

Podcast: On Being III

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Guest: Julie Devaney

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Transcript

(References included below)

Julie Devaney (JD): Like you can't ask the body on the gurney, to—through our speech or compassion or kindness—to fix this, right? The people who are well and standing and doing their work, have more power, even as they are disempowered in certain respects, there is still power there. So when patients are getting frustrated, it can't be on us to just be like “oh, just open your heart a little.” Like that's a bit much.

[Music throughout introduction: Ascending, bright, twinkly, uplifting, electronic]

Emilia Nielsen (EN): This is *On Being III*, a show about creativity, disability and identity. I'm your host Emilia Nielsen.

The voice you heard off the top was Julie Devaney—health advocate and Registered Psychotherapist based in Toronto. She is the author of *My Leaky Body: Tales from the Gurney* from Goose Lane Editions and co-editor of *MESS: The Hospital Anthology* from Tightrope Books. *My Leaky Body* was one of Quill and Quire's Top Five Non-fiction books of 2012. Julie was named a Woman Health Hero by *Best Health Magazine* in 2011 and has been profiled on CBC Radio's *White Coat*, *Black Art* and *The Current*, in *Chatelaine* and the *Toronto Star*. Her writing has appeared in the *Globe and Mail*, *Toronto Life* and numerous anthologies. Julie has given hundreds of presentations at medical schools, nursing conferences and theatres across Canada and in the US and the UK using participatory techniques with patients and professionals to formulate strategies for change and innovation in healthcare. Her work at the University Health Network in Toronto has transformed real patient stories into staff training.

She is currently seeing individuals, couples, and groups from across Ontario in her online psychotherapy practice.

I sat down with Julie to chat about the role fiction has been playing in her current creative writing practice, why cultivating presence lies at the core of her work as a psychotherapist, and how transitioning to an online counselling practice has made things more accessible for her as a chronically ill practitioner.

[Music fades]

EN: Julie, thanks so much for being here.

JD: I'm excited, I'm really happy to be here.

EN: Me too. And you know, I'm glancing over my shoulder here to your book, *My Leaky Body: Tales from the Gurney*. And it feels like to me, it was just yesterday that this book came out. And I found it when I was at the end of my graduate program. But I realize it's been nearly 10 years since that book came out, your book. And I'm curious, as a fellow writer, how you relate to that book now? With nearly a decade since its publication?

JD: You know, and it's funny because it started 20 years ago, that was the actual timeline. And I started writing it in 2003. So when I look back at that, it has to be like with this...I have to muster a tremendous amount of compassion, quite honestly, because I look at it, and my immediate reaction is, "ahh" because it was just such a hard time. And I was so young when I was writing as well as going through it. And I really have to conjure a little distance, so I can really look at it and think "oh my goodness, what did I go through? And what did I create out of it?" Which is still something I'm proud of. It's just so drenched in blood and sweat and other human fluids.

EN: Absolutely. I mean, you don't spare the reader any details. And I think that as readers we're grateful for it. To be brought into this visceral experience that you went through, which wasn't, you know, a singular event. Chronic Illness, like the word "chronic" designates, happens over time. And, you know, it makes sense to me that you use that word "compassion," because I've learned that, you know, like you say, you started this book 20 years ago, and it's a long process. You know, we're always in a way, a little out of step with the work that we've published because of the whole cycle, right? You're living the experience, you're writing notes, maybe you're imagining that this could become a book or a narrative, and then you're actually writing the thing and you're editing it, and then time passes, and you get a publisher, and then time passes some more, and then it's out in the world. And it becomes a totally different thing once it's published, and it meets the public. And, you know, your readers have a different relationship with the material even than you do as the writer. And I would imagine that you probably received a lot of...a lot of people really appreciative of having this work in the world, I'm guessing. But what was it like to hear back from readers once this book was public?

