline in the para-map) but rather wanted to pose questions and make viewers think and ask their own questions: “[I want to] pose questions, what is that?”; “I think I’m going to always want people to think, what is this about? I don’t want it to be clear”. This opaqueness served a double purpose, as he explained:

What I’m going to try not to do is to do anything that’s very obvious. A lot of my [drug] using isn’t obvious, it’s very subtle. So, the silver foil really is something that you can use, obviously,

⁷ Helen Keane (2002) “What’s wrong with addiction?” New York: New York University Press; Kiran Pienaar and Ella Dilkes-Frayne (2017) “Telling different stories, making new realities: The ontological politics of ‘addiction’ biographies”. *International Journal of Drug Policy* 44: 145–154.

⁸ Fay Dennis (2019) “Injecting bodies in more-than-human worlds”. London: Routledge

⁹ Nigel Thrift (2000) Still life in nearly present time: the object of nature. *Body & Society* 6(3-4): 34-57.

¹⁰ David Gauntlett (2007) “Creative explorations: new approaches to identities and audiences”. London: Routledge, p. 126.

when you're using drugs, crack cocaine. Sometimes it's a mirror as well, a mirror, for whatever kind of state [you're in] – [and asks the viewer] what is your pain and what are you trying to hide away from?

The materials, such as the foil, therefore, both represent this drug use that he was hiding away from and using to hide away and force the viewer to look at themselves and bring them out of hiding.

As Garry sees it, this "hiding" started in childhood as he learnt to conceal his emotions: "I grew up in children's homes, so you never revealed how you felt". Other participants similarly reflected on this in their body maps. One woman, Linda, stuck a picture of a medieval knight in armour to her body map and said: "There's this armour guy [pointing to the picture]. That was me, acting. As if I'm coping with life. Where I'm actually scared". Reinforcing this point in the group discussions, Garry says: "We're all characters aren't we". And this 'hiding' gets echoed in the ambiguity of his body map: "I think even in the work, I'm still hiding, in being abstract, there's nothing clear".

Complex and multi-faceted

I just wanted to make people think and find your own answers in the work – for them to make the decision. I think that's how I am, not straightforward or clear. I'm very complicated. I'm red. I'm green. I'm black. I'm blue. I'm orange. I'm all those aspects.

Here, Garry again is pointing to a resistance to represent clearly or represent any aspect of his drug use as clear. Instead, he wants his map to communicate the complexity of his drug use, personality, and the multiple lives he has lived: "I was living double lives, another life". Rather than portraying addiction as a singular thing or 'journey' that took over his life and identity, he is careful to show how he worked to hide it and how it ran alongside other aspects of his life, like work and socializing, although not always successfully.

I never, I'm kind of different in the sense that I could work, I could socialize, I could be [other than 'an addict']. I could get away with it, to a degree, but there were points when I couldn't get away with it. So, I'm not an everyday user, I'm a binger, but when I binge, I binge quite hard. Then I stop, get myself back together, so I'm not in that total [chaos]... but I have lost the flat through it, so there are areas and times when I crashed and burned.

It is important to note the complexity and contingency in this story. Garry talks about a stop-start, fragmented relationship with drugs, in his case, mainly crack cocaine. In saying he is "kind of different", he is showing awareness of the usual addiction narratives where addiction is seen to take over individual autonomy. He resists this while also remaining cognizant of the problems drugs caused. Speaking to this complexity, when I asked if he could summarize his body map (for the purposes of writing an artistic statement for the exhibition), he said: "I don't think you can summarize it. [...] I think, for me, it's about trying to find your own meaning, your own balance". In this slightly unusual answer, I think Garry is again illuminating the affective capacity of his body map as art that can move and connect with others, rather than wanting it to communicate in a top-down, one-directional way.

Wanting to connect

What I realize now is that Garry and I were often talking at cross-purposes. I was asking him to use the body-mapping process to tell me (and, by extension, wider publics in the exhibiting of his work) about his drug use and drugs' ongoing effects and affects in living without them, while he was instead excited by the project as an opportunity to make art and connect with others, both in the group, and with the viewing public. In this, he attunes us to the relational aspects of mapping.

Reflecting on this desire to make connections, Garry says

“What I need is love because as a child I didn't get any love. I didn't have a family unit. Didn't have a mum and dad. I isolated myself. I'm very good at isolating, keeping away. I'm a Buddhist and that's what it gives me, having that connection, that power in something else [represented in his prayer position in the map]. We need a connection.”

When I do something and I'm around others [like the body-mapping workshops], I'm not thinking about me, I'm thinking about everybody else's stuff and thinking yeah, I like that.

Here, Garry draws our attention to this desire to connect that continues through to his body map: “so the brightness, the color, if that can give people an inspiration, I like that. I don't want to focus on the drug side”. It is important for him to not just focus on the “drug side” that continues to frame his life in certain contexts but to now “move forward”. From being disconnected as a child, and feeling isolated during his drug use, he wants to connect. Garry says this desire is also represented in the image of the people that he sticks to the top of his map: “[these] people are about getting connected, because you disconnect. You want to fit in and fulfil your true potential”. It is in this spirit of connection that I turn next to the material potential of body maps and telling stories with them.

