

ABSTRACT

FLETCHER, MEGAN ALYSSA. Telling Trauma: The Datafication of Traumatic Experiences and the Case for Feminist Narrative Methodologies. (Under the direction of Dr. Nicholas Taylor).

This dissertation considers the highly agential but often overlooked documentation practices that ‘datafy’ women’s experiences and mediate their access to care in institutional settings. In this effort, I focus specifically on the intake documents and procedures at a women’s shelter in the southeast United States. When women’s experiences are translated into data, it not only functions as a representation of who they are—it is also one of the primary ways women’s experiences are rendered intelligible within institutional settings. The critical feminist approaches that distinguish this work are not so much concerned with how media portray our world, but rather how they measure and record it. It is specifically invested in developing an awareness of how media function as technologies that shape what is knowable within certain institutional and political conditions and about certain subjects and experiences. This approach emphasizes the constitutive roles media instruments like intake forms play in broader relations of power.

In addition to the rhetorical and critical media studies framework, this dissertation harnesses first-person narrative, and a new methodology I refer to as a *Prompted Reflexive Encounter*, to explore my own experiences engaging in these institutional processes and further contextualize their lived, embodied dimensions. Narrative methodologies are uniquely capable of capturing the kind of experiences and stories that are missed by both institutionalized media instruments such as intake forms, police reports, and mainstream news media. In capturing these histories and embodied realities I render the ideological dimensions of capitalism visible by tracing the goals and outcomes of these systems.

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Telling Trauma: The Datafication of Traumatic Experience and the Case for Feminist Narrative
Methodologies

by
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DEDICATION

This work is dedicated to the incredible women who shaped me (Theresa Fletcher, Theresa LeBlanc, Mary Fletcher). I also dedicate this dissertation to every other first-generation college student. Leave a trail.

BIOGRAPHY

Megan Alyssa Fletcher (MS North Carolina State University, 2016; Ph.D. North Carolina State University, 2022) is a feminist scholar of media, technology, and violence. She incorporates narrative-driven and intersectional approaches to craft interdisciplinary interventions for studying (and ultimately preventing) violence against women broadly, and intimate partner violence specifically.

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CHAPTER ONE

Introduction and Background

There are no safe spaces . . . Bridging is the work of opening the gate to the stranger, within and without.

—Gloria Anzaldúa, *Borderlands/La Frontera*

To build community requires vigilant awareness of the work we must continually do to undermine all the socialization that leads us to behave in ways that perpetuate domination.

—bell hooks, *Teaching Community: A Pedagogy of Hope*

According to the National Network to End Domestic Violence there is an incredibly high demand for shelter services in the United States. They found that in just one day emergency shelters served over 66,581 people with over 9,000 requests denied due to lack of space and resources (Dutton, James, Langhorne & Kelley, 2015). For women in particular, intimate partner violence (IPV) is the leading cause of homelessness (National Law Center on Homelessness & Poverty, 2015). In an effort to respond to the ongoing issue of limited resources, shelters and other nonprofit agencies are often tasked with responding to this ongoing crisis by providing services. In North Carolina, where I studied and lived for seven years, shelters have noted an unprecedented shift. The Women's Center of Wake County (WCWC), a drop-in safety and stabilization shelter serving Raleigh and the greater Triangle region of North Carolina, has noted a sharp increase in need of services. According to the WCWC in one year they saw a 49% increase in need; having served 497 women in 2017, they report 742 women sought safety, shelter, food, and other critical life-saving resources in 2018.

The Women's Center of Wake County is one of 64 women's shelters in North Carolina. New organizations have recently developed in Raleigh, North Carolina in response to the growing need of shelters and programs aimed at serving women. BLOOMHERE is a 501(c)3

nonprofit organization located in Raleigh that provides women survivors of abuse, trafficking and addiction who are homeless or experiencing housing insecurity a place to live, all meals, medical insurance, a job that pays a living wage and addiction support/resources for two years. BLOOMHERE fits within a larger ecosystem of support in Raleigh providing housing and meals while harnessing community partnerships with other nonprofits to create and tailor individualized programming. While the programming is individualized, the commitment to two years in addition to other factors make BLOOMHERE an organization that requires a specific level of readiness to qualify for care. In 2019 I joined the Executive Board of Directors of BLOOMHERE and served a two year term (ending late 2021). As a relatively new nonprofit (opened the doors of their first home on August 1st 2019) they are still developing and adapting with the continued guidance of their sister organization Thistle Farms, located in Nashville, Tennessee. As of late 2021 BLOOMHERE is still working towards a fully functioning justice enterprise¹, in addition to annual fundraising campaigns and a more developed staffing structure. The organization has also had to adapt (both programmatically and structurally) to the ongoing COVID-19 pandemic.

BLOOMHERE was founded by Melinda Taylor who, inspired on a flight home after working through her own childhood trauma, dramatically shifted the trajectory of her personal and professional life², harnessed connections in Raleigh, and built BLOOMHERE with the

¹ A socially conscious business arm of the organization, where clients make and package body oils in exchange for a living wage (\$15 an hour). The goal of the justice enterprise is to provide financial stability to the organization in the absence of philanthropic giving, while providing the women with job skills training and experience. I will explore in more details later.

² A long career leading corporate beauty sales in New York City—at one point Taylor was one of the top ten sales leaders in the country for Clinique (Martin, 2020).

support of the local nonprofit community. In a 2019 interview with Jessie Rumbley for WALTER magazine, Melinda described that shift. Rumbley (2019) writes “In June 2017—six years after that moment on the plane—she sold her house, resigned from her job, and took out her 401K to create her nonprofit, BLOOMHERE” (p. 1.). Taylor planned on opening the first BLOOMHERE home in 2021, but with overwhelming support and generosity from the Raleigh community, the first home opened its doors well ahead of schedule. Dozens of women in the Raleigh support community pledged their commitment to help. Rumbley (2019) describes some of the acts of charity that led to the early start “one of them offered a townhouse rental property that is today the BLOOMHERE house. Many of them hosted an open house last summer, and quickly the entire place was furnished by donations. Other local women’s organizations connected Taylor with the first four women to start the program. By August 1, 2019, far ahead of schedule, BLOOMHERE opened its doors” (p. 1.) Melinda Taylor describes the goal of BLOOMHERE in the interview stating “our vision is to end the cycle of abuse and homelessness, and to get women off the streets for good. I know we’re going to do it” (Rumbley, 2019, p. 1). Shortly after BLOOMHERE formally opened its doors, I joined the team. My own experiences enduring a six-year abusive relationship produced an ongoing desire to serve people who are experiencing, or have experienced abuse themselves. After multiple interviews, prompted by a social media post from a local community leader seeking applicants for the secretary position, I was voted in as the fifth member of the board of directors. As an executive board member I voted on key decisions for nonprofit success and supported administrative duties. In addition to my service on the executive board of directors I was the board

representative of two sub-committees: the grant committee, and the program committee.³ In these roles I assisted with grant writing and worked collaboratively with a social worker and program manager to create and assess holistic programming for our residents. In other capacities, I have served as supervisor for undergraduate student interns, developed successful fundraising events, and offered content writing services. In my first year of service on the program subcommittee, and the organization's first year operating, we held a meeting taking inventory on programmatic documentation. Two graduate students from the University of North Carolina at Chapel Hill had reached out in hopes to help with program outcome research for one of their course projects. In the meeting between the graduate students and the sub-committee, the committee emphasized that it was specifically interested in opportunities to better measure program outcomes as a way to demonstrate growth, and recognize gaps in care or program failures. Within this meeting a printed out version of the intake form was shared with the group. While the graduate students did not follow through with their project, I was asked (given my research background) to help strategize on places to improve. The intake document immediately caught my attention.

My first encounter with BLOOMHERE's intake forms, which the organization refers to as "Holistic & Intake Profiles," occurred during that board sub-committee meeting. I was immediately struck by the size of the document: 33 pages with questions ranging from "what are your personal goals in the program?" to "have you experienced any of the following traumas? Please explain and list age." Towards the beginning and end of the intake document are multiple

³ Sub-Committees were relatively small (ca. 4 members on each), and met outside of monthly scheduled Board Meetings.

waivers including a Consent to Receive Services, Residential Transportation Waiver of Liability, Resident Confidentiality Rights, and a Resident Release of Information form. Aside from signing the legal documentation, much of the information gathered via this process prompts narrative responses. The combination of short answer questions, fill in the blank prompts and legal documentation requires multiple skill sets for both women seeking services, and BLOOMHERE staff conducting intake and analyzing the responses. The sub-committee speculated that the size of the document coupled with the range and nature of the questions would suggest a long and difficult process for anyone seeking services, as well as anyone involved in conducting and analyzing intake information. This is not to say that the information gathered is not important and necessary to the BLOOMHERE program; however, it does illuminate the potential issues embedded within soliciting, analyzing, storing and ultimately “datafying”⁴ traumatic experiences.

This dissertation emerges from my desire to intervene into this and other prevalent, taken-for-granted forms of institutional documentation and related processes, in order to question their function as agents of abstraction and objectification. In this effort I plan to examine BLOOMHERE’s intake processes using multiple methods: specifically, harnessing a particular kind of close reading I have adapted for the study of ‘interactive’ documents (ie. texts that are not complete until filled in); an autoethnographically informed experiment in filling out the document myself; and analysis of qualitative, open-ended interviews with women who served as

⁴ Datafying / datification is a term I use from media studies to signal how experience is transformed into ‘useable’ pieces. I go into more detail about it and my application of it in this dissertation below (Datafication & Abstraction), and in Chapter Two.

BLOOMHERE Board Members at the same time as I did. The analysis and interviews will lay the foundation for collaborative knowledge building and insight into what works well, and what could change to better serve everyone involved – especially the women who are required to go through this process in order to gain access to our program.

The purpose of my dissertation is to consider the ways in which intake forms enact the datafication of traumatic experiences as a way of mediating women’s access to care. Furthermore, this project seeks to lay the foundation for analyzing and collaboratively reconceptualizing the intake forms and processes used by BLOOMHERE in an effort to ultimately establish protocols informed by feminist ethics. It is my hope that the results of this project catalyze implementable new standards that recognize the need of narrative research skills for women’s shelters on a national scale. Furthermore, I anticipate that this dissertation serves as a launching point for collaborative considerations of the social, political, and lived realities of intake processes and possibilities for conscientious intervention.

In the rest of this introductory chapter, I discuss the concept of human service organizations, and situate women’s shelters within that terrain. I describe the need for women’s shelters on a national and local scale, and elaborate on what causes that need. I introduce BLOOMHERE and elaborate on their programming, organizational structure and relationship with Thistle Farms. From there, I discuss the exigence of BLOOMHERE’s intake protocol and documentation, noting their institutional function as gatekeeping mechanisms, mediating women’s access to care. Furthermore, I elaborate on the terms from media studies that are operational to this thesis — “abstraction” and “datafication.” This chapter includes an overview of the previous work done on the mediation of women’s access to care, in an effort to illuminate the opportunities for feminist interventions. I then move on to an overview of important

theoretical frameworks and concepts that underscore and provide the tools for a critical assessment of the intake processes for BLOOMHERE and will note the current use of and future need for narrative research skills. This chapter concludes with an overview of chapters two through five.

The Welfare State & Human Service Organizations

In order to better understand BLOOMHERE and the conceptual and historical purposes of its documentation procedures and practices, it's important to situate them within the larger organizational framework they inhabit. Human Service Organizations are organizations that attempt to meet human needs, specifically those whose basic needs have not been met through other institutions, focusing on prevention as well as remediation of problems, and maintain a commitment to improving the overall quality of life of service populations (National Organization for Human Services, 2021). Previously recognized as “welfare” organizations/services, the name has evolved in an effort to distance itself from the “negative” connotation the term welfare has taken on since the late 1970s (coinciding directly with the rise of the neoliberal state). To this end, in 1979 the U.S. Department of Health, Education and Welfare was renamed and replaced by the U.S. Department of Health and Human Services (Gibelman & Furman, 2008). The ongoing negative rhetorical dimensions of the term “welfare” can be better understood by looking at its historical context.

The conservative revolution of the late 1970's and early 1980's was defined by the social, economic, and foreign policy/attitudes of then Prime Minister of the United Kingdom, Margaret Thatcher, and U.S. President, Ronald Reagan. Their ideologies, coined “Thatcherism” and “Reaganism”, overlapped in a variety of ways. One of the distinguishing features of both “isms”

was the reluctance to identify the government as a resource responsible for aiding citizens in need -- specifically the poor. In an interview for “Woman’s Own” (1987), Thatcher states:

I think we have gone through a period when too many children and people have been given to understand ‘I have a problem, it is the Government’s job to cope with it!’ or ‘I have a problem, I will go and get a grant to cope with it!’ ‘I am homeless, the Government must house me!’ and so they are casting their problems on society and who is society? There is no such thing! There are individual men and women and there are families and no government can do anything except through people and people look to themselves first. (p. 1).