JD: Well, about six months before it was published, I had a conversation with a much older author who said, "Are you ready for your words to have a life of their own? Are you ready to let them go and have their own life?" And I was naively just like, "Yeah, yeah, yeah, yeah. I mean, I've been doing it as a stage show. And, you know, words are out there anyway." And I really wasn't, because it is its own journey. Because as you say, it relates to so many people and their own intimate experiences and things that they didn't know they could voice or maybe didn't have the space or support to voice at the time. So I think, in that sense, for the ways it supported people, in articulating what they needed, and feeling less alone and feeling less insane, when they were having reactions to both what was happening in their bodies, but also the ways they were being treated, which seemed really important, because I think a lot of the feedback I got, were people who just really hadn't believed that they had a right to be treated well, while going

through difficult things. Because it's so hard not to internalise: there's something wrong with me, and people are behaving this way because I'm wrong. So I think a lot of support through that kind of really toxic shame that I think comes up when people are going through especially chronic ongoing ways of both feeling unwell, but also being systematically excluded in lots of ways from the way society is designed.

[Music: Quick, light, percussion, descending keyboard, minor tones]

EN: Absolutely. And you know, what I often hear from...from students who share some of their own illness journey, often, there isn't an exact diagnosis of what is wrong. The patient knows, the person knows they're experiencing pain, they know they're experiencing discomfort, they're experiencing symptoms. And for some it seems that part of the struggle is getting that accurate diagnosis. But even more importantly, a tolerable treatment plan, like something that actually is alleviating symptoms. And when I think about *My Leaky Body*, you know, reading that as a witness to your experience, there was the difficulty around being trusted, believed, accommodated. All of that realm, which is, you know, firmly in the realm of unfair experience. And then there was also the kind of navigating the biomedical system, both in terms of diagnosis and treatment, but everything that exceeds that relating to doctors, relating to nurses, relating to other patients. You know, you mentioned that you have to approach the book with a great deal of compassion towards yourself. But I wonder if you also see how, in a way, this foundation for being a patient advocate was kind of being forged through you navigating your own experience. And, of course, I'm curious too, about where that's brought you today, in terms of the work that you're doing, which is, you know, formally therapeutic, I'm just kind of curious if you can see the...the threads, in a sense, being there 20 years ago, or more, I imagine.

JD: Yeah. It's unexpected for me, sort of the way it came about, because a lot of what I was doing in the *My Leaky Body* workshops was with staff. So it was like, me bringing my body and my experience and what I was hearing from other patients and...and really taking that in and offering it as "This is real human experience. Let's work with this." And what I encouraged and what invariably came up was staff's experiences of being in their bodies in these highly wrought environments, where they cannot act in ways that meet their own standards and values, because they're so over-pressured, and the limits of the system are so stringent. So the reason I first started psychotherapy training was because so much would come up in these workshops, and I was starting to feel ill-equipped. There was rarely a workshop where someone didn't cry, there was always a sense that people needed more emotional support. And this was staff. And often, there's not such a distinction, because, especially now, we see nurses dropping out of health care—it's one of the highest rates of long term disability, is actually working in the system. So that distinction gets pretty blurred.

EN: That's startling. Sorry, I was just like, "wait a second." So that's what you're really witnessing in your...in your practice now. Which doesn't surprise me. But still, it's a little shocking to hear.

JD: Yeah, and there's still no clear answer. So on the one hand, I was naive in a useful way. Like, "Okay, I gotta bring all this fire and all this energy, and we're all gonna talk, and we're gonna fix it." And, of course, like, people have been trying to fix it for decades. And I do feel confident that there are people's lives that I have supported in those workplaces or in those workshops. But in terms of that central conflict between what the system makes possible, and how people want to behave and interact, both while we're accessing the system from a vulnerable ill place, or being part of the system, from a vulnerable place too, because it's like, "Well, if you want to keep your job, or you want to make sure you can feed your kids, this is your job" right? "These are the limits to how you can do your job and be."

