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## HEART OF THE MOUNTAIN: A NATURE, ARTS, AND TRANCE-BASED INTERVENTION INTO A MEDICAL CRISIS

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**Abstract:** This arts-based co-inquiry engages the intersection of the Western medical-based world/reality and the Natural world/reality. To bridge these worlds the co-authors utilize a spiritual-based trance-formative practice using trance and arts-based inquiry.

Instigated by a diagnosis and open-heart surgery of one of the co-authors, the purpose of their project is to offer an example of how a relational approach embracing Nature and art within a connective aesthetic of co-inquiry can offer deep healing and renewal. This spirit healing transcends the physical recovery from the medical intervention, extending a fearful experience into a gift of fearlessness. The writing weaves theoretical, dialogical script, images and poetic texts with an invitation to experience an eight minute art video that includes poetic voice, improvised vocal sounding, visual art and narrative reflection. The story explores the areas of intimate wit(h)nessing, therapeutic resilience and transformative learning at the physical, emotional and spiritual levels.

**Keywords:** arts-based inquiry; therapeutic medical intervention; Nature; trance-based inquiry; wit(h)nessing

## Introduction: An Arts-based Reality

### Figure 1

*Sun Dance Canyon Falls, Banff National Park, Banff, Alberta, Canada.*



*Note. Digital photograph, Barbara Bickel, 2017.*

Sending roots down  
down deep into the ground  
below the hospital rooting  
connecting  
to the canyon  
the revitalizing waterfall

Lifting off into flight  
traveling along the Bow  
following the flow of the river path  
to Michael slumbering within  
sacred Sleeping Buffalo Mountain

Landing on the mountainside  
I welcome Michael back

Mother mountain  
sacred womb connection  
deepened  
reprocessed original com/passion  
from mother mountain womb  
heart nurtured  
heart repaired  
self-nurtured  
heart and arteries...

**Figure 2**

*Michael on Sleeping Buffalo Mountain (also known as Tunnel Mountain), Banff National Park, Banff, Alberta, Canada.*



*Note.* Digital photograph, Barbara Bickel, 2017.

**Figure 3**

*Barbara on Sleeping Buffalo Mountain (also known as Tunnel Mountain), Banff National Park, Banff, Alberta, Canada.*



*Note.* Digital photograph, R. Michael Fisher, 2017.

As a couple married 29 years, we have lived through many life challenges and collaborated on many creative and academic projects. Holding a spiritual commitment as central to our lives, through the years we have nurtured multiple ways of inquiry into healing, creation-making, soul-making and art-making in congruence with Nature.<sup>1</sup> Compassion is a term that captures our sensibility for an organic-natural and meaningful life. Over the years we have brought together people and more-than-humans into synergistic interplays and performances with the inherent risks of connecting and disconnecting *via* our artist-creator selves, helper-therapeutic selves, and intellectual-researcher selves.

Making art in response to emergency is not new for us. An early challenge in our relationship involved being displaced from our home due to a serious fire directly above our suite. Eventually, we found sacred space to heal together in Barbara's studio, making art as a practice of basic sanity, intense communication and unknown lingering as a place for expressing disorientation, fear, anger, and grief. Many years later we co-wrote an article exploring compassion related to fear and desire, in the context of

difficult times of a world in crisis generally, which included that fire experience. That article is entitled “Aesthetic Wit(h)nessing Within a Matrixial Paradigm” (Fisher & Bickel, 2015), this title also frames what unfolds in this essay.

I, Barbara was raised in a German Lutheran clergy household, the only visual artist amongst musicians. I gravitated easily to become a caregiver of elders, and then adults with physical and mental challenges early in my career path. Being introduced to arts therapy and art as healing in the workplace, had the added bonus of returning me to an inactive passion, that is, a personal art practice. Shortly thereafter, I met Michael, a seasoned artist, who was presenting at an arts therapy conference. I, Michael was raised in a secular poor working-class home. In my early teens I became a dedicated self-taught musician, artist, and naturalist. By my early 20s I was a wildlife technician, later turning to the field of environmental education and eventually a full-time wildlife artist. While teaching art in the local community and diverse rehabilitation settings, I developed an intuitive art therapeutic approach to healing. In 1991, we co-founded an alternative learning community and began to expand on Michael’s spontaneous creation-making method (Bickel & Fisher, 1993). This practice has held a steady presence throughout our relationship. Most recently it has resurfaced as a means of handling the unnerving and dramatic life alterations in the midst of the COVID-19 pandemic. We currently facilitate spontaneous creation-making to a small international community on-line as part of our Restoration Lab Project, an intervention of “Communal Practices in Quarantine: Making Sense of our Lives and Times” (see the Studio M\* website: <https://studiom.space/upcoming-events-at-studio-m/teaching/>).