Thatcher and Reagan emphasized the responsibility of the individual - a concept that would prove foundational to the implementation of neoliberal ideology. Individuals who prove incapable of financial self-reliance and depend on social safety nets (often the result of historically racist and classist employment barriers) became denigrated under Thatcherism and Reaganism (and their subsequent mutations), deemed to be a drain on society. In the same interview, Thatcher (1987) suggests that government aid is subject to manipulation by those who seek it. According to Thatcher (1987) “many of the benefits which were meant to help people who were unfortunate ... [t]hat was the objective, but somehow there are some people who have been manipulating the system ... when people come and say: ‘But what is the point of working? I can get as much on the dole!’” (p. 1). This sentiment was echoed by Reagan in his racist characterization of the “welfare queen.” At a 1976 campaign rally in Asheville, North Carolina, Reagan described a mythical character based loosely off of Linda Taylor, a woman charged with \$8,000 in welfare fraud around the time of the campaign. He stated “She used 80 names, 30 addresses, 15 telephone numbers to collect food stamps, Social Security, veterans’ benefits for

four nonexistent deceased veteran husbands, as well as welfare. Her tax-free cash income alone has been running \$150,000 a year.” While the Reagan administration conjured up this conspicuous identity, the notion of welfare users as cheats and grifters emerged from a long history of indignation and skepticism towards welfare system recipients in the United States.

The “undeserving poor” is a notion born of such skepticism. In his analysis of the racialization of American poverty in mass media, Gilens (2003) demonstrates how mediated images of poverty shape our understanding and attitudes towards this very real, very serious issue. He writes “The overwhelmingly negative coverage of welfare from the early 1970s coincided with extremely high numbers of African Americans in poverty stories, while decidedly more sympathetic poverty stories from the early 1980s were illustrated primarily with whites” (p. 126). Gilens (2003) concludes that while poverty stretches across racial boundaries, the poor “become Black” in national news media, specifically the “undeserving poor” (p. 127). These images helped cement public discourse surrounding welfare policy well past the early 1980s. Soss and Schram (2007) found that public attitudes toward welfare didn’t change, regardless of the changes made to the policy itself. They found that in 1989, 64 percent of the public thought “welfare benefits make poor people dependent and encourage them to stay poor” (p. 115). In 2003, 71 percent agreed with a similar statement regarding dependence on government assistance more generally (Soss & Schram, 2007). Thus, the rhetorical dimension of welfare policy as racialized handouts remains fixed in the social psyche of Americans.

The absence of a fully imagined public assistance system in the United States leaves vast unmet needs for people who are poverty stricken. Thus, Human Service Organizations (both for profit and not-for-profit) have developed in an effort to mitigate some of the harm in light of our relatively non-existent governmental response. These organizations receive little state funding,

most of which takes the form of competitive grants, and are forced to rely on philanthropic donations—requiring them to set aside valuable labor, time and other scarce resources to fundraising efforts in an increasingly crowded philanthropy industry. While there are both for profit and nonprofit human service organizations, this dissertation is specifically concerned with the nonprofit model. Nonprofit organizations are unique in a variety of ways and are often referred to as nongovernmental, voluntary, charitable, or tax exempt agencies. One of their most distinguishing factors is the reliance on a volunteer-based board of directors. While most organizations are managed by people who are considered employees and receive compensation for their work and effort, nonprofits rely on volunteer service for governance and oversight. Moreover, their funding practices and overall financial structure are also different from other types of organizations. This is not to say that nonprofits aren't concerned with making any profit. As O'Connor and Netting (2009) note: "part of the complexity of the nonprofit landscape, and contrary to popular belief, nonprofit organizations can make profits. In fact, if they do not make profits, they may have little chance at stability and growth" (p. 11). For nonprofit organizations, profits are managed in different ways under different guidelines (eg. the president/chief executive does not get to collect profits or solely decide how they will be used). Specifically, any profit made has to be reinvested in the organization, as opposed to distributed to employees and shareholders. This further exacerbates the need for philanthropic giving and funding streams in addition to voluntary labor. Not only do these organizations mainly run off of philanthropic giving; they also rely on philanthropic labor (people volunteering their time/labor/skills). This bring with it a host of perennial challenges that may be similar in some circumstances, but on a far greater scale than for-profit organizations and businesses. These issues include high turnover, burnout, and other performance and commitment variables (Cnaan & Cascio, 1998).

Much of the work that human service organizations are concerned with are in response to inequitable and broken social systems that cause a variety of health and wellness issues and result in unmet basic human needs (shelter, food, safety). Moses, Reed, Mazelis and D'Ambrosio (2003) note that "given the pervasiveness of violence, all social service programs and systems are likely to be serving trauma survivors" (p. 5). In order to serve these needs, as Cnaan and Cascio (1998) explain, this type of work often consists of vital relations between staff and clients (staff serving as social workers, counselors, program managers etc). According to Cnaan and Cascio (1998) "change is the product of the human service enterprise, a much different product than in most businesses" (p. 42). While that may be the stated goal of many organizations, the reality is that many human service organizations are limited to only changing clients' circumstances for a brief period of time: providing a meal for someone but not providing them food security, providing a safe place to stay for the night but not providing long-term housing. While all efforts are important and have an impact on the lives of those in need, what is ultimately necessary is a reckoning and reimagining of our current system as a whole.

BLOOMHERE

Inequality, violence, and exploitation caused by a broadly patriarchal and white supremacist social hierarchy and an inaccessible, non-functioning health care system are just a few of the ingredients that create a society where women are left desperately seeking shelter and care from alternative (non-governmental) organizations and programs. While government agencies themselves often do little by way of literal intervention in crises like homelessness and trafficking, they do collect data on these issues in the states/counties they serve. As of January 2020, the United States Interagency Council on Homelessness reports that North Carolina had an estimated 9,280 citizens experiencing homelessness on any given day, as reported by

Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that Total, 809 were family households, 485 were unaccompanied young adults (aged 18-24), and 1,272 were individuals experiencing chronic homelessness. This makes up 1.6% of the total population of North Carolina, a percentage larger than North Carolina's surrounding states (.74% in South Carolina, 1.25% in Tennessee, and 1.03% in Virginia; United States Interagency Council on Homelessness, 2022). According to the North Carolina Human Trafficking Commission (2020), North Carolina has consistently ranked within the top 10 states with the most reported human trafficking cases in the nation. Under Federal and North Carolina law, victims of human trafficking include "minors involved in any commercial sexual activity; adults induced into commercial sexual activity through force, fraud, or coercion; and children and adults induced to perform labor or services through force, fraud, or coercion" (North Carolina Human Trafficking Commission, 2020). While these statistics were provided by government run organizations, tackling these issues is often a project of collaboration between extremely limited state-run organizations and/or funding streams, and the large and heterogeneous network of private, nonprofit organizations and programs.

BLOOMHERE is unique from traditional women's shelters due in part to the length of stay and broad programming they offer. While most women's shelters provide emergency short term housing and support, BLOOMHERE provides two years of housing and programming, covering costs of medical, psychological and dental care while providing opportunities for employment (Figure 1).



Figure 1: 2020 Annual Report, Impact Section (BLOOMHERE, 2022)

BLOOMHERE provides a plethora of services in an effort to provide holistic care over the span of two years to women in need. The program is residential, requiring women entering the program to live in the organization's residential housing, use transportation provided by volunteers and house staff, and follow other organization protocols and guidelines including limitations of visitation, curfews and required approval for leaving the house outside of pre-sanctioned classes and AA/NA meetings. Stipends are provided for groceries (some prepared meals are provided by volunteers or house staff) and access to outside services are also available (specifically transportation to religious services, fitness/wellness classes, part-time employment and volunteer assignments). The longer the women remain in the program and reach milestones, the more freedom they are afforded in the form of overnight stays at a family member's residence, or day trips. In addition to their programming, BLOOMHERE employs the women through their social justice enterprise, paying them \$15 an hour to mix and package body oils, pictured below (Figure 2).



Figure 2: BLOOMHERE “Faith” Body Oil (BLOOMHERE, 2022)

BLOOMHERE is an amalgamation of human service organizations housed under one entity (women’s shelter, homeless shelter, rehabilitation center etc.). As previously stated, BLOOMHERE is unique to a typical shelter, but they are not alone in their programming and services model. Shortly after BLOOMHERE founder Melinda Taylor began conceptualizing programming and services in 2017, she discovered another organization with over a 20-year track record of success doing similar work called Thistle Farms. Taylor met and consulted with Thistle Farms founder Becca Stevens, who continues to be a mentor and resource for Taylor today. Thistle Farms, which became the sister organization of BLOOMHERE, continues to be a highly influential force and leader in organizational development. BLOOMHERE is one of 92 such “sister organizations” in their national network, and one of four in North Carolina. Sister organizations of Thistle Farms are not identical; specific populations served, and program/services available are variable. For instance, in North Carolina, BLOOMHERE and Dahlia Grove (Charlotte, NC) are the only multi-year holistic programs – the other organizations

are different. Benevolence Farm (Graham, NC) focuses its support, services, and advocacy on previously incarcerated women and City Freedom Missions (Goldsboro, NC) offers recovery, rehabilitation, and legal support for victims of trafficking. According to their website, Thistle Farms “national sister network” is different from a simple replication model, in that they recognize the unique geographic, cultural, and resource profile of each organization. What connects these organizations is a commitment to shared foundational practices. According to the Thistle Farms network, these expectations are as follows:

1. Implement Thistle Farms principles and meet benchmarks set forth in the Survivor-Leader pathway
2. Commit to transparency through program assessment and outcome sharing
3. Contribute information and experience to sister organizations, acknowledging roles as mentor and mentee
4. Collaborate through forums, conference calls, workshops, and conferences (Thistle Farms, 2020).

The relationship with Thistle Farms influences more than just BLOOMHERE’s core values; it directly informs programming, internal procedures, and organizational norms. Thistle Farms opened its doors in 1997, and started their social enterprise in 2001. The social enterprise is essentially a “socially conscious” business arm of the organization which provides a revenue stream that allows the organization to function in the absence of steady philanthropic giving, it also provides skills training and employment to the women in the program. While Thistle Farms’ social enterprise started with producing and selling candles, it has now expanded to offer an array of body lotions and moisturizers, soaps, essential oils, home decor, books, journals, apparel, jewelry, coffee, tea and a dine-in cafe. BLOOMHERE has a similar, albeit much less

robust, arm of the organization they call the justice enterprise which consists of the production and sale of body oils. It is clear that BLOOMHERE's approach to fundraising and programming is similar to Thistle Farms and a result of the close relationship their 'sister' organization. In addition to mentorship on the financial side of the organization, Thistle Farms also offers support on internal processes, including house rules/regulations, organizational strategy, and documentation and procedures. Both organizations are committed to providing holistic care to their clients/residents. In order to do this the organization must ascertain information regarding the needs of the women which results in a variety of documentation and procedural practices deemed necessary.

The goal of providing *holistic* care requires a general understanding of what specific needs each woman has when entering the program. While some women may have experienced years of forced prostitution or trafficking, others may have substance use issues that lead them to be houseless. For some, intimate partner violence, sexual assault or family trauma could be the catalyst for seeking care from BLOOMHERE. In light of this diversity, intake not only captures demographic information and family history, it also seeks to gather data on each woman's previous experiences in order to assess the variance of needs her specific programming needs to address. Once a woman is accepted into the program there are various programming and action steps that need to be individually tailored in order for each person to reach their goals. One woman may have a college degree, another may have never graduated from high school (in this case, BLOOMHERE will create an action plan and support system for one woman that includes obtaining a GED and another that does not). Moreover, the information gathered on history of trauma, substance use, etc. also generates information on how suitable our programming is for her individual needs. For instance, some women may be too independent to benefit from our

services; on the other hand some may not be fully ready to commit to a two-year program. For some the program may be too rigid, and others it may not provide enough structure. While the women cannot technically ‘fail’ the intake interview, their responses could result in BLOOMHERE's decision to place them elsewhere—whether that be with an organization/system with more structure, or one with less. Their placement in our program is contingent upon a variety of factors that can vary and shift at any time throughout the program. As an intensive support organization, BLOOMHERE is intended to be the last stop en route to independence, autonomy, and full reintegration into society; otherwise the women could be back in rehab, jail, or short-term shelters.

BLOOMHERE, Thistle Farms, and other organizations that provide services and goods in the form of food, shelter, financial assistance, medical assistance, and health services fill a serious and important need in our communities but also take on measurable risk and liability. Thus, it is typical for organizations to require waivers of liability, documented consent, and other forms of institutional, legal protections in order to keep themselves from being held financially or legally liable in the event of injury, damage or loss. For human service organizations more information may be required. Clients are routinely subjected to administrative processes in which their ongoing experiences are recorded, stored, and processed (as I consider later in Chapter Three and Chapter Four, turned into data). As central, then, as intake processes and other data collecting procedures are to BLOOMHERE (and to any Human Services Organization), they are tremendously agential, and bear close scrutiny for the histories, logics, and power relations they enact. Intake does not occur in a vacuum; it is the first step in transforming women into ‘clients’ and it mediates their access to potentially life-saving care. There are a variety of different people, platforms, and practices that contribute to our understanding of “intake” as demonstrated in

Table 1. These institutional practices share spaces of overlap and divergency—however, they ultimately are concerned with similar goals and outcomes for their respective organizations.

Table 1 Intake Practices				
Type	Facilitator	Document	Procedure	Location
Medical	Nurse, Medical Assistant	Medical Intake Form	Filling out paper forms, Interview	Emergency Room, Hospital, Doctor's Office, Clinic
Legal	Advocate, Lawyer	Affidavit, Complaint, Liability Release	Filling out paper forms, Interview	Court, Office
Job	Hiring Manager Human Resource	Onboarding Documents	Filling out paper forms, Interview	Office
Psych	Psych Provider	Psych Intake Form	Filling out paper forms, Interview	Provider's Office, Clinic, Hospital, Emergency Room
Social Service	Social Worker	Application, Intake Form	Filling out paper forms, Interview	Office

Given its ubiquity there is a general sense of what role intake plays in institutional and organizational life. Specifically, intake forms gather current and historical data both specific and nonspecific, in other words, they ask general questions but they are really looking for specific data points in order to service the people entering into the organization in the most efficient way possible. We also have to carefully consider what data is necessary and how that data is managed—both during and after the intake process.