EN: Absolutely, and even just, you know, even at the most sort of fundamental level, patients can be annoyed when their doctor or nurse practitioner's not, quote unquote, "on time." And what I've seen in some medical offices recently is an explanation of, "I may need to spend more time with another patient because something complicated is coming up; you might be someone that one day has something that's complicated, so I might be late for your appointment." But I imagine even on a fundamental level, for so many of us, you know, the idea of not being right on time weighs so heavily with a system that's at capacity and a roster for the day or the week that is scheduled to the max, that this feeling of only keeping up...and I think about what we lose in our in our human dimension when we're only working to keep up rather than to...to be present, and to listen, right? Not just kind of throw bandaids or cures, haphazardly, as I think some medical practitioners feel is all that they're trying to do, right? That they're trying to just fix things as best as possible in the moment. But that doesn't really speak to the system, the system that is full of leaky bodies, and leaky doctors and nurses and leaky appointment books and all of that...it all does leak, right? It doesn't stay in this rigid form of coherence and punctuality which, for me, is really necessary to recognize, or else we won't ever be able to fix anything. However, it doesn't fix the sort of frustration, right, that many patients have with doctors and nurses; they can't quite imagine themselves on the other side of the desk or the gurney. Until maybe they find themselves in their career, right, on the other side. And they have this kind of moment of, "Oh, this is what this work is. I always imagined it a little bit differently." All of this is to say I'm curious about connections, right? Your connections, or the way I see it, you know, between being a theatre practitioner—not sure if you would describe yourself as a performance artist or an actor or a director or a collaborator—I think you'd probably have done all of those things. And then your writing practice. But also your psychotherapy work. And I'm curious about how those connect for you now. It makes sense to you what maybe initially brought you to therapy—really recognizing a need. How do they kind of find home together with each other at this point? Or do they, I guess?

JD: Yeah, and they definitely do, and that was something I talked about in the book too, just...I've never naturally found a field or a label that I fit comfortably in. So there's that. And I think realizing that now in my 40s, that part of that is that what I need to do my best work and to offer what I have to offer, is the space and presence to be myself. And so I think that was what I was doing through all those things. I was saying, "Okay, so there's this, and there's this, and here I am, in all the ways: the ugly ways, the brave ways, the scared ways, the...I don't know, more articulate ways, the less articulate ways," like whatever that is. And I think when you're

talking about the staff just then, too, what can't be removed from that is power. And I really wanted to speak to that too, because that was...toward the end of when I was doing the workshops, I was in, like a boardroom of a pretty major hospital doing some event for staff. And they asked me what patients can do or what we're doing, what advocates can do. And I kind of lost it a little but not in a way that really offended anyone. But just internally, right? I was just like we can't, like you can't ask the body on the gurney, to through our speech or compassion or kindness to fix this, right? The people who are well and standing and doing their work, have more power, even as they are disempowered in certain respects. And that, as much as I have the compassion, also, I think that needs to be highlighted that there is still power there. So when patients are getting frustrated, it can't be on us to just be like, "Oh, just open your heart a little" like that's...that's a bit much. And it is in some ways more useful when we can, because that allows for more human presence in all of our interactions if the staff person has capacity for that, because sometimes they don't. So it doesn't really matter how much or how little the patient can offer in that moment. And so bringing that into my work now, I wasn't initially necessarily going to have a psychotherapy practice, I started the training, thinking more about the workshop level, which I think I will get back to doing more workshops, it's just...I recognized the really profound impact of having the space to be present. And so what you were describing with staff not having access to that, like that's all I do now. I feel so lucky, right, that this is what I get to do. People come, and really my main focus is being fully present with the person who's in front of me, however they emerge, whatever is coming up, whatever they need, so that we can work through what they need to work through.

[Music: Uplifting choral voices, punctuated melodic string instrument, peppy electronic clapping sounds]

EN: To be sitting with someone who is fully present...I mean, the distracted doctor's a key figure in *My Leaky Body*, in your book. And I think we, I mean, certainly this has been a topic throughout the pandemic about distraction and lack of concentration, which is...seems very logical and real, given the circumstances. But to be sitting with someone that is working to be as present as possible is very unique. And I want to say it's really unique in a therapist too. I certainly am familiar with therapy, and it's...it really has fundamentally changed a lot of ways that I saw myself and saw circumstances and I'm just so happy that now—I mean, happy sounds like a glib word—but I feel like we talk about therapy, societally, in so much more of a neutral way than I remember growing up. I don't remember growing up ever hearing about anyone that went to quote unquote "therapy". It was not a part of a discussion my family had, or you know, the neighbourhood I grew up in. No, that would have been so unusual. Do you feel like that's changed as well?