Over the ensuing years, having both engaged arts-based research as graduate students, we expanded the possibilities of spontaneous creation-making within a matrixial (Ettingerian) theoretical framework. Our most recent venture as artist scholars in the local community is “Studio M\*: A Collaborative Research Creation Lab Intersecting Arts, Culture and Healing.” The M is a reference to matrixial and the \* represents all other intersecting M words that others may bring into collaborations. Matrixial theory was developed by artist, psychoanalyst, aesthetic philosopher, and activist Bracha Ettinger (2005), and has been a unifying framework for both of our creative and scholarly passions. Matrixial theory is post-Lacanian and based in the pre-symbolic feminine womb experience (real and/or metaphorically) in relationship with, in tension with, and in collaboration (ideally) with the dominant phallic domain. Matrixial is a non-paranoic paradigm in contrast to the paranoid orientation of the phallic paradigm. Some of the key concepts used in this essay are matrixial concepts originally developed by Ettinger. *Wit(h)nessing* is one term that is strongly present in the medical story to follow. Ettinger (1999) describes it as the ability to not only see (witness) but to be *with* an Other aesthetically, empathetically, and compassionately. The opening poem excerpt is an example of matrixial wit(h)nessing that emerged from a trance-based inquiry

practice. Before studying Ettinger, I, Barbara had utilized spiritual feminist trance-based practices (Starhawk, 1979) for many years and have written a book on art, ritual, and “trance-based inquiry” (Bickel, 2020). In parallel, I, Michael am an interpreter of “trance-based learning,” part of generic shamanic practices based in a universal Indigenous worldview as documented through the research work of Four Arrows (e.g., Fisher, 2018).

Trance-based inquiry and “trance-based learning” (Four Arrows, 2016, pp. 25-52) are complementary practices that work in relationship with each other. Trance-based inquiry as taught and practiced by us unfolds through ritualizing and the arts as a feminine aesthetic sensorial practice of coming to know and not know. What unfolds in the story of this essay and the art is carried by a conscious relational ritual practice of trance-based inquiry.

### **A Story of Playful Resilience in Medical Reality**

One day while cycling home from their studio on a favourite bike path along Nose Creek Valley, a gap opened wider than they had ever experienced before. On the inclined path, as I, Barbara looked over my shoulder, Michael was a long way back with little breath available to pedal his bike forward. With growing concern regarding the cause of his shortness of breath, we made our way very slowly the rest of the way home. Following strong encouragement from Barbara and nurse friends, I, Michael went to see the doctor about the incident and within a few weeks was diagnosed with arteriosclerosis, with several coronary arteries near 100% blocked. This was not familiar territory, as I have always lived a healthy lifestyle with minimal health issues. I have rarely spent time in doctors’ offices or hospitals in my 66 years. Just a few weeks prior we had been riding our bikes up steep grades in the Rocky Mountains but now found ourselves in the midst of a medical crisis with, as the doctor said, “a heart attack waiting to happen.”

Soon after the heart disease diagnosis we decided to bring our creative artist selves into the experience as an empowering and healing intervention in the medical world, where we felt a loss of control due to unfamiliarity with the authoritative Western medical environment. We needed to make our own “place” for this upcoming challenge. Barbara’s trance-based inquiry practice incorporates place and arts-based inquiries, where she enters trance in particular locations and draws from the place, its history and inhabitants, whether human or more-than-human, across time and space. These trances are often healing in some form. One trance, transposed into a moving image art video, took place on Nose Hill and offers a trance-based inquiry example of Barbara

experiencing healing with snakes in their dens (see the art video *Eco Gnosis* <https://youtu.be/4FwgtNA8zog>).

Barbara's early art practice was informed by feminist artists of the early 1970s, who did not separate the personal from their public artist selves. In particular, many years ago, I was deeply impacted by the work of New York City-based artist Hannah Wilke, who photographed and made beautifully shocking art during her mothers' and then her own medical journey through terminal cancer (see <http://www.hannahwilke.com/>). Influenced by the aesthetic emotive power so viscerally present in Wilke's art and from my own experiences of healing trance-based inquiry, in preparation for each of Michael's medical appointments I packed a still camera with a video and sometimes an audio recorder.