Trauma Informed Care

BLOOMHERE Board Members and volunteers begin gathering data through the intake process and continue to monitor and evaluate behavior changes and milestones with various check-ins over the two-year span. This process is similar to many other institutions, something I will explore in more detail in the next chapter. How this data is gathered - specifically, under

what conditions, what tools are used, what specific questions are asked, and how that information is stored or circulated is wrought with ethical considerations. In recent years, many of the practices passed down and carried over from medical and psychological institutions have come into question regarding how they affect the people who are subject to them and what long/short term consequences those decisions may carry with them. In response, calls for a new set of standards have been made and implemented in what is known as *trauma informed care*.

BLOOMHERE serves what is socially/institutionally considered ‘high-risk’ populations, women who are experiencing homelessness, addiction, and abuse. In describing the risks associated with the people cared for through homeless services Hopper, Bassuk, and Olivet (2008) write:

Early developmental trauma—including child abuse, neglect, and disrupted attachment—provides a subtext for the narrative of many people’s pathways to homelessness.

Violence continues into adulthood for many people, with abuse such as domestic violence often precipitating homelessness, and with homelessness leaving people vulnerable to further victimization. The impact of traumatic stress often makes it difficult for people experiencing homelessness to cope with the innumerable obstacles they face in the process of exiting homelessness, and the victimization associated with repeated episodes of homelessness. (p. 80)

Trauma overwhelms a person's capacity and resources for coping. Experiences deemed “traumatic” are those that create a sense of fear, helplessness, or horror with short and long term implications According to Hopper, Bassuk, and Olivet (2008) while some people may not experience long-term effects, the impact of traumatic stress can be devastating, “interfering with a person’s sense of safety, ability to self-regulate, sense of self, perception of control and self-

efficacy, and interpersonal relationships” (p. 80). Given this, it is even more important to be mindful and attuned to the needs of the women we serve at BLOOMHERE in all aspects of documentation practices and programming.

The resource document titled “Creating Trauma Services for Women with Co-Occurring Disorders - Experiences from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study” was collaboratively developed by Moses, Reed, Mazelis and D’Ambrosio in 2003. This document looks specifically at designing and improving systems that seek to help women with mental health, substance abuse, and trauma histories. According to Moses, Reed, Mazelis and D’Ambrosio (2003) Trauma-informed care and services involve “understanding, anticipating, and responding to the issues, expectations, and special needs that a person who has been victimized may have in a particular setting or service. At a minimum, trauma-informed services should endeavor to do no harm — to avoid retraumatizing survivors or blaming them for their efforts to manage their traumatic reactions” (p. 19). According to Bath (2008) there are three pillars to trauma informed care: safety, connections, and managing emotions. Safety is of utmost importance, feeling a sense of trust in the people, place, and care one is receiving dictates whether or not any treatment will be fully successful.

With the goals and tenants of trauma informed care in mind, Sandra Bloom developed a model for trauma-informed organizational culture she calls the “Sanctuary Model” (Bloom & Sreedhar, 2008). This organizational model seeks to promote humane, healing, and health promoting outcomes for organizations like BLOOMHERE and Thistle Farms. In reviewing the Sanctuary Model, it became clear to me that the goals and approaches promoted by Bloom and Sreedhar (2008) were similar if not identical to those in place at BLOOMHERE. All of the

dominant characteristics of this model, which include creating cultures of nonviolence, emotional intelligence and social learning, align with the notion of feminist ethical approaches. What is missing from both this model, and perhaps the larger conversation regarding trauma informed care, is how the tools we use to assess, document and maintain these systems may ultimately undermine or problematize these efforts. What I am hoping to establish in this dissertation are analyses that consider widely used documentational tools and the various ways they function outside of their initial, intended use in often problematic ways. These tools are currently deemed necessary from an institutional perspective given the absence of options for different standardized service initiation procedures and protocols. This dissertation considers the capacities of current intake procedure across an array of institutional landscapes - but focuses primarily on BLOOMHERE's intake forms and processes to provide an in-depth understanding on how these forms carry with them, not just data - but embodied experiences that are part and parcel of the program and organization as a whole

Datafication & Abstraction

My involvement with BLOOMHERE combined with my own experiences receiving aid during my abusive relationship catalyzed my interest in understanding the institutional aspects of IPV support systems and how they “datafy” women’s experiences: those processes such as intake forms that collect personal data on client’s previous and current general, health, legal, relational and family information in preparation for receiving services. Datafication, according to Van Dijk (2014), is the “transformation of social action into online quantified data” that can be used for tracking and predicting behavior and outcomes (p. 198). In other words, I am interested in the structures and processes that mediate women’s experience of seeking care, and through which their experiences get converted into standardized units of information for use by these

organizations. Previous research has examined how women's experience within the legal system is textually mediated, specifically women seeking legal protection from intimate partner violence (Pence, 1997), as well as the implications of architectural design on women in shelters (Brown, 2016). Ghom (2017) describes "abstraction" in art or architecture as "the process of taking away or removing characteristics from something in order to reduce it to a set of essential characteristics" (p. 118). Brown (2016) specifically considers the use of abstraction when designing women's shelters, and calls for feminist approaches that illuminate who is affected by the decisions made by architects. Furthermore, Naples (2013) and Elliott et al. (2005) emphasize methodological approaches that resist institutional abstraction. One of the key issues raised by Brown (2016), Naples (2013), Elliott et al. (2005), and Pence (1997) is the use of abstraction when making decisions that affect people's lives. Whereas certain architecture abstracts space (Brown, 2016), certain datafication processes abstract lived experience (Naples, 2013; Elliott et al., 2005; Pence 1977). Removing the very people the process is meant to serve obscures the ability to critically consider how they will be affected and what their needs are.

According to Ghom (2017) abstraction allows for the complexities of lived phenomena to be simplified, to better envision design opportunities. Data systems can be seen as architecture – the architecture of digitally mediated experiences and spaces. Sadowski (2019) warns of the danger in framing data in the way Ghom (2017) described the material of architectural and artistic abstraction. According to Sadowski, approaching data as a "natural resource" assumes that the techniques of its extraction are unproblematic and that data can be freely taken, an attitude that only serves regimes of unfettered data accumulation under late capitalism. Instead he describes data as a "recorded abstraction of the world created and valorised by people using technology" (p. 2). In this vein, Sadowski refers to the process of datafication as a "political

economic regime” (p. 9). In his essay Sadowski gives an overview of how value is derived from data “capital”, noting that the most valuable data capital available is about people (identities, behavior, personal information). Datafication results in the ability to profile consumers, optimize systems, manage and control outcomes, model probabilities, make predictions, build stuff, and grow the value of assets (making things adaptive/responsive thus extending use and relevance). Sadowski, echoing Foucault, emphasizes that all of this reflects a power/knowledge relationship. He writes “the idea is that by amassing data about a thing, then the ability to exercise power over that thing – and, in turn, extract more data from it – is enhanced” (p. 6). The aspects of institutional systems that work to gather, collect, store, transcribe, and distribute personal data are inconspicuously tangled in relations of power. As this dissertation unveils, understanding how power/knowledge functions specifically within intake forms and procedures, via the datafication and abstraction of women’s lived (and traumatic) experience, is the first step in working towards reimagining them.

Feminist Methods & Research

Abstraction and datafication are two processes that have roots in hegemonic patriarchal ways of knowing. To this point Pence (1997) writes “much current social science research and most well-funded research translates women's lived experiences into categories and typifications that discard their actual experiences and transport women into the same discursive world that the legal system employs to make them institutionally actionable” (p. 10). At their best, feminist approaches aim to illuminate the layered complexities embedded within institutional practices (Brown, 2016; Naples, 2013; Pence, 1997). Feminist methods are well suited to interrogate the intersections between institutional documentation, narrative, and trauma.

In their work on feminist organizational evaluation processes, Brisolara, Seigart and SenGupta (2014) highlight the important questions a feminist perspective raises regarding objectivity, roles/positionality, obligations to clients, voice, assumptions, and ethical praxis. The underlying basis of these questions are a concern for how power functions within evaluative and research processes. In line with this, McHugh (2014) writes feminist researchers are “cognizant of the impact of power on the research process . . . [and are] concerned with the complex relationship between social power (and inequalities in social power) and the production of knowledge” (p. 146). Questioning conventionally patriarchal ways of knowledge production creates opportunities for new ways of doing research as well as new considerations of what counts as research (Leavy & Harris, 2018). Furthermore, Leavy and Harris (2018) claim that a central concern of feminist research practice is to challenge “the traditional hierarchical means of knowledge production” (p. 29). Thus, feminist researchers and feminist research more broadly question power relations and hierarchies in all aspects of a given research project - who is conducting research, how are they collecting and representing data, and in what ways are the findings shared. In addition to this, feminist research is also concerned with reciprocity and social impact.

According to Leavy and Harris (2018) feminist research is intrinsically activist. They write “beyond its roots in social movement/s and its research-activist sociocultural role, feminism in the 21st century joins participatory action research and other applied research approaches as few other frameworks do (Leavy & Harris, 2018, p. 32). This dissertation is a feminist project, it’s methodological choices (autoethnography, prompted-reflexive encounter, feminist close reading, participatory action research) and theoretical foundations are rooted in feminist ontologies, epistemologies and approaches to “doing” research (Silva, 2016; Griffin,

2012; Magnet & Rodgers, 2011; Visweswaran, 1994). Feminist research is incredibly useful in capturing what is illegible—it provides a closer, intentional reading of events, texts, and experiences and offers methods that attribute social and academic value to embodiment and personal experience. In line with these efforts, this project captures what is left out in our general understanding of, and interaction with paper forms, institutional processes, and organizational practices.

hooks (2000) and Collins (2002) define oppression as the absence of choices. According to hooks (2002) “sexism as a system of domination is institutionalized, but it has never determined in an absolute way the fate of all women in this society. Being oppressed means the absence of choices. It is the primary point of contact between the oppressed and the oppressor” (p. 5). It is important to foreground—via the critiques of white feminism—that feminist theory and methods, in order to fulfill its own principles, needs to be intersectional (Crenshaw, 1990; Collins, 2002). Furthermore, Collins (2002) explains, “Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice. In contrast, the matrix of domination refers to how these intersecting oppressions are actually organized. Regardless of the particular intersections involved, structural, disciplinary, hegemonic, and interpersonal domains of power reappear across quite different forms of oppression.” (p. 18). White feminism can itself too easily reinscribe colonial, capitalist, ableist, and white supremacist hierarchies. To this point, and as a sentiment shared in the beginning of this chapter, hooks (2003) emphasizes that we must continually do the work to “undermine all the socialization that leads us to behave in ways that perpetuate domination” (p. 36). In this effort, the following chapters outline the trajectory of this dissertation.

Chapter Summaries

Chapter Two titled “Accessing Care - A Media Genealogical Approach”, will provide a media genealogy of intake forms and processes locating their position within legal, medical, economic and broadly political institutional contexts. This review will focus specifically on how these legal, medical, and economic documents and processes transform traumatic experiences into data, noting that even with the best intentions these are still problematic tools with problematic histories as institutional gatekeepers, ie. as documents that mediate access to care. Throughout this chapter I will interweave an autoethnographic account of my own experiences reporting physical abuse and receiving medical and legal services as a victim. In order to gain access to the services provided by these institutions I was required to fill out a form or go through a triage process. I will be examining these experiences by memory as well as revisiting the actual documents themselves. This chapter lays the theoretical foundation for understanding how histories are embedded within documentational practices, and documents themselves. Through autoethnography, it provides a productive starting point towards understanding the embodied dimensions of paperwork, in this case, intake forms.

Chapter Three, “Becoming Service-Worthy – A Prompted Reflexive Encounter”, moves from a genealogical look at what institutions and histories shape the BLOOMHERE intake process to a more focused consideration of BLOOMHERE’s intake form itself. Chapter three provides a feminist close reading of BLOOMHERE’s intake form as well as an experiment that I am referring to as a prompted reflexive encountering. In an effort to avoid any potential for re-traumatization or harm to the women currently in the program I will fill out the intake form through the lens of my imagined self, seven years ago—seeking entry into the BLOOMHERE program. Imagined only in the sense that I am not currently attempting to enter this program, but

that I was in a position where this would have been a viable option. In doing so, this imagined autoethnographic encounter will consider what type of story the document prompts, as well as the gaps and missed opportunities from my perspective. By focusing on a feminist close reading and reporting out on the experiment itself I am able to make the case that these processes are both subjectivating and objectifying (Foucault, 1982). From there, I will explore how via ‘filling in’ my subjective experience, I become the *object* of institutional programming. This chapter looks at the form’s objectives and how the data becomes legible and actionable from my own perspective of engaging in the prompted reflexive encountering. Furthermore, this will help build the case for how the production of data through the emotional labor of the women entering the program creates the conditions for this program to exist.

Chapter Four, “Understanding Intake as an Activity System”, will draw from interviews I did with BLOOMHERE Board Members in effort to better understand how intake forms circulate through and reproduce certain relations of power. In order to gain a better understanding of how BLOOMHERE’s intake forms become actionable I interviewed the BLOOMHERE board members who currently facilitate the intake process. This chapter will report on qualitative data from the interviews and will illuminate themes that arise from the analysis. The data gathered from the interviews will help build a better understanding of BLOOMHERE intake as an activity system. Activity Theory (Engeström, 1987, 2000) considers the entire intake process, situating the intake form within a larger network of actors and actions that extend well beyond the organization itself. Informed by Smith’s (2005) work on institutional ethnography and the information provided by the board members I will develop a more holistic characterization of intake practices and uncover their capacity to contribute to and reinforce systemic institutional power.