JD: Yes, completely. And even like, when I started going to therapy, which I wrote about in the book, it was a big deal. I was like, "I am going to therapy." And now it seems a lot more commonplace and casual. And I hear this from other therapists, too, that it's almost like we become like a character in their outside life, too, right, where "My therapist thinks this or my therapist thinks that." Which, you know, when people tell me, I encourage, because that's often the first way of setting boundaries, right, is to be like, "Well, my therapist said..." Right? Before

the person has the fullness to be able to really stand in, “This is what I want. This is what I don't want,” right?

EN: You're absolutely right. No, I've repeated things, you know, that are very resonant in therapy, and I've repeated them to others, and they went, “Oh, you're allowed to do that?”—it was around setting boundaries—“you're allowed to say ‘no’? And then if the person doesn't listen to you, you say it again. And then you say it a little bit louder three times in a row,” it's something that you can actually do with people who want to transgress your boundaries. That was a real moment. Yes, you can. So I'm curious about the kind of...would it be appropriate to call Gestalt a modality? Or would it be more of an approach? You know, I'm no expert in psychotherapy from *your* side of the table. So how would you describe that? Is that one of many different ways you approach the therapeutic relationship? Or is it more *the way*? I'm curious.

JD: Yeah, yeah, well, Gestalt is my base. And my attraction to Gestalt is a lot of what I've already been mentioning about just being fully present, and being myself in ways that support you in being yourself and recognizing the whole, because that's what Gestalt is, right. And it's very much the themes of not assuming that something is wrong, or something is broken. It's more about the whole way that you're living your life has been functional, for some reason, and even really creative and really smart. But sometimes those ways stop working for us, because they were maybe started for really difficult reasons—sometimes traumatic reasons, sometimes just more mundane, getting-through-life-that-wasn't-quite-working reasons. And using that creativity, the client's creativity, the client's natural intelligence, about who they are and who they need to be...experimenting with new ways of being. So that it's not a static process, where I'm an expert, who will say “this is what's wrong with you, and this is how you can fix it.” It's first of all, “what's happened to create this, and what are these amazing resources you already have, that have been getting you this far and allowing you to survive what you've already survived? And how do we create space, so this feels better? So there's less suffering in this?”

[Music: Fast-paced keyboard sounds ascending and descending, slow melodic wind instrument]

EN: You know, that is a...it sounds so simple, but to think about there being kind of no accidents to who you are in your wholeness, is a pretty radical way of reframing, if I'm getting that correctly. And I say that because I think many of us that didn't grow up with you know, therapy being something that was part of our families or something that was normal or ordinary, have this misapprehension that one goes to therapy to fix something that is wrong with them. That it's this, you know...the therapist is akin to the...putting the bandaid on—I should come up with a different metaphor. But it's something about, it's about fixing or replastering or somehow reconfiguring who you are. What you're describing to me is a very different approach. It's about accepting oneself in your wholeness, in your complexity, in your imperfections, in your perceived flaws. And working with that foundation, as one for, I guess, self discovery, or acceptance or transformation, maybe? I'm not sure if you would use that word. But it's not about curing, it's not about fixing, it's about something else, you know, to try to get the right words for it. Something else seems to be the motivating factor as you're approaching this supportive relationship with a client.

JD: Yeah, and the other thing I've been hearing more and more from colleagues is people coming into therapy, having come out of that, sort of, you know, like "limited time only" styles of therapy—I'm absolutely not going to name anything, because some of those work for people. They do, depending on what people's needs are in the moment. But there's been more and more clients who are coming out of those sorts of programs, who are just feeling a bit lost. And maybe with like a little extra shame, just thrown in there. Because, just, you know, doing these steps or trying to in some way get the therapist's approval for doing the steps correctly, or whatever, have just led to more feelings of disconnection. And so that's really, what I think is central in therapy is that sense of connection. And that sense of when that connection is ruptured, as it, like, always will be in certain moments. How do we stay present, and get back and see what happened so we can actually be closer because it is the ruptures that can bring us closer?