#### Figure 4

*View of Nose Hill at the horizon, from Michael's room, Foothills Medical Centre, Calgary, Alberta, Canada.*



*Note.* Digital photograph, Barbara Bickel, 2017.

Intuitively, we adopted two major strategies of re-appropriating the hegemonic power-locus of the institution for our creative engagements: (1) when meeting a new medical doctor, nurse, or technician as part of the pre-surgery through surgery and post-surgery, we included as part of the conversation a direct sharing that we were creating

an “art project” alongside the medical experience; thus, letting medical personnel know we would be documenting it (with permission) and, (2) when visiting hospital grounds as “foreign territory,” we appropriated the geography of its site and turned it into a place for us, for our orientation and for memory sake, which included looking at vistas surrounding the hospital grounds (see Figure 4). Appropriating control in this way also took the form of Michael performing playfully in front of hospital architectures and signs (see Figure 5) with Barbara documenting. Barbara also photographed natural landscapes, hills and river valleys that were familiar and important to our life in the city. All this eased our tensions and transmuted the energy into creative spontaneous play and place-making with values and intentions that were ours and not just the medical culture we had entered.

### Figure 5

*Early visit to the hospital, Foothills Medical Centre, Calgary, Alberta, Canada*



*Note.* Digital photograph, Barbara Bickel, 2017.

The poetic writing that opens and closes the essay is culled from trances I, Barbara undertook during the time Michael was in the surgical studio having bypass surgery, and while he was in the cardiac intensive care unit (cardiac IC unit) prior to

awakening from the anesthesia. This poetic writing is a small portion of the trance-based narrative that carries the moving story in the short art video entitled *Heart of the Mountain*, shared at the end of this essay. Trance journeying (what I have also called “awake dreaming”) has been part of my personal and creative practice since 1999. I have come to teach the practice of awake dreaming as trance-based inquiry for the purpose of recovering and healing the arational modes of being that have been suppressed and distorted as irrationality by modernism (e.g., dreaming, trance, day dreaming, intuition).

Anthropologists who have studied different trance practices around the world suggest the ability to enter trance is a human gene (Bourguignon, 1973; Goodman, 1990). Trance practices, leading to altered states of consciousness, are present in all cultures in various forms. If the ability to enter trance states is blocked in the individual or suppressed in the culture, these anthropologists have found it can be taught and reclaimed. As artists and educators, we are interested in combining the making of art with trance practices as a method of coming to inquire, learn, and heal. Through such strategies, we introduced and emplaced the artist soul-based reality in parallel, as if creating an alternative and complementary reality with the medical science reality. This helped re-situate and transform our feelings of victimization to Michael’s genetic predisposition to the disease, and the allopathic approach he agreed to be treated within to a large degree.

The diagnosis and the prescribed medical treatment, along with the extended wait time before surgery left Michael in a state of despair and/or disorientation at times. Although that is to be expected for most anyone preparing for major surgery after receiving a sudden serious diagnosis, most people would not necessarily go as reflectively deep into this experience. A big component of my struggle was the decision “Do I really want this operation—for, maybe my time on this planet is up—and, I should just live life out naturally without this ‘artificial’ treatment?” Having prided myself on being a contemplative “naturalist” introvert since adolescence, I most often avoid the things that modern life offers via comfort seductions in order to create environments that end up removing humans from the Natural laws of life and death. I eventually came to realize, after much thought and dialogue with Barbara, that the decision to have surgery was not a decision to be made alone. After going back and forth re: to go for surgery or to not go for surgery, we jointly decided that the most important part of the whole process was not necessarily for me to survive the operation or live for many years after. More importantly, rather, the decision was made to undergo the operation because it was a significant and unique “new challenge” for the marriage relationship’s maturity. As a couple we could make empowered and artistic choices, undertake healing work, and develop our lives in productive ways that without such focus and high-stakes of crisis we would not likely do. It is true, crisis is opportunity.

**Figure 6**

*Ludic Transmissions*



Note. Mixed media collage on canvas. 36 x 24 inches. Barbara Bickel & R. Michael Fisher, 2018.