In Chapter Five, “Surviving Capitalism”, I will reflect on the themes and implications of this dissertation – specifically thinking through how this work provides a trajectory for my own future research and career as well as the new foundation it will provide for women’s shelter intake protocol. Constraints, limitations and areas for future research will also be addressed. Chapter five will serve as the conclusion to this project.

CHAPTER TWO

Accessing Care – A Media Genealogy Approach

Mediation is the process by which we come to know the world.

—Jeremy Packer, “The Conditions of Media’s Possibility, A Foucauldian Approach to Media History”

Once internalized by a scientific collective, these various ways of seeing were lodged deeper than evidence; they defined what evidence was

—Lorraine Daston & Peter Galison, *Objectivity*

At the line of fault along which women’s experience breaks away from the discourses mediated by texts that are integral to the relations of ruling in contemporary society, a critical standpoint emerges. We make a new language that gives us speech, ways of knowing, ways of working politically. At the moment of separation from established discourses, the objectified forms of knowledge they embody become critically visible.

—Dorothy Smith, *The Conceptual Practices of Power: A Feminist Sociology of Knowledge*

Data gathering represents a standard process that prefaces most institutional experiences regarding care. Intake forms, liability waivers, terms and conditions, check-in and program documentation are forms of media that standardize the relations between organizations like BLOOMHERE with the women seeking care. According to feminist sociologist and founder of Institutional Ethnography Dorothy Smith (2005), such texts have “architectural” qualities when it comes to an organization – creating and maintaining certain structural and social realities. The transaction of various forms of documentation currently predicates the ability of women to receive services of any kind from shelters and other forms of short/long term care facilities in the United States. This includes, but is not limited to: drug and alcohol rehabilitation, emergency medical care, supplemental nutritional assistance program (SNAP), temporary assistance for

needy families (TANF), subsidized housing, and Medicaid. The physical forms themselves as well as the content may slightly vary, however these documents tend to ascribe to a variety of standards and conditions. To this point, this chapter explores how *form*, materiality, and context matter as much as, if not more, than *content*. This chapter is specifically concerned with the historically contingent practices of knowledge production that women seeking access to care enter into within the institutional setting of women's shelters. My particular goal with this chapter is to engage the economy of meaning embedded within intake forms and to understand them as media: as instruments, specifically, that shape the conditions over what can become institutionally knowable about women seeking access to care. The approach I draw upon combines critical and materialist media studies with personal narrative in an effort to recognize the experiential dimensions of intake protocols broadly, and reflect on what intake forms leave out in an effort to 'datafy' women's experiences specifically. Such an approach looks beyond solely the representational capacities of media, to how they shape what can be known and understood. This provides the most coherent route to articulating how documents enact certain types of power and certain forms of knowledge production.

Understanding media in these terms (as instruments of knowledge production) illuminates the ways seemingly banal technologies like intake forms create new processes of knowing and acting. How is knowledge about women in these institutions produced, stored, transferred, and disseminated? According to critical media scholar Jeremy Packer (2013) "media are fundamental to knowledge production; from how data are collected, how they are made visible, their form, the life of their existence, their degree of malleability, the extent to which they can be translated from machine to machine to machine, and ultimately how they can be processed to make things happen" (p.10). Media technologies render the world knowable and

representable through the production, storage, and distribution of data. In an effort to move away from representationalist understandings of media I align with an understanding of media defined by Alex Monea and Jeremy Packer (2016) as:

tools of governance that shape knowledge and produce and sustain power relations while simultaneously forming their attendant subjects. Media technologies are precisely those that allow for the extension of culture across time, for culture's duration and endurance. As such, they have a priori stakes in the realms of the political, the ethical, and the epistemological. Media collect, store, process, and transmit data that are variously used to rate, coordinate, create, obfuscate, obliterate, translate, demonstrate, and even create virtuality, materiality, and reality itself (p. 3152).

This understanding of media connects with cultural studies, surveillance studies, and in this case, feminist sociology via its expansive considerations for how media shape and are shaped by social, political, and economic conditions.

Understanding media as technology illuminates the ways media create new processes of knowing and acting. Though coming from radically different perspectives (media philosophy and Marxist feminist sociology, respectively), both Packer (2013) and Smith (2005) are concerned with the ways institutions turn people into knowable, actable subjects. Packer further (2013) suggests that understanding media as “instruments” allows for further consideration of the agential potential and embeddedness of media technologies in relations of power. Packer (2013) notes that the history of science often prioritizes the “apparatus of investigation” or instruments — the media that measure the world and make it knowable. In this vein, Packer develops a Foucauldian media history that considers the scientific insight of instruments put forth by McLuhan (1964), Berger (1973), and Daston and Galison (2007). According to Packer (2013)

the term “media instrument” implies agency over the possibilities for “representing and processing the world into data” (p. 14). This theoretical framework allows us to better understand documents as instruments of “ruling relations” (Packer, 2013; Smith, 2005). They not only provide various ways of storing, transcribing and sharing information, they ultimately define what counts as viable, acceptable and ultimately knowable information (Daston & Galison, 2007): they determine, in Packer’s straightforward terms, “what can and should be made representable” (p. 13). Intake interviews are one iteration of the historical purpose of documents as a form of “media instruments”, which are to represent and process human experience and conditions into data.

Materialist Media Studies and Feminist Sociology

In an effort to consider the institutional relations that media instruments move through, I synthesize the traditions of materialist media studies and feminist sociology. According to Smith (1990) knowledge is organized and replicated by social relations: hierarchies are maintained by knowledge systems. However, these often remain imperceptible without incisive interrogation, leaving them to replicate social relations of dominance and authority. As the scholar most responsible for articulating “Institutional Ethnography” (IE), Smith’s (1990, 2001, 2005) project is primarily concerned with understanding how the everyday and embodied work of women is made visible and knowable through the documents they interact with: in her formative work on schooling, these include permission forms, report cards, letters from teachers or principals, standardized tests, and so on. Smith (1990) sought to form methods that “would not make worlds that exist only in texts, that would not forget the site of experience, the presence of actual subjects, the actualities of the world we live in” (p. 12). Institutional ethnography locates the

intersections between these forms and the “ruling relations” that structure society: economic, political, social, and technological systems of privilege and oppression.

Roughly synonymous with the Marxist concept of hegemony, albeit with greater sociological and ethnographic detail to how these systems are lived these intersections become points of access for critical engagement and intervention. This chapter hopes to achieve something similar through a critical media studies lens, aligning itself in many ways with the tenets, characteristics and qualities of the institutional ethnographic work Smith (1990, 2001, 2005) details. Arguably Packer (2013) provides an approach that is less focused on everyday experiences and more on the political and cultural conditions surrounding media technologies, while Smith (2005) offers a sociological interpretation without an emphasis on the actual media qualities of documents. This chapter aims to enact a feminist materialist approach combining the materialist media perspective of Packer (2013) and the feminist sociology of Smith (1990, 2001, 2005). Taken together, these approaches offer an understanding of documents as media instruments that are historically and experientially consequential.

With this general theoretical framework in place, I will consider a range of concepts that form the core of how various scholars have conceptualized the role of documents. These are, in order, materiality, the study of the physical material of objects, in this case considering how paperstuff as objects are to be used, saved, stored and archived (Bittel, Leong & von Oertzen, 2019); sociomateriality, the study of the material and social conditions that phenomena, in this case documents, shape operate and move within (Bittel, Leong & von Oertzen, 2019); and digitization, the ways in which paper documents are transferred and transformed into different forms of media. Next, I consider the primary role of documents, specifically institutionalization (Gitelman, 2014) and the constitutive roles documents play within institutions (eg. gatekeeping,

formalizing, surveillance). To do this, I provide a media genealogy of intake forms and processes, locating their position within legal, medical, economic and broadly political institutional contexts. In an effort to render the complexities of media intelligible, and in line with the notions brought forth by Monea and Packer (2016), I consider the material form of media technologies alongside their capacities to serve as “a method of systemically and repeatedly addressing a problem” (p, 3146). Foucault’s genealogical approach, characterized by an investment in the analysis of power, is apt in to study the complexities and histories embedded in media (Monea & Packer, 2016). Monea and Packer (2016) consider Foucault’s later work (genealogy) as a productive departure from his earlier archeological approach that was limited by discursive rules. As Taylor (2021) notes, media genealogy is an approach well-suited to map the functions of and changes in “relations of power under changing technological and economic conditions” (p. 1). This chapter considers media genealogy as a theoretical foundation that not only serves the commitments to understanding how documents are embedded with, and circulate within institutional relations of power, but also how power and subjectivation are entangled through subjects’ (and particularly women’s) mediated access to institutional care.

In this chapter my attention focuses specifically on how these documents, and the procedures in which they become actionable, transform traumatic experiences into data, noting that even with the best intentions these are still problematic tools with problematic histories that do not fully capture the lived experiences they are designed to capture and make knowable for a host of institutional actors. I broaden my analysis to include other documentation practices that are similar to intake protocols, and function with a similar goal but are not immediately recognized as ‘intake’ procedures (eg. police report, affidavit). Throughout, I offer autoethnographic vignettes that illuminate what is so crucial to any theorization of documents,

but particularly one concerned with the lived realities of trauma and violence: what is left out. In my first section I revisit my experience of intake at a hospital emergency department after being violently attacked by my abusive partner. Next, I recall the interview process of reporting the assault to the police. Finally, I return to my encounter with securing a restraining order, specifically the legal documents (affidavit, restraining order) and procedures (court hearing, serving order) that are required. My experiences underscore the intricate emotional and physical dimensions of the processes that transform women experiencing intimate partner violence into institutionally recognizable subjects, while simultaneously examining how the documents and practices that characterize those processes act as mediators for institutional support.

(Socio)Materiality of Paper Documents

Despite advances in digital media, many of our experiences with documents are still mediated by paper. The materiality of paper, that is how we engage the physical material of paper objects, suggests that they are meant to exist after their immediate use - filed, saved, stored (Bittel, Leong & van Oertzen, 2019). As the brief example of ER check-in below speaks to, the material properties of pen and paper guide our encounter with documents. The materiality of paper documents and the physical conditions that are directly experienced by people seeking access to institutional help cannot be overlooked in considering the cultural politics of documents. Recognizing the materiality of paper also illuminates the embodied dimensions to interacting with paper material - specifically paper materials associated with institutional documentation. Materiality is often experienced in a fragmentary way; not only the embodied sensations of physically inscribing words onto the paper, but also the setting - the sounds, spatial layout, presence/absence of others. These pieces together create the material environment but are often experienced and recalled in different ways or through different prompts.

We engage with paper documents like intake interviews through reciprocal interactions that include our own physical work of transcribing, holding, storing, sharing. Across multiple histories and cultures, owning and using paper tools was an indication of status, due to the need of specific skill sets for use, creating barriers of access to networks of knowledge. In many ways, interacting with paper documents still requires certain sets of skills and literacies. Documents become intelligible, actionable and accessible to people with specialized training. I believe that a consideration of the relations of power involved here are best understood through an intersectional feminist lens, albeit one still informed by Monea and Packer's (2016) method of media genealogy. According to Bittel, Leong and von Oertzen (2019) "within cultures of writing, reading, and paper activity, paper and its practices have been demarcated as accessible or inaccessible, teachable and learnable, or not, often depending on one's gender, racial, or class identity. While paper may have been available to those across economic spectra, its uses and practices served as indicators of class" (p.13).

Sociomateriality acknowledges the social and material conditions that phenomena shape, operate and move within. In their work exploring the intersection of gender, history and paper Bittel, Leong and von Oertzen recognize "social and work environments, relationships, and networks as central to the historical narrative of knowledge practices" (p. 2). They note that much of the current historiography on paper is concerned with its role within hegemonic, masculine, institutional practices without fully parsing out the implications of this role and ignoring the historically marginalized gendered considerations of paperstuff. At odds with the supposedly feminized, secretarial work of 'paper-pushing', paper has an earlier history of serving as a tool for educated men. While there are accounts of women writers in Medieval times (Watt,

2019), affluent men had the most access to reading and writing via parchment and other early forms of paperstuff. To this point, Bittel, Leong and von Oertzen write:

While categories of difference produce power differentials, paper's material malleability also reveals how actors negotiate gender and knowledge, and thus, power. These negotiations prove that much can be gained when we interrogate paper and gender relations together, categories naturalized in most accounts of knowledge production (2019, p. 14).

Gender, socioeconomic status, and other social conditions become differently visible and tangible through a sociomaterial lens, a project in alignment with intersectional feminist thought. The reciprocity between users, paper technologies and varying forms of labor and skills illuminate the intricate ways in which knowledge, gender, and materials are co-produced.