[Music: Repetitive, fast, soft percussive sounds ascending then descending]

EN: Yes. I'm again, having a moment. This is...and I think this could be a little bit difficult...maybe this is me projecting onto it...I mean, I can speak from my experience that illness can throw things into a bit of disarray, to put it mildly. And if you have a certain vision of yourself, or a certain self-conception, which is often, frankly, and something I've written about, is really founded in ableist notions of the self, right? Like, we don't like to say we're robots or machines, but really, we expect that we can perform optimally, 100% 150%, you know, eight days a week, like completely unrealistic expectations. So much so that we probably all have someone in our lives where they get a mild cold and their foundation gets a bit rattled. And maybe we don't have...maybe some people don't have as much compassion or empathy for someone like that. Because if you have had a life-altering illness, you know that you're not going to shake it off like a mild cold, there's going to be much more protracted and severe episodes and interventions that necessarily have to happen. And so then how do you be present with that self that is not like the one before that you're not fundamentally broken. You didn't do something wrong, you don't deserve illness. But I think the other part that's so difficult is what if illness isn't the worst thing that ever happened to you? That goes against so many societal notions, right? ...that I would say in, you know, in my university teaching, I've seen such wonderful developments in Critical Disability Studies. Or students are so excited, they really understand that disability isn't deficit; disability is difference, but the deficit is only if you think that there's a normal way that our people are supposed to be. And I see students really quickly understand when it comes to acquired or congenital disability—especially physical disability—they really understand, right, that it's the ramp that prevents someone from accessing educational or medical spaces, not the chair—the wheelchair. Then we always get to a bit of a tricky point when it comes to illness, and you go, but what if this illness experience is disabling? Through length, through severity, and we have to actually think about the fact that there are many disabled people that have fiercely advocated in the disability rights movement: "I am not sick." But what about the person that goes: "I *am* sick. This *is* a disabling experience of illness. And I belong here in this mobilising of disabled people. And my illness is going to show up in ways where my energy levels are going to fluctuate. And my cognitive abilities might fluctuate with brain fog, or

my pain will flare up in ways that might be invisible to you. But trust, I know what's going on, and I still belong here; I belong in this disabled community, and I'm ill. That acceptance, right, that level of acceptance that a patient or a client must have, I'm imagining might be a little, mmmm, challenging.

JD: Uh-hm. Well, and I think maybe what gets left out, is suffering. Because suffering is, of course, very subjective. But also there are objective elements, right? Being excluded causes suffering. Not being able to be who we need to be in the world for reasons that could be fixed but aren't being, right, could create suffering. And so, when the person who is in otherwise robust health gets a cold and their world falls apart, you know, it's not on every disabled person to shed a tear for them, of course, right. And at the same time that person is suffering, their way of surviving their world is being in some way impeded. And so the chances that that person can start to notice that as growth or not, are heavily reliant on the sort of narratives you're talking about. Because those are the moments where we can start to see that the compulsive ways we use to survive aren't necessarily the healthiest and aren't really our best friends, because there's always a cause and effect. And maybe working eight days a week has been good for someone's bank, but not good for their family life, or not good for their ability to even just regulate their emotions, right? Like maybe they're in a constant state of either panic or extreme depression, or, you know, like there's...there's so many dimensions to what it means and what the suffering might be. So I think it's less of an intellectual argument, although it is that too, right? Because...I did this too when I was doing Critical Disability Studies, is exactly what you were describing. It was like, "Hey, but I am sick!"

EN: "I belong here!"

JD: Yeah yeah. But I think it's the same way that I recognized that, like, with people having differing approaches to their mental health, right, that the constant refrain of "But I'm not crazy", and it's like, "But also so what if I am," right? Like, why do we always have to say what we aren't? To create any space for what we are? Like, why can't the disability movement just be, "I am who I am, and I deserve to be here"? Rather than having to prove that we're not ill, or prove that we're not crazy to fit into some narrow version of society that we're allowed in, right? If you could just prove you're not all these things, you can have this slice.

[Music: Bright percussive sounds, punctuated by sparse resounding tones, monotone, looping]

EN: No, that's I think it's a great reframe. Absolutely. And there's been this thread certainly around the idea that when we have disability justice in mind, we *all* are better for it. People who understand themselves to be non-disabled will be better if we create structures, systems, relationships with disability justice in mind. So I'm kind of curious, I'm going to switch gears ever so slightly here. I'm imagining your life and your work life had to change quite a bit with required work-from-home measures and, of course—it seems a while ago now—but prior to vaccinations, and all kinds of different things, there was all different levels of worry, very legitimate, obviously, that many of us had. And I'm curious about the impact of working and providing care, and being a witness to suffering, very specifically during this two years of—I don't even wanna say living

with COVID 19, that sounds really neutral, and I don't mean it, like as in accepting things, but but really living in the presence of a global pandemic, and not living just witnessing it, but having it touch all of our lives, intervene, impact—what that's been like, as a...as someone who provides care. And also as a human being that has creative pursuits and a life and other things. How have you navigated this time?