Storytelling with body maps

As we have seen, body mapping in this project emerged not only a means of representing people's drug-using stories differently – both in its form and content (as complicated and unclear) – but also a means of affecting and connecting with others. In this sense, the maps too act and have agency. Taking up Donna Haraway's notion of storytelling as a more-than-human ‘string figuring’¹¹, these maps form part of a larger relay of human and nonhuman players. Some key players that I have only briefly mentioned were the professional artists who worked on the project and with the participants' body maps in developing an installation which was exhibited alongside the body maps. It is this process of collaborative storytelling and engaging publics that I think Garry is most concerned with when he seeks to connect. For example, when I ask about the religious iconography in the center of his map, he replies: “I think I just liked the image”. Rather than choosing it for what it can represent, he is drawn to

¹¹ Donna Haraway (2016) “Staying with the trouble: Making kin in the Chthulucene”. Durham: Duke University Press. See also Fay Dennis (2020) Mapping the drugged body: Telling different kinds of drug-using stories. *Body & Society*. 26(3) 61–93.

it by how it affected him at the time and how it might be able to affect others. If addiction stories are based on isolation and suffering, Garry is trying to tell a different story, one that connects and asks the viewer to ask their own questions of addiction and recovery.

[insert fig. 1 here]

Fig. 1 Garry's body map

Garry's Map

Garry approached the body-mapping workshops differently to others in the group, a fact that he was quite pleased with: "always to be different". Rather than using the map to say something about his experiences, he was most interested in its more-than-representational value and wanted above all to make it aesthetically catching and provoking. He wanted his body map to move and affect people and in this sense was always mindful of the viewer in a way that I had not anticipated. Garry even took his body map home to work on it in his own time. Every time I saw Garry's body map, it had changed as new pieces were added and existing images became layered, traced over or cut out, driven, as we know, by a desire to not make anything too "obvious". To give an example, nestled into the foil in the center of the map is an outline of what used to be a photograph of his friend smoking crack cocaine, now colored over with red and blue biro. Without this knowledge, it would be impossible to know what it was.

Garry stuck on many silhouettes of himself from photographs he had taken. He says how he had "cut out pieces, outlines of myself, blobs of paint, a lot of colour". We can see one of these outlines in his praying hand. There are also places where these silhouettes are made even more abstract and represented in blobs of paint, like that seen in the piece of canvas stuck to the bottom left, which could be thought of as a piece of art in itself. Garry was keen to use these outlines and layering to maintain an abstractness. But while driven by the map's aesthetics and capacity to provoke, this was not about its finished beauty. For example, he used materials like masking tape (where he could have used glue) to give it an unfinished state, representative of what he calls a "never-ending journey". The foil also formed part of this texturing and a desire to bring audiences in rather than tell them something clearly or directly.

Following this desire for abstractness and to allow viewers to find their own meaning, Garry used words sparingly: "I don't have to cut out words and explain. But that red, that blue, that green, that colour is medicine, you know, and that's thought provoking for me".

Body-mapping as a workshop method

In a series of four 3-hour body mapping workshops, seven participants, who all attended the same drug treatment service in south London, were invited to map their embodied experiences of 'living with' and 'without' drugs and/or alcohol. These terms ('with' and 'without') were specifically used to avoid more loaded concepts such as addiction and recovery and emphasize the *living* in these otherwise pathologized identities.

In a variation from traditional body mapping, an overhead projector was used to offer flexibility in the bodily poses participants could make and draw. Participants assisted each other in drawing around their shadow to make an outline. Participants then gathered around the communal table, worked on the floor, or up against the wall, and populated these outlines with various collaging materials, including those brought in by themselves, like the metal foil. Although participants were given the option to use separate pieces of paper to depict living with and without drugs/alcohol, most chose to layer these outlines, highlighting the overlapping nature of this relationship.

[Insert fig. 2 here]

Fig 2. A body-mapping workshop

The workshops took place in the summer of 2019 and were initially divided into three parts. In the first workshop, I invited participants to use the process to describe how drugs/alcohol informed or structured their day, made them feel/think/act, or/and changed their relationship to time, place, self and others.

Responding to their articulations in workshop 1, the second workshop sought to look at their life now and their attempts to abstain or moderate from drugs/alcohol, the difficulties they had encountered, and the new ways of being they had learnt.

In the third workshop, participants stuck their body maps to the wall and took it in turns to tell the group about their map while

members were able to ask questions. This process was incredibly productive, leading to lengthy conversations that overran on the two-hour time slot. Consequently, we decided to organise an additional meeting to conclude these discussions and talk about the exhibition. But following a long delay in the exhibition opening due to Covid-19 restrictions, I met with the participants for a fifth time in late 2021 to reflect once again on their body maps.

[Insert fig. 3]

Fig. 3. Exhibiting the body maps alongside an installation

Exhibiting the body maps: Mapping as a mode of intervention

Picking up on body mapping's history in social activism, I was keen in this project to use the process as a mechanism for informing and improving societal attitudes towards people who use/d substances. But unlike body mapping's history, this is not simply about communicating a story or disseminating a clear message. Rather, and as passionately described by Garry, it is about affecting audiences and bringing them into a collective form of problematization, where drug and drug-abstaining experiences are not foreclosed by narratives of addiction, but open to being known differently.

AUTHOR'S NOTE

Fay Dennis is a research fellow in the Department of Sociology at Goldsmiths, University of London. Her work, broadly conceived, explores the socio-material production of drug effects. The project explored in this chapter was funded by a Wellcome Trust Research Fellowship in Social Science and Bioethics.