The process of filling out paper documents has become standardized - a requirement within many institutional settings that often remains overlooked. As Bouk (2019) describes, paper forms are often stripped of their materiality by their "documentness" — that is, the prescriptive qualities and institutional power of paper forms often hide their materiality in plain sight. These instructional qualities are not fully rigid; paper affords more agency in the form of writing on and writing around, capturing stylistic differences in ways unavailable to computer mediated (particularly PDF) documents. At the same time, these interpretive boundaries can lead to misinterpretation, miscommunication and misunderstanding. There is a plethora of ways the materiality of paper can lead to institutionally imprecise or inaccurate data entry. This can be exacerbated via smudges in writing, crinkled/creased paper, handwriting variance as well as the vagaries of printing (double-sided or not; improperly collated; pages cut off; ink fading). Attending to the materiality of paper illuminates the possibilities paper affords to documents,

however there are social conditions that must also be considered. Materialist media theory acknowledges material relations, specifically the work of Packer (2013) who considers media as instruments for the reproduction of political relations and Gitelman (2014) who illuminates the reproducible materiality of documents, however the specific concept of sociomateriality offers deeper insight into the role that documents have in (re)constitution of social arrangements and institutions. Thus far I have emphasized the particular qualities / characteristics of paper documents in terms of their ‘paperness’; I now turn to a more focused theorization of how they function as *documents*.

Accessing Institutional Care

There are a variety of institutional domains through which documents are situated, giving them power and cultural weight (Gitelman, 2014). These institutional contexts include legal, medical, psychological, educational, immigration, scientific, academic, banking, and housing - all of which use documents as a form of mediation between people and various systems of support and subjectivization. Applications, intake forms, criminal records and so on, all document human experience in an effort to produce and preserve certain types of knowledge. My project is exclusively concerned with legal, medical and psychological institutional frames that reinforce the conditions through which clients, patients - people more generally - are rendered recognizable within these contexts. This recognizability allows for and limits certain types of action pan-institutionally through their capacity to circulate both within and between institutions. In this way, documents become infrastructural, that is, part of the underlying storage and distribution of information *on* people that allows institutions to communicate and function. For instance, a person’s experience in the criminal justice system may limit their access to jobs - historical conditions that are documented and shared via personal transcription or through a

“background check.” The “accountability” this data is supposed to provide further characterizes the role of institutional documentation. Gitelman (2014) points out that “following documents hints further at intricate and proliferating techniques of control, as subjects know and show within and against the demands of an increasingly dense overlay of institutions and institutionalized realms” (p. 20). Institutional documentation creates certain types of subjects - subjects that are knowable, recognizable, storable and shareable via pan-institutional practices. In a similar way it creates bureaucratic claims to authority and objectivity (Becker & Clark, 2001).

In what follows, I lay out some of the practices that constitute “institutionalization”, the process of entering into specific institutional processes such as securing medical care, filing a police report, and obtaining a restraining order. These are formalization, gatekeeping, and surveillance. *Formalization* is a process by which one’s access to an organization or institution’s services is provided in exchange for information about oneself, as recorded, processed and circulated (that is, mediated) by documents. These documents work to extract information about lived experience in forms that are institutionally recognizable and ‘actionable’: that is, information that can be entered into and made visible by forms. This process can be seen as a form of *abstraction*, as detailed in Chapter One. Paper forms are the material media in the process of formalization. This process cyphons lived experience through a set of rules and etiquette, to gain institutional status—that is to become ‘formal’ and thus, conventionally recognized institutionally. Moreover, formalization creates the conditions by which embodied experience is afforded institutional currency. Formal qualities, the structure that ultimately dictates what type of content is permitted, shape and condition experience into translatable abstractions. These conditions translated. Thus, “formal” is used in two senses: to refer to the technical and material features of the media (form-al; ‘of or relating to forms’) and to refer to the

epistemological work that forms carry out (prescribing a certain kind of standardized, heavily rule-bound ‘formal’ arrangement of information — a precursor to abstraction, and eventual institutionalization). This understanding provides a novel, media theoretical perspective on formalization —one that acknowledges the qualities and characteristics of these practices and their roots in actual material forms.

The Western obsession with forms and formalism dates back to Plato’s transcendental philosophy and the relationship in Platonic thought between the messy everyday world of physical reality and the divine. In a Platonic ontology, the mundane lived realities and objects of the world are imperfect mimics of a ‘true’ form, one of pure essence. If we consider paper forms, and the process of formalization as it pertains to this project, we can trace an objective rooted in this long-standing concern for decontextualization; an effort to purify the messy everyday experiences into clean pieces of knowledge. The theoretical history bound up in forms and processes of formalization marks an ongoing effort to extract abstract, de-contextualized knowledge from our everyday lived experiences, and is therefore utterly contrary to feminist epistemologies (Visweswaran, 1994; Smith, 1999; Anzaldúa, 2002; Magnet & Rodgers, 2012). It is the quotidian, messy and often times ephemeral lived experience that holds much worth to the feminist intellectual tradition. Much of what I share seeks to illuminate those ruptures in knowledge as they pertain to the process of formalization. In what follows, I will unpack the features and agency of formalization with recourse to my own experiences, focusing on police reports, affidavits and domestic violence restraining orders. This is intended to show how formalization works through the documents' capacity as media instruments to record / process / and catalyze specific actions, and the consequences that follow.

The ability to access and make use of formalized institutional knowledge (knowledge about subjects who have entered into institutional relations, as mediated by forms) is protected by sociocultural and historical barriers that dictate who can see and be seen within. Literacy, authority and proximity are just a few of the factors that function as institutional check-points. Take, for instance, the example of medical documentation. Personal medical/psychological information is documented and stored within institutional contexts and requires specific requirements to be accessed and shared—for example, legal protections via HIPPA laws, and technical restrictions (passwords, content management systems). Moreover, the ways it is documented (the language, format, technological interfaces it's distributed through) often require specific literacies to understand. According to Gitelman (2014) the closer we look at documents, the more visible the “intricate and proliferating techniques of control” are exposed (p. 20). Brown and Duguid (2000) likewise illustrate how administrative and managerial systems standardize centralized control within corporate and institutional settings. *Standardization* is a result of the widespread adherence to storing and regulating data through administrative and managerial systems in an effort to preserve and protect formalized information. Not only does this centralized control relegate access to information institutionally, it also creates what Brown and Duguid (2000) describe as “tunnel vision.” In order to maintain and manage information, documents are often stored (nowadays, uploaded) into standardized internal systems - transcending, as Yates (1989) points out, the reliance on individuals. According to Brown and Duguid (1989) the risk of using these technological systems (HIPPA compliant cloud storage for medical information, information management software) for storing, maintaining and reading documents and information is how it further obscures the social context that surrounds and conditions information's use. The capturing of more information leads to the need for more

administrative control which leads to a greater centralization of power, specifically the centralization of access and authority.

Surveillance studies are often concerned with these exact issues (Andrejevic, 2002). Intake forms, in their various iterations (medical intake, affidavit, police report) represent a practice of centralized surveillance that predates digitization; they mark an instrumental relationship in which access to institutional support is exchanged for data. In an era of nearly unfettered digitized surveillance, there remain powerful traces of pre-digital surveillance that still have agency in particular contexts—specifically, the paper forms that circulate through justice and medical systems (including the spectacle of a public court hearing). Both digital and pre-digital surveillance are motivated by capturing, formalizing, and standardizing information deemed valuable to the purpose of social control. The exchange of information for access to institutional care and resources is part of a larger media genealogy of transactional surveillance in which we give up data in exchange for institutional benefits, and in doing so, become subjects of those institutions (Andrejevic, 2002; Foucault, 1977). In the next section I detail my experience entering into this transactional surveillance system via emergency room intake. I provide a narrative vignette to account for the embodied sensations of the process and explore the physical and temporal qualities of institutional gatekeeping practices.

Checking-In - The Emergency Room

*“I’m sorry give me a minute it’s here somewhere...” I say shakily to the hospital receptionist as I rummage through my bag in search of my driver’s license
I’m avoiding eye contact but I catch a glimpse of her face.
Bright blue glasses frame her kind eyes.
She smiles, “Take your time.”
After my photo ID and medical insurance card are scanned into the computer system I’m handed a packet of paper held together by a clipboard.
A ballpoint pen is also secured by the metal clip, the cap already removed.
“Fill these out for Triage, you’ll be called up shortly.”
I take the clipboard to the waiting area.*

There are at least six other people sitting in the uncomfortable maroon chairs, in various stages of writing and waiting.

A few look like they've been here for hours.

I join them, huddling over my clipboard uncomfortably.

Positioned in a way where I can legibly fill out the collection of paper on my lap and hide the words I'm writing from those around me

Standard protocols for receiving services within institutional settings are predicated on becoming visible, trackable and ultimately knowable, a primary part of that process is filling out an intake form—in the case above, a medical intake form in a hospital ER. When intake is conducted via paper media it usually requests personal information that you are expected to write into a form, perhaps supported by a clipboard, in a waiting area surrounded by strangers. Music playing quietly in the background, or maybe the low hum of local news on a TV fixed to the wall; light, outdated reading material appears scattered on small tables dispersed between clusters of chairs. At this stage, comfort is not a major factor, nor is physical privacy. This is mitigated by the assumption that paper media insinuates a level of privacy not afforded to spoken communication. Bouk (2019) notes “documents could be nearly silent and readily hidden. Therefore they acted in some cases as technologies of privacy” (p. 199). Thus, the expectation of physical privacy is abated during preliminary intake via the use of paper documents. Institutions render paper media as “technologies of privacy” without considering the embodied realities experienced by those engaging with them.

In the kinds of gatekeeping practices I'm describing, paper documents may conceal the details of a person's personal, demographic, physical and mental conditions; however, this information is visible, documentable and actionable within the medical system. In the situation recounted in the above vignette, the person sitting across from me had their arm in a sling. A small child sitting a few seats away was coughing, the man next to me was asleep. While I could assume from the visible cues what afflicted those around me, I couldn't be fully certain what

their circumstances were. All of our experiences, though vastly different, were mediated to and through the same questions printed on the same set of paper documents. Our answers catalyzed how we moved through the space and what our experiences were within the automatic sliding doors of the ER. The level of urgency applied to our conditions dictated our temporal and physical realities, all of which were prompted by filling in a page of paper with a ballpoint pen in a room filled with strangers.

The temporal and physical realities of a paper document, that is how and in what ways it moves through space and time, are co-determined through social power relations. Our immediate experience of them is one of encountering the tremendous inequitable power relations in which they circulate. This physical experience is often characterized by feeling cramped, rushed and uncomfortable while recording information that must be accurate, in a public space. Heightened pressure is added by the one-sided surveillance practices that characterize the encounter, as well as the reality that the information provided can be used by multiple institutional parties for often indiscriminate durations. The embodied reality of my experience in the ER waiting room was made possible through the layered reality of my positionality in that moment, something that was not capturable through the paper media intake documentation with its prescribed fields and its imperatives for speed and accuracy. Thus, histories of knowledge predicated on and constructed through the information captured within institutional paper documents are necessarily incomplete. The intake form captured specific physical symptoms I experienced without full context. While I was able to list the nausea and headache present due to a concussion, I was unable to share the series of events that caused it. I was not prompted to elaborate on the details of my emotional state in the moment, specifically the sadness, fear, and panic I was experiencing while filling in the paperwork. Nonetheless, the form's power still functions to exert authority

and influence. As Gitelman (2014) points out, documents are importantly situated; tightly harnessed to specific settings. My experiences with intake at the ER occurred after I reported the abuse to the police. In the next section I will explore that process as an effort to formalize, and thus legitimize my experience in order to access institutional protection.

Standard Interview - Police Report

I catch a glimpse of my reflection in the dark mirrored window

I barely recognize it

Distracted for a moment, I try moving my hair to cover the swelling developing under my eye.

The officer with the notepad open taps his pen on the table

“whenever you're ready...”

The room is cold, physically and visually - starkly contrasted by the bright fluorescent lights overhead

I am uncomfortable, nervous and scared (and if I'm being honest, a little buzzed).

One officer is seated directly across from me, the other one seated next to him, arms crossed leaning back in his chair (a position he'll remain in for the duration of our conversation).

“Well I... I don't know where to begin” I stammer.

“Well, let's keep it simple” he suggests, “just tell us what happened.”

While the final product of reporting abuse is often a series of medical and legal documents, the act of filing a police report consists of various stages of formalization. A key part of formalization is *rationalization*: the transformation of personal experience into terms that can be recorded, circulated, and stored as ‘objective’ information. Interview questions, responses and recording are all tools that attempt to create and encapsulate an account that is knowable and usable within justice and legal systems. In a way, this process is one of orienting the data produced from lived experience towards objective ends. Thus, media instruments like paper and digital forms invoke a similar project as the “atlas” (Daston & Galison, 2007). According to Daston and Galison (2007) atlases “are the guides all practitioners consult time and time again to find out what is worth looking at, how it looks, and, perhaps most important of all, how it should be looked at” (p. 23). These guides constitute the conditions for objectivity. Daston and Galison

(2007) describe objectivity as “blind sight.” They write “to be objective is to aspire to knowledge that bears no trace of the knower — knowledge unmarked by prejudice or skill, fantasy or judgment, wishing or striving. Objectivity is blind sight, seeing without inference, interpretation, or intelligence” (p. 17). To this end, the conditions for objectivity require abstraction — eliminating the information that obstructs from the objective view. Documents at large, and forms specifically, thus streamline the encounter with the human subject in a way that prompts the elimination of ‘unnecessary’ details, or the messy, unorganized, unparsable personal elements of lived experience. This can be accomplished partially through providing limited space for responses, word count limits and time constraints. Not only do these methods limit what is shared, they limit what can ultimately be known within institutional settings— further constricting the ability for institutions to provide services or care that fully recognize the conditions of those who need it. This also creates standards for interpretation— which consequently denotes who meets the standards for interpreting. While these processes seek to isolate information, they work in the opposite direction with regards to their interpretation and use institutionally. Much of the work towards objectivity and rationality is generalizability.