JD: Yeah, and I'll start with saying it has been tough. Because, overall, I do think there's been a lot of great things that have come in terms of my own process and my own ability to work comfortably and be present for clients. But of course, it has been tough, right? I do injections of biologics. I'm very high risk. I needed bowel surgery in the middle of the pandemic, like it was tough, tough, tough, right? So yeah, thinking about my own health, just...there was a period where it was just thing after thing after thing, right? The thing about it, is because everything was virtual, because everyone was online, I didn't have to cancel [on] anyone. I was never in a place...like, I mean, I took a week off for surgery, but that's not something I could have done in an office, I would have had to take six.

EN: Yeah. It sounds like it kind of opened up worlds for you a little bit, in the sense that I mean...partly I'm like, okay, my blood pressure is going up a little bit. This is something that people with chronic illnesses and disabilities have been calling for, for a long, long time: greater flexibility and access to work from home; the understanding that sometimes the three hours it'll take to commute, one and a half one way, one and a half...might expend all the energy or the good energy or the prime energy; and that virtual meetings are possible. And I know in my workplace, I've heard colleagues who have been there much longer than I have have talked about how it was always seen as an impossibility. We couldn't *possibly* meet online for this very important committee. We couldn't *possibly* meet for this very important university-level initiative. And I think in 48 hours, people discovered how to do that thanks to technologies like we're using right now. So it was never impossible, but it wasn't a priority. So people were excluded and people just like yourself, who are high risk for something like viral infections, COVID-19 but one, that circulate on a seasonal basis. I feel...I feel a bit angry about that. I think you're looking at the glass half full right now. Maybe I'm just reading into that.

JD: Yeah yeah. No, I think your anger is valid, because I also was aware that virtual therapy could be really good, from personal experience, because there were periods when I was ill, or once when I just wanted to see a therapist who was far away. I was like, "Okay, I'm gonna try online" and there's so many things that can happen online. And there's ways that any container has potential and space and power. So there's a lot about a therapy office that can provide care. And there's also a lot where a client in their own chosen space, can have a container virtually with a therapist that is really supportive. So certainly, before the pandemic, I had already thought about wanting to do online therapy as a practitioner. So your anger is valid, but in this moment, I'm just too happy that it sort of became instantly, like, entirely normal.

EN: Oh yeah. I mean, I'm also grateful I've been able to teach remotely and online rather than be in a classroom with 350, you know, students. That was all very, you know, quite alarming in terms of thinking about breakthrough infections and all different kinds of things. You know, it'll be

interesting to see how we move forward. I love the idea of you continuing with virtual care, because certainly, I know how important it is for me, right, that my doctor...that's still absolutely an option. And so this has been an *additive* approach, right? I will *add* this into my practice. I think about that, like retaining lessons learned. For me, even though it's been an extremely busy time, and I've had to learn a lot of technologies that I didn't really know ahead of time, it really has opened up access to students with disabilities and chronic illnesses, being able to continue to learn online. And so that'll be definitely a conversation. I also...if I understand correctly, one of the things that's giving you pleasure, dare I say, has been fiction. And I'd love to hear about that, like, what has fiction done? Writing it, watching it? I mean, talk to me about fiction. I'm not a fiction writer, but I definitely feel like I listen to it, and I watch it, and I read it. And I know how it can transport me out of a particular kind of zone. If I let it right, if I *really* let it take me there. What has it done for you, this realm of fiction?