What follows in the next section is a performative dialogue we engaged one month following the surgery to remember significant moments of the experience, and as a way to prepare for the creation of the art video that would express artistically what we had both lived through. The art video, which we invite you to view at the end of this

essay, entitled *Heart of the Mountain*, is an interwoven collage based on photographs, video footage, sound recordings and visual art created collaboratively (Figure 10). It includes individual painted and photoshopped images by Michael during the five-month period of waiting for surgery, as well as from video footage, audio, and photographs gathered during the time in the hospital, including the trance journey recordings. The art video also incorporates photographs and video footage from our trip to the mountains prior to the medical diagnosis, as well as trips to the Bow River escarpment and Nose Hill in Calgary after the surgery.

### Artist Dialogue One Month Post-Surgery

**Michael:** It's complex to figure out how to put this short video together. Wanting the art to lead and not just make a documentary. The first visual art piece we collaborated on began prior to my diagnosis and continued on after it. It is the mixed media canvas piece *Ludic Transmissions* (Figure 6). It was very much a spontaneous creation-making encounter going back and forth between the two of us. It began when I found this broken limb of a balsam popular in the park outside of our studio, and from there began our journey of working with the tree materials and other creative processes.

**Barbara:** Most interesting in the making of *Ludic Transmissions* is the precognition, like an unconscious perception, of what was happening to us—and, by that I mean what was happening to your heart. One day you glued pieces of the bark to the canvas and on another day, I came in and sliced through the canvas, creating two vertical openings using a sharp knife, then placing a red piece of cloth behind the openings and sewing the cut up, like stitches of a surgeon. I had no idea what this was about. I just did it.

**M:** It's awesome how our creative state of consciousness works, like in another parallel universe, things are picked up that are subtle, perhaps indicators of what is to come. So many aspects in this collaborative art piece came intuitively, and then came my medical diagnosis of coronary heart disease and the news I needed multiple bypass open heart surgery. We ended up in part, adding elements into *Ludic Transmissions* that reflected that new knowledge and the deeper emotional issues it raised. You can see the blood vessels I painted coming out of the blood red moon. And the length of the slices in the canvas and stitches you made are pretty close in size to the ones on my body now as permanent reminders and scars.

**B:** I think one of the most powerful framings, both real and metaphorical, that surfaced in the 5 months waiting time for surgery was the day you decided to frame the heart surgery as a near death experience. What you call your NDE.

**Figure 7**

*Michael painting arteries and veins in Ludic Transmissions.*



*Note.* Mixed media collage on canvas. 36 x 24 inches, Barbara Bickel, 2018.

**M:** Yes, part of that came from just having completed a two-year book project with Four Arrows and how his work takes off from a hypnotherapeutic (trance-based learning) perspective and his own NDE that transformed his life (Fisher, 2018). I was steeped in his stories and the NDE especially because he developed a powerful fear management/transformation theory and practice out of that experience. This infused my own thinking and it occurred to me that the heart surgery, when you get right down to it, involves the surgeon stopping your heart for an hour or more so it can be repaired. I would be unconscious, on a heart-lung machine, and literally my “life” systems are in the hands of the doctor and medical team. Now, that is dramatic, at least to me. I’ve never been in

that kind of situation in my life, so calling it a NDE made perfect sense. That's when I started thinking about artistic ways to intervene and make this "story" and journey of heart surgery something more than just a scientific and medical encounter. I rather wanted to make it a spontaneous art-making and soul-making project. I am grateful to have you along with me to enact this and create together—and, have a lot of fun doing it. The video is one result of our trance and arts-based inquiry created from documentation of the medical process and Nature-based experiences that nourished us.

**B:** I suppose when you first told me about the NDE framing and turning it into art, I wasn't so sure how or what we would do, but I trusted our creative capabilities as we've worked collaboratively as artists on several projects over the many years of our marriage. I took the camera near everywhere we went that involved the medical system, recording and, I noticed that because I had the camera and was a *wit(h)ness* (Ettinger, 1999) for you in those settings you often spontaneously performed, and with a good amount of humor even though you knew you were going to face a good deal of pain and potentially even death. You would be out of control of most of what was going to happen to you. I know that's hard for anyone, but it is especially hard for you because you are so independent and healthy. You don't like the medical paradigm and have been a published critic of it for years.