To this point Gitelman (2014) writes, “documents are epistemic objects; they are the recognizable sites and subjects of interpretation across the disciplines and beyond, evidential structures in the long human history of clues” (p. 1). To take up the example offered throughout this chapter, whether an experience of intimate partner violence is institutionally actionable hinges on this process. While most of the protocol regarding documentation processes within the justice and legal systems are standardized, there is still room for variability. As agents of state law and violence, officers are able to use their capacities to dominate the encounter and orient the apparatus around the instrument of paper work. Officers are specifically trained (or should

be) in conducting these interviews—questions guided by the constructs of the paperwork they are required to file after the interview. Under these conditions, the person being interviewed becomes objectified, the ‘object’ that the instrument of paper work seeks to measure and capture. For most, filing a police report or taking part in a police interview is not a regular occurrence. Knowledge on the intricacies of this process is largely limited to what is shown on mainstream television programs and movies and their stylistic, plot focused preferences. Thus, there was heightened uncertainty regarding answering the questions “correctly,” and the “correct” type of information the process was intended to capture.

In the situation I describe in the above vignette, I was made to conduct the intake interview at the police station, an unfamiliar location to me, adding a sense of environmental disadvantage to an experience already steeped in uneven power dynamics. My unfamiliarity with the process and my surroundings coupled with the presence of two men (I didn’t know) in positions of authority asking me to share details of the physical assault I endured moments prior made the process emotionally difficult. Pen and paper were the most visible tools used to capture and store my experiences, however I assume that the interaction was also recorded given the camera in the top corner of the room directed at where I was sitting. Similar to the physical conditions in ER, all of these things work together to create specific apparatus centered around massively differential relations of power: interviewer, interviewee; officer, victim; official, layperson; recorder, recorded. People who have experienced assault or abuse, or those who have other histories of trauma, may experience a heightened response of fear and distrust in processes like this (Van der Kolk, 2015).

At the time, I wasn’t sure if I could request a copy of the details of the police report, and given my emotional and physical condition it wasn’t a primary concern. However, formalization

is made possible by and through the perception, direction and guidance of this apparatus. My words were captured by an institutionally appropriate sanctioned person whose perspective tinged the capturing of my story, and ultimately the data of my experience. My words were formatted in a specific manner and the language of what I was describing transformed into something that would be institutionally actionable (“assault”, “harassment”, “attempted murder”). Intake reporting is just the first step in the long process of institutional formalization concerning assault and abuse. Next, I shift again to another setting, specifically the legal/court system to analyze the ways it characterized my experiences of obtaining institutionally secured safety.

The Abuse Prevention Order

“That’s what I’m here for,” she says as she reaches across the table for my hand.

“Let me know if you need anything.”

She walks out of the small room we’ve been sitting in on the first floor of the courthouse.

Under the title “Affidavit,” I begin writing.

Once I finish, she comes back in and hands me a couple of tissues.

We start walking down the hall toward the courtroom (Fletcher, 2018).

I arrived at court that day to acquire a “Domestic Violence Restraining Order,” specifically known as form 209A⁵ within both the legal and justice systems. In a similar vein to most intake forms, form 209A requires transforming and adapting experience (in this case that of abuse, assault and harassment) in a way that is storable, readable, and usable within the court system. Part of this process, within the form specifically and the court more generally, entails becoming a legal subject—in this case I was the “plaintiff” and my abuser the “defendant.” In

⁵ Domestic Violence Restraining Orders (209A) are different from Harassment Prevention Orders (258E), However, both orders are commonly referred to as “restraining” orders, “protective” orders, or “stay-away” orders (mass.gov).

continuation with previously noted trends, privacy becomes even more precarious. For instance, by Massachusetts law, if the plaintiff and defendant are both over 18 years of age, court records will generally be open to public inspection, in the form of an open hearing and open records. According to the Massachusetts government website “If you have good reasons to ask the judge to keep other parts of the court record confidential, you may file a written request (a “motion”) asking the judge to do so. Usually, a general preference for privacy is not a sufficient reason to permit court records to be kept confidential” (mass.gov). In the case of an extenuating circumstance it is required that you file a written request to protect details of the case—however, the plaintiff’s personal information (address, place of work, school) is often kept relatively confidential through the “Plaintiff Confidential Information Form” attached to the complaint. The confidentiality is limited insofar as it is not a part of public record, it is still stored within the court system and shared with the police and defendant to be used in the restraining order.

When an abuse prevention order is filed, there is generally an ex parte hearing where the judge will read the complaint (the completed 209A form) and ask questions regarding the catalyst and necessity for implementing an abuse prevention order. If the judge believes there is a substantial likelihood of immediate danger of abuse, the judge can issue an ex parte temporary order with any terms that the judge believes are necessary to protect the person from abuse - without notifying the defendant. The order will usually last for 10 business days until the return hearing. Prior to both the ex parte and general hearing (where the judge hears both sides of the case before granting a Domestic Violence Restraining Order) the plaintiff is required to fill out an affidavit.

The Abuse Prevention Order consists of a collection of forms including the complaint form, affidavit, plaintiff confidential information form and defendant information form. The

experience of reporting within the walls of District Court were different from the experience of reporting at the police station. The hustle and bustle of an afternoon in court presents a stark contrast to the quiet emptiness of the station at night. I was guided to a small private room to fill out the forms and affidavit by an advocate from a local women's shelter. The room was furnished with a small round table surrounded by three chairs, topped with a box of tissues and extra pens. In the corner, a small play area with coloring books and toys for children. As I looked over the form I was encouraged to use as many specific details as possible, including highly descriptive language ("slapping," "choking," "grabbing"). The affidavit felt like the most significant part—so I chose to fill it out first.

It was now my job to transcribe what happened. The story was the same one I told the police days prior, but for a different document in a different institutional setting with a different set of institutional standards and goals. The affidavit guidelines read as follows:

Describe in detail the most recent incidents of abuse. The Judge requires as much information as possible, such as what happened, each person's actions, the dates, locations, any injuries, and any medical or other services sought. Also describe any history of abuse, with as much of the above detail as possible. Note: Unless the Court allows a motion to impound, this affidavit will be public record, including any names or specific addresses included in the affidavit.

The affidavit takes the form of a piece of paper with a large square box designated for the transcription. Once again a ballpoint pen was the tool provided. If necessary, additional pages can be requested—something I didn't initially realize so I wrote as small as possible, juggling the fear of running out of space and writing legibly. However, the greatest fear of all was the risk of inconsistencies between my affidavit and the police report. I felt overwhelmed by the fear that I

would get something ‘wrong’ and what the collateral damage and effects would be from that - specifically the potential denial of a restraining order and/or the inability to successfully press criminal charges. Regardless of my immediate sense of fear, I wouldn’t know what I got ‘wrong’ until something happened (or didn’t happen) possibly hours or months later—if the court rendered my case inactionable or the police didn’t follow up. Thus, my testimony within the affidavit I filled out made me feel accountable for the actions or inactions that followed within the justice system. Gitelman (2014) notes that documents share a “horizon of expectation”—specifically that documents facilitate an expectation of accountability. Both in how they’re filled in, and how they’re used. The bottom of the affidavit reads as follows:

I declare under penalty of perjury that all statements of fact made above, including those provided on P.1, Section E and P.2, Sections A and B of the Complaint form regarding prior and/or pending court actions, and in any additional pages attached, are true to the best of my knowledge.

Once finished, a “witness” and I signed the document—another piece of the formalization process.

Similar to other institutional settings, paper documents physically move and circulate within the establishment until they are digitized then physically stored away. I carried my forms, including my affidavit, into the courtroom - which was a few seats away from reaching capacity. The waiting experience in the courtroom was comparable to the waiting experience in an emergency room. Like the ER, a range of catalysts brought people into court that day. However, unlike the ER (where procedures are not typically conducted on full public display), multiple hearings took place; from child custody battles to individuals held on bail having their charges read (assault with a deadly weapon, arson and child abuse). Papers passed back and forth,

personal information and details of events read aloud to a room full of people, an audience forced to sit and wait for their chance to experience the same process.

In another procedure of formalization, the affidavit is sworn in before the court and the judge, which means that in addition to providing a personal signature and a witness signature on the document itself, the plaintiff must verbally ‘swear in’ the written testimony. Criminal justice procedures are rooted in both oral and print cultures, however courtroom procedures specifically place precedence in oral culture. The paradigmatic speech act of oath swearing precedes any utterance from the plaintiff or defendant. This utterance is both binding and qualifying, binding to a sense of ‘truth’ and qualifying the words that follow as permissible in the court. Part of oath swearing requires placing one hand on the Bible, and raising your other palm facing forward. Not only does this further the project of qualifying the speech act, it signifies a level of credibility—the Bible being ‘the’ document of accountability in hegemonic patriarchal institutions. As the plaintiff stands, literally, before the court, the seated judge reads the affidavit and then asks questions. The physical dimensions of authority on full display. The entire spatial layout was greatly different from the spaces previously sanctioned to write and speak about the experiences of abuse both in the courthouse and the police station. The notion of documents as “technologies of privacy” (Bouk, 2019) is squandered when the words written on them are spoken aloud to an audience, even if that audience is passive and reluctant. This is the reality of both the *ex parte* and general hearing; the writing, presenting of, approval and transfer of multiple documents through an institutionally sanctioned space (dictated by the rules and regulations of the court), in front of a general audience of strangers. In other words, the affidavit anticipates a specific arrangement of power, in document form. It becomes the concretization in paper media of the system of relations enacted and institutionalized in court. In addition, it is the

burden of the plaintiff to be present and active in this system through all of these processes—if the plaintiff is not present at the hearing, the order expires.

The formalization and actionability of abuse hinges on the filling and filing of these specific documents; however, the final product of all of these steps—the formalization of protection from abuse—also takes the form of an institutional document: the restraining order itself. Both the *ex parte* and restraining order are ‘served’ to the defendant—in other words, they are physically handed, and explained by a police officer to the abuser. The order doesn’t hold full power until it is properly ‘served’ to the defendant, once again adding a layer of ritual legitimizing the document itself. The previously mentioned “temporary order” is filed when the judge feels the plaintiff is in immediate danger and lasts until the official hearing (typically 10 days). A “long-term”⁶ abuse prevention order can be issued after the abuser is given notice and the opportunity to appear and present evidence to the judge in a public court hearing. If the plaintiff is able to prove the abuse, the judge can issue an order for up to one year. The ability for these documents to expire highlights the temporal realities they both create and exist within. The document serves as a form of protection - but only for as long it’s considered actionable and viable legally. Once the document expires, the plaintiff is required to return to court to file for an extension if they wish to continue receiving the “protection” from abuse.

In a way, it is the private information shared in the plaintiff’s confidential information form that creates the parameters of a “stay away” order. The affidavit may justify and formalize

⁶ “Long term” abuse orders last up to one year and need to be renewed at the given date of termination; “permanent” orders are good for life, they do not need to be renewed, but often require that a “long term” order has already been fulfilled.

the order, but the simple geographical and locative data of home, school and work address captured within the preliminary paperwork are what constitutes following or disobeying the restraining order. In addition to the information regarding the addresses the plaintiff provides, the restraining order itself, similar to all of the documentation up to this point, is riddled with legal terminology. A lay person has very little footing in what to expect from and within all of these processes, including the documents that detail how to proceed moving forward. A Domestic Violence Restraining Order—the document that required multi-level, rationalized and formalized description of the physical and mental abuse endured (and ‘objective’ examination to verify it), and emotional and physical labor to actualize and serve — ultimately formalizes lived experience into a specific set of discrete units of information. It is not the physical paper tool that holds all of the power, but the multiple, layered practices of surveillance it catalyzes.

Data in Exchange for Care

With the Domestic Violence Restraining Order, exactly how the woman and her abuser proceed moving forward is deeply entangled with various practices of surveillance. What allows for surveillance is the semi-permanence of documents and the asymmetrical relationship between access and control. Continuing with the example of the restraining order: the location, movement, communication and actions of both parties become visible and relevant when the statutes of the order are broken. There is also surveillance associated with the ongoing record associated with granting a restraining order, or subsequent charges from what occurred to justify one (probation, misdemeanor, felony etc.). These layers of documentation become traceable and actionable, often reestablishing the relations between institutions. While the criminal justice system and legal systems relationship is apparent, the movement of certain types of documents between medical, educational, financial and governmental systems becomes visible when

considering what constitutes actionable information. For instance, medical records are often important to legal proceedings regarding abuse and violence, and information regarding felonies or probation are requested in applications for college and jobs. Ultimately, personal data is exchanged between institutions to inform decisions regarding action and access. According to Gallaway (2004) protocol “is a distributed management system that allows control to exist within immanent material relations” (p. 83). It is considered standard protocol to request private information on people when they are acting under the subjectivities of “applicant,” “client,” “suspect,” or “patient.” It appears that once a person becomes institutionalized, recognizable and actionable within these settings, their information enters various networks of control.