JD: For years, I knew I wanted to write fiction, because I remembered just being a kid and just like hiding away with a novel and just being wherever that novel was, and that was it, in that kid-like way. And having the pleasure of that sustaining throughout adulthood, so that I could still like go into that place, which is so perfectly spacious and unique in that way. So that always provided that for me but I think, honestly, in the busyness of the world, I didn't have the space in me to create that. So I would like sort of touch it or move toward it or think about it. But it wasn't the depth it needed to be. And I also recognized that there's a craft, and just having a taste for fiction isn't the same as being able to create it. And so I did start taking classes, like online classes in other countries, and I just...I was like, "Well, everyone's gonna have to offer everything online right now." This was April of 2020 when I started this, where I was like, "What can I do?" And I just started looking and of course, everybody had already gone online, as you said it happened so quick. So yeah, like right up until last fall, I was like, tinkering around with different classes and just getting really invested and really intense in the craft and how it works. And finding the hollowness of the space around the pandemic, which was often tough, right, for me, as well as I think billions of people, right? But finding that there's actually creative potential in that hollowness. And I didn't do this on purpose in my speech right now, but this is actually a Gestalt concept too, where we talk about this point. It's called the zero point where we sort of get to nothing and the field empties out and that's where things can grow. And that's what I've been finding in my creative process too, that when there's the space—which can feel a little scary in its unfamiliarity—there's the possibility of generating new. So that's what I've been doing. I...like I finished a draft of the novel that I'm now like, just re-editing and re-working and re-thinking; it'll probably be in a very different form before anyone sees it. Yeah, it's been...it's been really satisfying. And there's also so much agency in this, right? I'm sure this part you could imagine where it's like, "Oh, no, I don't think this is how this should be. I don't think this is what this person is gonna do." And I decided, so far—and this might change—that none of the actual points of view I'm speaking from are of the person who's sick or disabled, because it was more fun for me in that sense to be like, "Oh, what would it be like to have robust health?" That was part of the fun for me.

[Music: High-pitched, happy, reverberating electronic percussion and keyboard]

EN: I can hear the excitement in your voice around this novel. I mean, congrats on having a draft. It seems like for certain parts of our life, all we want is a writing day. Like *one* day that's uninterrupted. And then when you worked so hard to schedule the writing day, and then you're like, "Oh, no, not that again. I have to be with myself for X number of hours, without interruptions? I got what I wanted, and I don't want it, I reject it, I send it back!" Because it's hard to describe; it's amazing to have so much power, I guess, or control, or agency, or just creative licence to make characters do this and that and to you know, have settings. And then there's the moment of "I'm the only one that's actually making this happen." Those words gotta keep on populating the page. And I think that, you know, writing is work. And so what I'm curious about is like how the body...you know, your work is so—and I mean this in its complexity, from the therapeutic, the theatre, the creative writer in you—what's so interesting to me is that those all are acts or activities or practices that can bring you deeper into your body, but a lot of people actually approach those as purely pushing out of the body; as purely intellectual. You know, therapeutic relationship: intellectual; writing: intellectual; theatre: I guess, intellectual. But I think actors are especially good at saying, "No, no, no, no." Like you gotta dig in. You gotta go in intellectually, I guess, to understand a character. But you have to dig in, sometimes, your own emotionality. And I was curious...I love that you're writing, you know, from a different perspective, like, it's so cool to think about. It is like a...it's a thought experiment: what would it be like to have robust health? I think people...a lot of people would go "Um, hello? Doesn't everyone?" "No, that's the point! Everyone doesn't!" So this is like a radical reimagining. But it sounds like you have characters with disabilities or illnesses that come in. How are you working with embodiment through either just the practice of the sitting and the writing? Do you have like tips or tricks that you use to either get deeper into your body or to realize that there's modifications. You know, I think about assistive technologies that some people use. I have a friend that has to write flat down, writing right on her back with technology that's set up so that works. Do you have any things that you do to get in but also work with your body?