**M:** One of the major creative interventions I began in preparation for the surgery was thinking about the hypnotherapeutic environment the operating room itself contains. According to Four Arrows, any environment or stimuli that creates a concentration state, often initiated by stress, but also by awe, is a ripe condition for trance and hypnotic induction, hence deep learning (Four Arrows, 2016). I was interested in using what he calls trance-based learning just prior to going under with the general anesthetic. At home with you and our nurse-friend Laura, I set up the first stage of the intervention. I asked you both to *wit(h)ness* me on the couch, as a substitute for the surgical table. I went into a relaxed but concentrated state and had you hold a pen over my chest at mid-rib and asked you to lightly draw the line that the surgeon would eventually draw before cutting my sternum open. I then felt that line and opened my eyes and asked you both to authentically say positive affirmations about me as if I was just coming out of the deep anesthetic sleep. My hypothesis was that when the surgeon draws the line on my chest in the operating room, a somatic positive memory and message would be triggered and held in my body, during the assaultive operation itself.

**B:** You also planned to ask your anesthetist to be part of producing the induction. When we arrived outside the surgical suite with you on the gurney, just before taking you in for surgery, the anesthetist and some of the surgical nurses came to you, introduced themselves, confirmed your identity and said a few things about what would happen

next in the operating room. Lastly you were asked if you were aware that you may die. You said, without hesitation, “yes.” You were quite playful with them under the effects of the drugs they gave you in the prep room in order to “relax.” You seemed very light and lucid. You told the anesthetist you would like to try something because you had been researching and studying hypnosis. You eloquently explained it theoretically. Then you told him exactly what you’d like him to do in the surgery room. Afterwards, you told me you did not remember that conversation at all. You were able to communicate in your drugged state exactly what you had rehearsed prior.

**M:** I asked him, “Just before I go completely under with the anesthetic, whisper into my ear with delight and conviction: You are a very good boy.”

**B:** The anesthetist was really into doing this, he said, “Oh, cool, positive thinking. Yes, I’ll do it.” The anesthetist actually came over to the Cardiac IC unit after the surgery and told the nurse looking after you to tell you he did it. He really wanted you to know he had followed your request.

**M:** The “very good boy” statement was a positive affirmation I never felt I received when I was born in real life. More so, I was born and have carried through my life an intuitive feeling that I was never good enough. Despite much personal healing work, I live with a shame-based personality because of so much generational trauma passed on through my mother’s and father’s lines. This was my NDE opportunity to reprogram my unconscious and start a second-chance life with a new affirmation of my core identity. I don’t know if this worked but I am monitoring it.

**B:** I have been watching the subtle changes in you post-surgery, and there is a gentleness that has appeared, an acceptance. Although it has not erased your social critic self. Not sure if the changes will stick around, but a softness is there.

**M.** And you were having your “family waiting room” experience while I was in surgery and in the cardiac IC unit.

**B.** I was. A few other artistic interventions to undertake during the surgery came from our conversations prior, of what I would do in the waiting room while you were in surgery for 4 – 6 hours. I had no desire to bring a friend with me, as was suggested by our doctor, and decided I would instead select a handful of your, count them, 75 technical papers. I wanted to stay connected with you during the surgery through reading your words and writing that are so important to you. My intent was to keep your intellect/mind alive and present in the world while your body was the main focus of the surgery process with the surgical team. I also offered this suggestion to friends and family I sent email updates to on your condition. You chose two different technical papers to send

and some people were very happy to take up the suggestion of reading your writing while you were in surgery.

**M.** Yes, I loved this idea. And there were some other helpful interventions that have become a significant part of the art video we are co-creating.

**B.** Yes, at some point in the days just prior to the surgery I decided to undertake my own parallel trance alongside the hypnotic suggestion and NDE you would be experiencing. You have joined me on some of these trance journeys, in particular the past year. Our first co-created art video was based on a powerful pairs-trance journey in Appalachia at an artist residency last summer. So on the day of the surgery I brought my recording device with me, along with your technical papers. You knew I was planning to do this, and at the very end while waiting for the orderly to take you into surgery you said to me quite clearly “We should meet up at the waterfall at Sundance Canyon on our journeys” (Figure 1). We had cycled our bikes to the canyon and hiked up to the falls in Banff last October just before you were diagnosed. This was a ride where your shortness of breath was barely starting to show up but you made light of it and thought it was the cool mountain air causing the limited capacity.