The mediation of access that documents enact are highly transactional. Personal experience as well as personal demographic and historical information becomes datafied and exchanged for institutional services. This, in many ways, is flatly obvious and highly ambiguous simultaneously. While people are actively aware they are providing information to an institution, the life that data takes afterwards is shrouded in mystery for most. To this point, Andrejevic (2002) notes there is a shift in control over personal information from individuals to private corporations in the digital economy, a result of online surveillance. In a similar vein, Chee, Taylor and de Castell (2012) recognize the precarity of “informed consent” embedded within End User License Agreements. Their study found that many users “expressed genuine concern about the terms to which they had ended up ‘agreeing’” even when those terms were provided in the agreement (p. 504). This further highlights the disconnect between users, clients and general lay people and what is done with the data that our experiences and interactions produce. These forms of datafication have existed prior to, but are becoming increasingly amenable to digitization. Thus, while the ‘analog’, paper forms I examine here are still highly relevant to

certain institutional contexts in their own right, they also serve as a precursor, from the standpoint of a media genealogy (Monea & Packer, 2016) of institutional surveillance, to the kinds of mediating documents that are widespread now in our everyday lives— mediating not only our access to institutions and services, but also to platforms, specifically, participatory media platforms (Howard, 2008; Gillespie, 2010). These ongoing relationships with varying platforms and media reinforce our expectations to exchange personal data for services.

Documents remain a continual point of reference, further situating them as a regulatory device (Smith, 2001). The process of formalization it establishes *begins* with the paper form and moves on, through the infrastructures of information circulating between institutions. The constancy of documents and their referential use make them key pieces of the architectural dimensions of institutional control. Paper trails, quite literally, develop when people become multi-situated within legal, medical, academic institutions. These trails develop into traceable mappings of people's movement through and within institutional processes. Who has access to these mappings and what can be done with the information they provide is highly dependent on certain literacies and points of access. Recognizing how gatekeeping, formalization and surveillance are all practiced through and within institutional documentation creates an entry point for better understanding the highly consequential realities of becoming an institutionally recognizable subject. These practices not only guide how one becomes recognizable institutionally, they also create conditions of self-knowledge. Media instruments become a way of measuring and recording that act recursively, compelling us to reflect on and rearticulate our own subjectivity (Packer, 2012). The abstract language required within these processes describe lived experience in abstract terms and work recursively, prompting us to think of ourselves and our own actions in those words. Institutionalized into the medical and legal institutions and their

overlapping techniques of formalization, I became a “domestic abuse victim”, institutionally intelligible as a subject by virtue of the specific forms I filled out.

The lived experiences explored throughout this chapter and the various examples of becoming institutionally recognizable are intrinsically linked to a final example of processes of documentation. Seeking emergency medical care, reporting abuse to law enforcement, spending days in court to obtain a restraining order are all experiences that women who are seeking emergency shelter may have personal experience or familiarity with. Women’s shelters offer a range of services including overnight shelter, counseling and guidance on legal services. These spaces provide invaluable resources to women desperately seeking safety - and create opportunities for exit, including viable options for support where none may otherwise exist.

All of the previous experiences I’ve shared with the legal and medical systems are often precursors to women needing shelter and or seeking shelter. These experiences, carried with women to the shelter doors, may be accompanied by feelings of residual fear, shame or uncertainty. There is also the likelihood that the very process that mediates their access to the resources they desperately need is reminiscent of the processes of the institutions they’ve previously navigated. Medical intake informs much of the intake protocol and practices that are considered acceptable and necessary in current caregiving environments. Thus, fears regarding privacy—coupled with the possibility that these institutions may have failed them in the past—have the potential to substantially shape the experience of intake procedures. The traceability and ‘life’ of documents—their work of offering reference and recognition of people moving within these systems substantiate feelings of uncertainty regarding how a person wants to be known or recognized within these highly connected systems. As Smith (2001) notes, documents stored away, or otherwise out of active circulation exist “*in potentia.*” It isn’t only what documents do

in terms of immediacy or the current moment, it is what they can potentially do in the future. How they can become activated, present and visible—informing future decisions, actions and representations of who a person is within institutional settings. That’s a key part of what makes these processes so important - the ways they reinforce ruling relations within institutions via their capacity to transcend the constraints of time, place and human action (Smith, 2001).

What is most at stake in discussions regarding institutional documentation is their necessity to and shaping of lived experiences. While I offered my own experiences, (including multiple personal vignettes) on the precarity of navigating the institutional systems to access support, there are countless untold stories. In order to imagine different methods or alternatives to institutional processes it is important to understand the multiplicity of ways they work to sustain (and are sustained by) inter-institutional relationships. Uncovering this not only illuminates the ways in which institutional power is confirmed and negotiated through these systems, it also uncovers the intricacies of becoming an institutional subject. While my life is no longer characterized by abuse, I continue to exist in documents as a victim of intimate partner violence— my identity, “formalized” in terms of the abuse I endured years prior. Through narrative I am able to interrupt and intervene in these processes. There is an inherent vitality and dynamism of narrative as a feminist media. Recognizing this is part of the project of working towards more equitable practices for women seeking access to care.

What this chapter has done, exploring these concepts as they relate to the legal, medical and criminal proceedings I initiated, is tracking the very ingredients that go into BLOOMHERE’s intake. The genealogical approach I sought to evoke is not necessarily historical in the vein of Foucault (1970) or Packer and Monea (2016); a deeper historical dive into affidavits, intake interviews, and other formalizing, paper-based media is currently outside

of the scope of this work, but could prove interesting for future research. This chapter also did not consider the intake document itself. Instead it lays the groundwork for understanding the embedded histories, literacies, and activities (Chapter Four) that make intake forms (and attendant practices of ‘doing’ intake) dynamic and politically complex, situating the intake form within a broader institutional framework of abstraction and subjectification. This will prove incredibly useful in my analysis of intake as an activity system in Chapter Four. By addressing the specific contexts and forms through which I sought care from abuse, I can better recognize how those practices become activated in the form itself.

The following chapter (Chapter Three) provides an in-depth exploration of BLOOMHERE’s intake document. Building off of the genealogical theorizations and narrative investments put forth in this chapter, I move more fully into the *subject’s* perspective on intake as a documentary practice, providing a characterization of how BLOOMHERE’s intake form creates an institutional subject whose experience becomes data that is then exchanged for access to shelter and programming.

CHAPTER THREE

Becoming Service-Worthy – A Prompted Reflexive Encounter

In order to learn to listen, we need to attend more to the narrator than to our own agendas.
—Kathryn Anderson and Dana Jack, “Learning to listen: Interview techniques and analysis”

Voices from the past were interspersed with those of my participants, and at times, I also heard my own.

—Roberta P. Gardner, “If you listen, you will hear: Race, place, gender, and the trauma of witnessing through listening in research contexts”

In Chapter Two I explored the various institutional settings these documentational practices are historically (and currently) rooted in, noting their deliberately limited capacities to capture the embodied dimensions of the experiences they seek to datafy. The “Holistic Intake Profiles” that are currently in use at BLOOMHERE gather specific sets of information in an effort to tailor care to individuals, legally protect the organization and clients, and create a referential database of information on the women who are currently, or have previously been in our care. As I showed, much of the procedural aspect of intake at BLOOMHERE is reminiscent of other types of intake protocol. Given the widespread institutional use, it seems possible if not likely that prior to entering our program the women have extensive experience engaging with these documentational practices— specifically, filling out forms in exchange for goods or services by sharing their experiences with violence and trauma.

While I have never filled out an intake form for a residential women’s shelter, I have engaged in a variety of documentation practices seeking care from abuse (something I reflected on through autoethnographic vignettes in Chapter 2). The intersections of my positionality as an executive board member, program committee member, feminist critical media scholar, and white, cisgendered woman who has experienced abuse and assault provide me with a unique set of skills to engage our Holistic Intake Profiles in both critical and experiential ways. It is not a

stretch to say that seven years ago I would have benefited from a program like BLOOMHERE, and had I sought care from such a program, I would have been required to fill out an intake form or participate in an intake interview. In this chapter I will engage in a *prompted reflexive encounter*— filling out the Holistic Intake Profile through the lens of who I was seven years ago. In recognizing the procedural, rhetorical dimensions of these forms, this reflexive encounter will be structured in a way that provides an experimental methodology, involving a process that is timed, repeated, documented, and analyzed.

What I am doing in this chapter is harnessing a new methodological experiment in order to better understand BLOOMHERE's intake form, through repeated direct interaction with the form itself. I describe this methodological experiment as a “prompted reflexive encounter” in order to capture both the direct interaction with the tool, and the way it prompts a previous experience/subjectivity I have to recall. First, I locate the methodological approach of my prompted reflexive encounter experiment to study BLOOMHERE's Holistic Intake Profile. Second, I will build on the work in chapter one exploring what intake and documentation practices within human service organizations do. Third, I examine specific pieces of the form in connection with previous research on human service organizations. Fourth, I turn to my own experience engaging in the prompted reflexive encounter with the intake form to analyze two key sections. Finally, I consider the implications of my methodological and critical approach to intake processes and procedures.

Theoretical & Methodological Foundations

This chapter builds on rhetorical and cultural studies traditions of feminist textual analysis (DeCarvalho, 2020; Harp, Loke & Bachmann, 2016), which acknowledge the subjective and contextual identity of the 'reader'. Because this is not a static text, but one which requires

both direct interaction (in the form of signatures) and mediated interaction (via the BLOOMHERE staff member) it needs to both build on and depart from analyses that only consider ‘finished’ texts, so that I can foreground the rich interplay between elements of the text, other textual documents and textual relations that it borrows from, and my own history in contexts and situations of leveraging institutions to try to escape an abusive relationship. It also works to recognize the extent to which I became conditioned to the form itself. Specifically, how I tailor my experiences to fit certain text fields, and satisfy certain prompts. This experiment reckons with the embodied practice/knowledge of interacting and filling in the document itself. Taylor (2007) differentiates between practice and knowledge suggesting the ‘archive’ consists of “supposedly enduring materials” (text, documents) and the “ephemeral repertoire” consists of the embodied practices/knowledge inherent within ritual and physical interaction (p. 19). As I considered extensively through my media genealogy of intake in Chapter Two, the materiality of the archive lends itself to reproducibility - whereas, the ephemeral, embodied practices are non-reproducible. The archive is often subject to textual, rhetorical analysis; however, BLOOMHERE’s Holistic Intake Profile includes and requires both archival and ephemeral aspects. That is, the written answers captured in the intake form have archival qualities, but the embodied sensations and intrapersonal communicative acts it prompts have ephemeral qualities. Thus, what I am trying to capture through the prompted reflexive encounter, and feminist narrative methods, are the experiential pieces that the form (and process of formalization detailed in Chapter Two) is designed to leave out.

While I draw on feminist textual analysis to understand this as a text, its form and function exceed that of a static text. Because the intake form is interactive, a text that develops meaning and agency not only through what it says, but how it is completed, my methodological

experiment is also informed by feminist analyses of other interactive practices, particularly those that involve an exchange (data for access) within a system of power and surveillance (Silva, 2016; Magnet & Rodgers, 2011). These types of analyses are more attuned to this project because the intake document is an interactive text, prompting a method of study that recognizes both the human and material elements. Previous research analyzing interactive systems span from social media engagement (Gerrard & Thornham, 2020) to airport security (McHendry, 2016; Silva, 2016; Currah & Mulqueen, 2011; Magnet & Rodgers, 2011). Works by Gerrard and Thornham (2020) and Currah and Mulqueen (2011) harness assemblage theory to grasp the various elements of the interactive systems they study. Mchendry (2016), however, uses “participatory critical rhetoric” — a methodological approach that centers their experience within the system of airport security to consider the affective embodied dimensions of the airport security system as people pass through it. Mchendry directly participates in the airport security procedures, using their own body to experience the affective and performative pieces, and subsequently reflects on that experience—connecting it to previous research while offering an embodied, personal account of the system itself. Mchendry writes: “participatory critical rhetoric enables me to bring my own critical commitments to the field (a skepticism about State power in airports), [and] engage in embodied research (experiencing security through fieldwork) (p. 3). In a similar vein the prompted reflexive encounter allows me to engage in embodied research (repeatedly filling out the Holistic Intake Profile) while bringing my own critical commitments to the analysis (feminist understanding of power and subjectivity within institutional practices). In addition, reflexivity is unique to my experiment. Reflexivity allows me to account for my own role in the research process—as Etherington (2007) notes recognizing the context of discovery as not only “what we have discovered, but how we have discovered it”

(p.601). I engaged in this project in 2021, but the experiences I am drawing from in order to fill out the form happened over seven years previous. I harness who I was and what I went through to inform and engage the intake document now. I have a repertoire of experience to pull from—experience that would grant me access to the BLOOMHERE program today, and experience that satisfies the prompts throughout the Holistic Intake Profile paperwork. Both the reflexive and prompted aspects of this experiment distinguish it from the approach of traditional participatory critical rhetoric.

As I mention above, the Holistic Intake Profile form is a document that is not just read, it is also filled out—a process that is an integral part of the intake system at large. This experiment allows me to critically engage my embodied experiences filling out the form in addition to a close reading of the document itself (Johnson et al., 2015). To this point Johnson et al. (2015) write “If we are as much physical as we are intellectual, then research must be undertaken with attention to bodies and practices, not just artifacts and textual residue” (p. 40). Even so, this experiment cannot be considered a replication of the actual experience of intake at BLOOMHERE. Instead, it offers a possible step towards analytically rigorous engagement with the document itself, absent some of the additional layers of mediation that characterize the intake interview process at BLOOMHERE. Its artifice allows me to critically engage the text itself in an effort to consider how this document constructs a certain kind of subject. For this chapter, I wanted my experiment to acknowledge, and perhaps capture the ongoing and cyclic nature of institutional paperwork that people consistently applying for services from human service organizations are privy to. Given the widespread use of these documentational procedures, there are temporal, physical, and psychological dimensions attached to the practice of filling out institutional documentation. As previously explored in Chapter One, seeking care from human

service organizations often requires an array of repeated interactions with institutional documentation. In repeating the process, I hope to gain and communicate some sense of the rehearsed competencies that people in these situations develop in order to undertake institutional documentation practices and what that means for capturing the lived experiences of women seeking care from abuse and assault. I will explore the implications of this later.