JD: Yeah, it's funny in a way, because I don't think I could ever have the intellectual distance to not know what the embodied aspects of anything I'm doing is, right? So...so that, just quickly, I'll say, is a central part of my therapy practice, too. We do like a lot of embodiment in Gestalt. And so a lot of what happens in all of our emotional processes starts with a physiological activation. So that is central to my work with clients and central to my work as a therapist, right, what's happening in my body, what's happening for me. So that is like this just central body of information. In the sense of being neutral, that is actually a funny kind of turnaround, because the body in a way is the most neutral. Like, it's annoyingly accurate, it has no ability to lie. Right? Like it's just...there's no facade. So that's the most neutral information we're ever gonna get. And that is the same, I would say, in writing. And I just, I do sense it, or I don't. And I physiologically know if something is landing or authentic, or really, really *in it*, right, like really, *in* a conversation, really *in* an interaction, really *in* a surrounding. And I saw an interview with someone who was quoting Chekhov, I think this was yesterday, who said, like "Anything you write, like, take off the first, third and the last third. And there's your story," right? So I, I think that's true for like, the early parts of a lot of things that I write. And it was true for *My Leaky Body* too. I went off on these like, "lalala," kind of, you know, what you were sort of describing as like "writing *out* from the body" that kind of like "roobloobloobloob," and then it just doesn't land for

me. Like it has to be *in here*. And it has to be *in here* as a therapist, it has to be *in here* for clients, it has to be *in here* for readers. Because that was what I found most powerful in the *My leaky Body* work was how resonant even people who hadn't had the bodily experience themselves found the the difficult descriptions, but difficult, that really came from somewhere, not just difficult in a sort of provocative for the sake of that kind of way, but provocative because they're real.

EN: I agree. You know, I've taught your book in different universities, different contexts...

JD: I think you know it better than I do by now, quite honestly.

EN: Well, that happens, right? That's how the book changes. It's always good to have those readers that...that you know, see it and...and retain. But I would say, absolutely, students comment to me that they feel seen, which is paradoxical, right? Because they're not you, their experience isn't yours. But I think it's something about that realness. It's not gratuitous; your descriptions are not gratuitous, or like you use the word provocative. That is not why you're writing truthful descriptions of difficult things. It's actually, I think, to honour those difficult things and to accurately record them. Especially for a society that might be squeamish about the body, you know? This neutral thing that doesn't lie; oh, wow, we can cover-up, hide, shame, cajole, I mean, all kinds of really interesting relationships to get away from, from the kind of honest gut feelings. And...and maybe that's what students are kind of remarking upon. They're like, "Oh, like, I've experienced something like that," or, "You know, I didn't know I could talk about it," because we're in our own experiences, and we can recall them, but there's something about writing it down, right, and saying to others, "Okay, you can read this, like I will share with you and I trust that you will know what to do with this description on some level. And I think that you do also trust your readers to know what to do with that information, and not in an intellectual way, but to take it in and use what's useful and maybe discard what isn't. And then to have that as part of how they navigate their own leaky bodies in this...in this concrete world, I guess. Or so we like to think.

JD: Yeah, definitely. And I really do value that, just you saying that so much right now. Because that's definitely what made me so glad; glad that I had done it. When I had those sorts of, you know "ahhhh, my 20s, what did I do?" kind of moments, right? That this is the value, this is the point [when] it stops being about me. It is about whoever can find solace, or, as you say, being seen, which is, I think one of the most central aspects of being human, right? "I'm here, I see you, and I see you, as you see me," right? Like, in this online world, that part of it doesn't change that. If it can happen through a book I wrote...started writing 20 years ago, with people I'll never meet. It can certainly happen when we're sitting here talking online.

[Music: Ascending, bright, twinkly, uplifting, electronic]

EN: Our guest today was Julie Devaney. You can find more of her work at JulieDevaney.com

On Being III is researched, recorded and produced on the traditional, unceded and treaty lands of Indigenous peoples across what is now contemporary Canada where each of us on the show

is grateful to live and work. Please visit our website to learn more about our relationships with the lands and the peoples who live on them.

This show is produced by Emily Blyth and Coco Nielsen, and executive produced by me—Emilia Nielsen.

Prince Shima creates all of the music you hear on our show. You can find him on bandcamp at Prince Shima.

If you liked this episode, check out more at EmiliaNielsen.com or wherever you listen to podcasts.

And if you'd like to get in touch with us, please write to OnBeingIIIIPodcast@gmail.com. We'd love to hear from you.

And finally, a big thank you to SSHRC, the Social Sciences and Humanities Research Council of Canada, who funds this work through an Insight Development Grant. To York University's Department of Social Science, where I am a faculty member. And to my students in HESO, the Health and Society Program.

Until next time, let's create, converse, and crip the system together!

[Music rises in crescendo then fades out]

[End of transcript]

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