**M.** I don’t remember asking you to meet up at the waterfall. My memory pre-surgery is hazy at best.

**B.** I told you I would be happy to meet you there on our parallel journeys. I was also relieved to know I had a place to find you while we were both in very different states of consciousness. After watching you being wheeled into the surgical suite, I returned to the family room and began my trance at about the time I thought you would be receiving your hypnotic statement before losing consciousness to the anesthetic. I curled up in the corner of a couch in the family room and spoke into my recorder while other people talked on their phones sharing medical updates and visited with each other. I was in the trance process for 40 minutes, during which we met up at the canyon falls, and I wit(h)nessed you travel to and safely embed yourself within what became a nourishing womb of Sleeping Buffalo Mountain (as called by the Stoney Nakoda Indigenous peoples or in their language *Eyarhey Tatanga Woweyahgey Wakân*), a mountain we had hiked during our time in Banff last fall. After bringing myself out of the trance, I read your technical paper on the connections between fearlessness and the matrixial non-paranoic paradigm (Fisher, 2013).

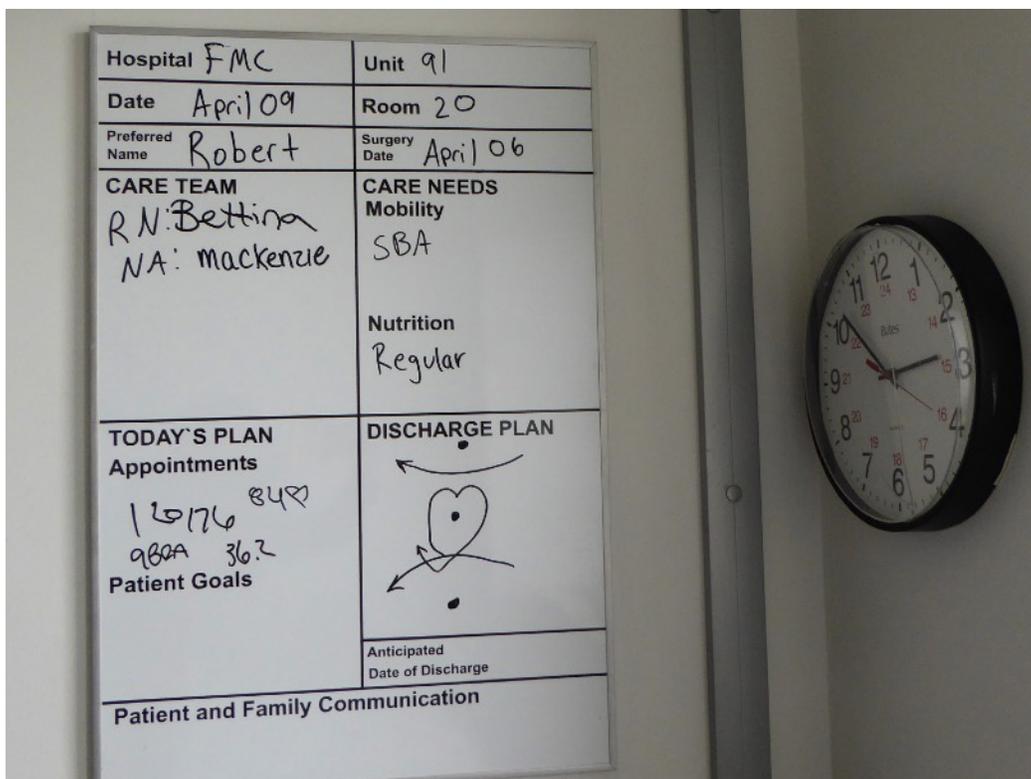
**M:** And you said that technical paper influenced the second trance you did while I was still unconscious in the cardiac IC unit after surgery.

**B.** Yes, after I saw and talked with the surgeon, who told me the surgery had gone really well and that you would soon be taken to the cardiac IC unit to finish your anesthetic sleep, I went downstairs to the hospital coffee shop and curled up in a booth and entered my second trance. In the first trance you had burrowed yourself into the mountain-side so I wanted to return to the mountain to welcome your birth from its nourishing womb, to your second life. In this second trance, after welcoming you from the mountain's womb, we returned to the waterfall together to heal your new open wounds. The journey ended with us joyfully riding our bikes out of the canyon.

**M.** And you shared these trance journeys with me the next day, post-surgery in the cardiac IC unit. Interesting, I literally was in the womb of the cardiac IC unit for three days, where you visited me and we processed the experience.

**Figure 8**

Michael's *Uni-Bicentric Theorem* diagram (lower right), as cosmic map, with a heart drawn on the medical care plan white board.



Note. Digital photograph, Barbara Bickel, 2018.

**B.** And on your last day, in the private room of the regular cardiac unit I gave you a welcome home card that included a drawing of the *Uni-Bicentric Theorem* (Fisher,

2017), only I turned the spiral you usually use in the diagram into the shape of a heart. You created that kosmic metaphysical map almost 30 years ago. My drawing was inspired by reading another one of your technical papers out loud to you while in the cardiac IC unit a few days prior. It was the theory you taught and drew in diagram form at the first art therapy workshop of yours I attended so many years ago. It was our first meeting, and I knew I wanted to know you and know who you were, as this diagram and theory made complete sense of my understanding of the world and how humans are disconnected from the center of their soul-self when they are hurt. It also maps a way humans can heal and restore soul connection with themselves and the world. I equate this diagram with what I first fell in love with about you. To now draw the theorem with a heart, at the close of your stay in the hospital after surviving open heart surgery, really said it all for me.

**M.** After you gave me the card, I got up and went to the whiteboard and drew the theorem diagram with the heart in the discharge plan box. A little something to leave behind at Ward 91. The artistic interventions that have reframed this whole experience have been a great lesson in how powerful art can be in some of the most trying times of pain, fear, and distress. I felt a lot less alone and imprisoned in the medical matrix because of what we did as collaborative creative work and play. And ultimately our role as artists making and sharing the art and its process holds and extends the desire to encourage others to find creative ways to intervene in similar challenging life experiences when the risk of losing one's sense of soul-connectedness is present.

### **From Medical-Based Reality to Nature-Based Reality**

I, Michael was discharged from the hospital relatively early compared to the average recovery time from a double bypass for a male my age. I was engaged in normal life activities sooner than everyone expected. The arts-based interventions prior to surgery, the hypnotic directive for the anesthetist, the parallel trance-base inquiry, and the post-surgery creative healing interventions made a difference in my resiliency.

During some of my stay in the hospital I had a view of the inner-city of the Calgary Nature reserve of Nose Hill in the distance. Confined to my room I longed to return to the prairie grasslands of my youth. The hill is located on the traditional sacred lands of the four tribes of the Blackfoot Confederacy (Siksika, Kainai, and North and South Peigans). The hill, with its preserved prairie grasslands, is a sacred place in the city I frequently visit and know deeply as it held my memories of being most at-One with Mother Nature and the universe. Being on that hill always brings me solace from the suffering of the world. When I was in my late teens my mother would question me repeatedly "When are you going to get a girlfriend?" and "When are you going to get

married?” as she seemed concerned that I was not turning out to be her idea of a “normal” male. My father replied to defend me: “He’s already married; he’s married to Nature.”

Discharged from the hospital during the daylight hours of a welcomed April spring, Barbara surprised Michael by not driving home but instead driving straight to the Nature reserve. As we got closer to the hills, with some grief arising, Michael realized that the near death he went through in surgery had left some part of him behind or detached. In nearing this sacred Nature place, he fully understood the magnitude of the total isolation of the institutional life he lived for four days. He’d lost much of his freedom (and connection to a bigger world) in that short time. While others were continually controlling his flow and rhythm for the purpose of their narrow, worldly, rule-based, and fear-based, western medical regime. He had been extracted from Natural landscapes and his sense of Being was short circuited. “I need to find my soul,” he uttered. To be cut off from a Nature-based reality hurts a human being as it divorces one from the recollection of allies, of basic elements, and from the greater-than-human realm in the spiritual dimension. It may be subtle, and many may not notice, but its impact is deeply traumatic. This experience in some small way brings us to aesthetically wit(h)ness, in a mysterious way, the deep trauma colonized Indigenous peoples typically have and still experience in the destructive hands of the Western dominant worldview that is divorced from Nature. After being bodily assaulted and repaired by technomedicine, the healing soul medicine for him was in the prairie hills and winds—the place of his true birth.

With unsteady legs, I, Michael walked from the side of the gravel road and onto the grassland. Looking to the horizon, with the wind blowing on my face, I prayed for my soul to return on the winds—and, to carry it into my heart—as I sensed my soul had found a temporary home elsewhere. This was intuitively part of the same plan Barbara and I had shaped in our trance-connections—as a soul journey, much like in the shamanic traditions of soul-retrieval. Art therapeutic interventions, “art as medicine” as Shaun McNiff (1992) had said, when taken deeply to heart, are of “another” parallel world of experiencing—a world of the Natural-Cultural bridging, enabling what I, Michael call Spiritual correction and self-regulation. This is a place of the gift—the gift of true hospitality where fear is no longer the ruler of reality, quite the opposite of hospital life where fear is everywhere.

The greatest human ally for me was Barbara with her dedication to “hold” and “carry” me while I was unconscious in surgery as well as before and after. She enacted what Ettinger calls “carriance.” Ettinger’s matrixial theory (IPAK Centre, 2014) is embedded in the knowledge that the female body and psyche (e.g., our mother) has carried each human into this world for generations. Thus, deep in memory, we all know what it is to be carried and in turn are called upon to carry others. Ettinger describes her

understanding of matrixial carriage during a course she taught on trust, she shared, “the time of carrying is always the time of the future...the time of trust is always...the time of the future. I always trust the unknown” (14.46–15:06). She further connects that “where there is no carriage at the horizon, the world is gone” (41.37-41:41). Trusting the world then is carriage. Carriage as the passage into life where the carried and those that carry, co-emerge. We both trusted the process and experienced a profound co-emerging of carriage in relationship with each other, art, Nature, and the medical world.

Nature was also an essential ally for Michael. Indigenous peoples have always known Nature is a place of great healing because fear does not rule there. In fact, as one Indigenous researcher-educator has said, if you want to learn about how to be a “connoisseur of fear” and practice fearlessness just watch the animals in the wilds—they are our most powerful teachers of this wisdom and compassion where fear does not rule (Jacobs, 1998, p. 156). The gift of fearlessness tradition (Fisher, 2010) has always intrigued Michael in his studies and teaching. By providing sacred space/time/place experiences of being carried beyond fear, one finds “soul” centeredness and a sense of belonging in a meaningful universe where connection and connective aesthetics (Gablik, 1995) keep truth, beauty and goodness in alignment—in a Natural way—the way of the Tao, as Taoists or Buddhists speak about. Humans can more easily heal, recover, and have a second chance in life when held by Natural and artistic environments of fearlessness as a relational expression of Love. Co-emerging in carriage, as Ettinger profoundly uttered (IPAK Centre, 2014), holds the opportunity to carry on, after the world is gone. In light of living in a time of quarantine in a pandemic where imminent death and potential new birth awaits us all, alongside the mounting impacts of global environmental and social crisis, practicing spontaneous creation-making, trance-based inquiry and wit(h)nessing with compassion invites the possibility of facing a near death experience through living into carriage with humans, more-than-humans, and Nature.

**Figure 9**

*Michael post-surgery standing on Nose Hill, Calgary, Alberta, Canada.*



Note. Digital photograph, Barbara Bickel, 2018.

We step out of the water and back onto the path  
the snow has melted since we arrived  
wet and green moss now fully exposed  
we walk down the canyon path  
cross the bridge  
walk down  
down to where our bikes await us

We mount the bikes and ride out of the canyon  
wind blowing across our faces  
we glide along the path  
the return ride is such ease

We breathe deeply  
breathe in mountain air  
which invigorates  
restoring us

for our return  
with new beginnings  
awaiting Michael  
awaiting me

Having seen deep into  
the source  
the mountain of life  
with new teachings  
we return to everyday life  
to the world that is suffering

A world so in need  
of teachings  
of healing  
of recovery  
we gather all  
in order to return with gifts  
his body will guide him  
his new heart will guide him

[deep breath]

Arriving at the sulphur pools  
we dismount from our bikes  
say thank you  
thank you to the canyon  
thank you to Sulphur Mountain  
thank you to Sleeping Buffalo Mountain  
thank you to all the ranges of mountains  
thank you to the Bow River

Knowing we can return  
to this place of repair  
place of healing  
when needed  
I transition myself back  
to the hospital family room  
where Michael remains still  
in his journey  
breathing deeply and steadily

3 floors below  
in the cardiac intensive care unit  
I return to present time...

**Figure 10**

*Heart of the Mountain.*



*Note.* Video still from [Heart of the Mountain, Barbara Bickel, & R. Michael Fisher, 2018](#). This video was shared as a gift with the medical and personal support team that we were gifted by.

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## ENDNOTES

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<sup>1</sup> Use of capitalization on Nature in this essay is not meant to romanticize or completely separate humans as cultural beings, but rather to honor the sacred greater Other (e.g., Creation, Mother) that is foundational to humans and their cultures.