Previous research has explored the conditions and documentation practices of human service organizations (Brown & Klein, 2020; Park & Conway, 2018; Lane et al., 2017; Thompson, 2016; Gubrium & Holstein, 2001; Marvasti, 2001). Of these, Marvasti's (2001) emphasis on the narrative aspects of intake procedures proved extremely useful to this project. Marvasti's (2001) work examines the ways shelter employees and houseless people seeking services co-construct narratives of what constitutes a "service-worthy" client during the intake interview. One of the outcomes, according to Marvasti (2001), is constructing organizationally valid profiles of need (in their case, homelessness). Thus, clients are required to communicate the details of their experiences in ways that successfully satisfy the narrative prompts of 'need' established by a given organization. Intake protocol is how this is accomplished; the intake form is how this is mediated. Marvasti (2001) writes "using various discursive resources, [clients] assemble stories of being homeless to meet the institutional demands of the local setting. Like their fellow street panhandlers, the homeless have to tell believable stories to receive charity" (p. 628). While my experimental engagement in this chapter with BLOOMHERE's Holistic Intake Profile is absent of an interlocutor as I show, the document itself discursively co-constructs my narrative of need. Thus, the prompted reflexive encounter conducted for this chapter can be seen as a method of prompted hypothetical institutionalization in which I become "service-worthy" through conjuring my identity as both victim and survivor of abuse. That is, capable of

communicating that I have the types of needs that the organization can adequately respond to, while still being capable of participating in a two-year program.

Prompted Reflexive Encounter

For this experiment I printed and filled out three copies of the 33-page Holistic Intake Profile form (Appendix 2) over the course of three days. I filled out the forms in a location outside of my own home using only the materials that would be provided during intake at the BLOOMHERE home (specifically a ballpoint pen and a chair). I chose to conduct this experiment outside of my home in an effort to capture the lack of familiarity and comfort the women might experience while engaging in these procedures in a place they are not fully familiar with. As detailed in the interviews with board members examined in Chapter Four, the intake interview at BLOOMHERE currently takes place in the living room of the ‘home’ they will inhabit for the duration of the program.



Figure 3: BLOOMHERE home, living room (where intake takes place) (BLOOMHERE, 2022)

As Figure 3 demonstrates, the seating is slightly more comfortable and the setting slightly less sterile than the traditional trappings of institutionalized intake procedures within medical and legal frames broadly. I conducted this experiment during the COVID-19 pandemic, which limited my options for sitting in unfamiliar places outside of my home. Eventually I settled on a bench outside for the first two rounds, and then a living room of someone in my ‘pod’ outside of my home due to inclement weather conditions.

I made a point to follow the intake form in its exact chronological format in order to capture what type of experience the paper document guides. BLOOMHERE intake protocol is more flexible—it is normally a process in which clients’ experiences are mediated by the interlocutor, thus the document may not always be experienced in chronological order during the intake interview, with the interviewer circling back to specific questions. However, this experiment focuses on how the intake form functions as a tool and how it solicits and constrains the sharing of personal information. I repeated the experiment for a total of three times capturing any changes. This staged encounter is not authentic to the full experience of the women entering our care, but it nonetheless allows for an analysis that considers the dialogue between myself and the form. My experiment would not be able to capture the full reality of experience rather, this experiment garners first-hand insight into how the form is structured, and what it evokes in terms of the experiences and affects from my perspective, as a person who's experienced the kinds of trauma that the form is meant to record (and that the institution it serves is meant to heal and protect from).

In the context of the experiment, I allowed the form to fully guide and regulate my encounter. In addition to answering every question in order, all details or length of response fit the space provided, and yes/no prompts followed accordingly. In my experiment I wanted the

rules of where to write/circle and the space provided to set the standards for the amount shared, more space meaning more elaboration, and yes/no prompts suggesting that no elaboration is necessary (but also that the answer is certain/binary). For example, some questions on the form require marking “yes” or “no” with no room for elaboration:

Do you use drug when you drink?	Yes_____	No _____
Do you use drugs when you do not drink?	Yes_____	No _____
Do you use drugs to improve the effects of alcohol?	Yes_____	No _____

Figure 4: BLOOMHERE Holistic Intake Profile, Page 18

Whereas other questions with similar subject matter suggest there’s more to share depending on whether you respond “yes” or no”:

Does your spouse or current partner use drugs and/or alcohol?	Yes_____	No_____
If yes, describe: _____		

Figure 5: BLOOMHERE Holistic Intake Profile, Page 18

Some questions were followed by multiple lines, suggesting that the answer would be longer and include more detail. Often these questions are prompted by the terms “describe” or “explain.” However, there are a few examples where the elaboration is prompted without the use of those terms:

Legal Status:	Parole_____	Probation_____	Pending_____
Parole/Probation Officer:	_____		Phone:_____
Circumstances required for parole/probation: _____			

Figure 6: BLOOMHERE Holistic Intake Profile, Page 11

In addition to the format and language used to solicit certain amounts of detail, the amount of space a prompt is given also suggests what kinds of experiences are likely for a client filling out this form, and how much/how often they may have occurred. For example, following the “Criminal Justice/Incarceration Information” section where the image above (Figure 6) is housed, there is a “Legal History” section that provides five lines to list felony or misdemeanor charges and dates. In addition, the “Marital History” section prompts the information on the amount of children the client may or may not have. There are four prompts each requiring information regarding who has custody, what the child’s current address is, who the father is, and the name and phone number of a social worker if applicable. These questions, and the space they provide, have greater implications with regards to subjectivization, something I will discuss later in this chapter.

In addition to filling out the “personal information” based sections of the intake form, for this experiment I also made a point to read and sign all of the legal pieces of the document. The legal portions of the Holistic Intake Profile were scattered towards the beginning—from my perspective, a legal signature is required to gaining entry to the document (and the program); if the document itself gatekeeps the program, one’s legal signature gatekeeps the document. As a layperson, I found the legal terminology to be confusing, and while I followed the ‘rules’ of the document I am still uncertain of the details/binding principles of what I signed. In order, page four of the Holistic Intake Profile is the “Consent to Receive Services” followed by the “Resident Transportation Waiver of Liability” on page six, the “Resident Confidentiality Rights” on page seven, and “Resident Release of Information” on page eight. The final page of the intake document (page 33, but numbered 25) ends with a prompt titled “Release.” Some signatures required the signing of multiple parties - I saw this as a form of ‘checking’ or ‘validating’ a

signature in an effort to confirm its authenticity. The rules/regulations of this intake system are highly concerned with capturing information that could be described as authentic and verifiable (Lane et al. 2017; Thompson, 2016; Marvasti, 2001), something I touched on in Chapter Two.

I timed myself each round of filling out the Holistic Intake Profile. While the current intake protocol at BLOOMHERE has no limit on time (barriers are not put in place, the women can take whatever amount of time they need, including breaks—I'll explore this in more detail in Chapter Four), I thought it would be important to see what temporal conditions the form “presented”—specifically, what it would look like to fill out the form all in one sitting, and repeating that process. In the following section I reflect on the prompted reflexive encounter and account for the variation in time—connecting this to the broader discussion of the rehearsed dimensions of institutional paperwork within social service organizations.

Rehearsed Competencies

Throughout the prompted reflexive encounter I not only rehearsed the competencies of a prospective client, but in learning how to frame my answers in concise terms, I also embodied the competencies of the person administering intake (interlocuter). My first round filling out the form took 63 minutes. The following two rounds were shorter: 51 minutes the second time and 46 minutes the third. While the differences in time elapsed are not astronomical, they are indicative of a change in my responses. I went from semi-full sentences for any prompt with space that allowed it, to single word answers the following two rounds, the last with far less words than the second. I was taking mental shortcuts, and relying on the language I had used previously to create a shorter, more concise, but far less detailed account of my experience. The specific features of the form I was able to cut time off of through repeated encounters were the prompts soliciting more details (Figure 2; Figure 3). My responses were shortened down or

skipped altogether (in instances where elaboration after a yes/no response was suggested) by the second or third time filling out the intake form. This is not only demonstrative of the shortcuts taken within the form, but also the limitations of the paper document in capturing contextual information. In a verbal interview, there may have been more emotional space for sharing those details, or the opportunity to revisit towards the end of the conversation. By the second and third round I also had a notion of what the *complete* document looked like, thus, I was better able to discern where and when to share less. In a verbal exchange or conversation there could be more uncertainty regarding where and when I could take shortcuts.

While I was harnessing memories that are not completely readily available, many of the women entering BLOOMHERE's care have more current and pressing traumatic circumstances to report on for these prompts. The "reaching" I did mentally the first time could account for the longer timespan, as well as the documenting of more details. The next two rounds prompted a combination of recollections—not just of the events they were asking me to recall but also to my previously written answers (this can lead to re-traumatization, something I'll discuss later). This altered the ways I interacted with the documents, and prompted different and distinct sets of mental and affective labor. By round two, I was already doing the work of parsing out what would be institutionally and organizationally intelligible, and became more focused on what types of key terms were important for round three. Marvasti recalls seeing potential clients engaging in some strategizing behaviors prior to their intake interview:

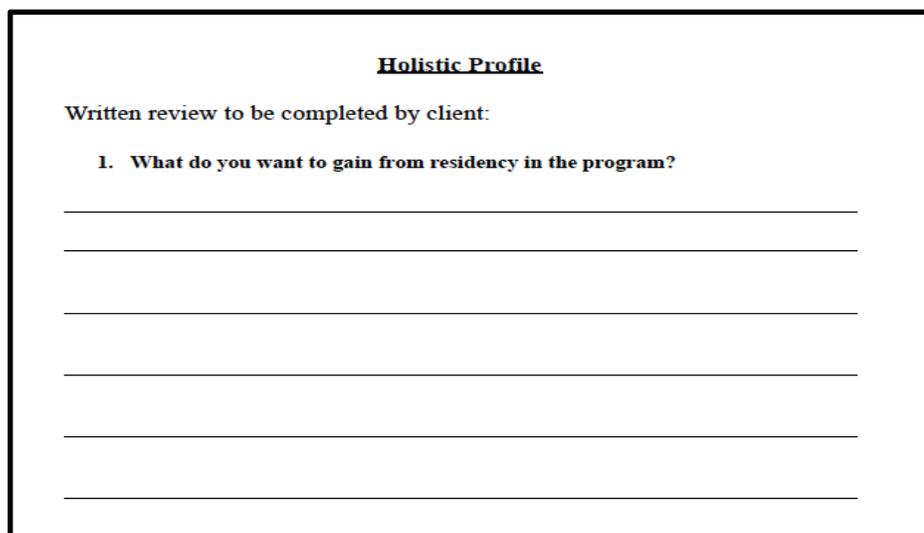
It was this fear and urgency that made the sight of clients nervously waiting in the parking lot for their appointments a characteristic feature of the shelter. While waiting, some applicants solicited information from the more experienced regulars about how they should speak during the interview. The advice usually took the form of scripted accounts

of neediness that had proved successful in securing services for others in the past (2001, p. 627).

It appears that there is a formula for communicating “need” within the context of human service based organizational screening procedures, something that I may have lightly tapped into by moving away from full sentences and sticking to key terms. Marvasti (2001) noted how clients recognized the mission/values of the shelter and harnessed that information to craft their responses. This type of strategizing suggests a level of competency that developed from going through the process multiple times, ultimately rehearsing how to become service-worthy for this specific organization. In Chapter Two, I considered whether becoming an institutional subject requires a specific set of literacies; here, that becomes more apparent through the scripted accounts of neediness. According to Marvasti the screening process at the Abbot House (the shelter in their study) is guided by the “organizational ideology that they should discourage chronic dependency and promote discipline and self-control. In fact, the mission statement was revised from its original to include the concept of ‘independence’” (p. 620). BLOOMHERE’s mission statement ends with the following line: “We support the wellbeing of women so they may nurture their own resilience, as we provide opportunities for them to grow into a life of economic independence...” In line with what Marvasti noted above, the entire first section of the intake form compelled me to articulate a desire to become “independent.” While our program is different in many ways from Abbot House, (we are a two-year program versus the limited stay timeframes of a typical homeless shelter) it is still clear that the limit of services do exist, and thus reliance on these programs would not be a viable goal. Communicating to the staff that you are not in need of long-term help is part of strategizing— and meeting the requirement for what makes a person entering the Abbot House, or in my case, BLOOMHERE, “service-worthy.” I

will explore these expectations in more detail below as I consider two specific sections of BLOOMHERE's Intake form: the Holistic Profile and Trauma history section.

Holistic Profile



Holistic Profile

Written review to be completed by client:

1. What do you want to gain from residency in the program?

Figure 7: Page 1, BLOOMHERE Holistic Intake Profile

Given these expectations, the major difficulties I experienced with BLOOMHERE's Holistic Intake Profile were interacting with two specific sections of the form that I found particularly problematic. First, the "Holistic Profile" section, located on the first and second pages of the document, consists of three questions: "What do you want to gain from residency in the program?" (Figure 7), "what are your short term goals?" and "what are your long term goals?" At first glance these questions may appear benign; however, if we consider how they're contextualized within the document and organization itself (their placement, and the circumstances under which they are asked and how that information is potentially used) it becomes clear that these questions are worthy of deeper exploration. As I previously mentioned, I followed the document in its exact order for the prompted reflexive encounter—thus, these were the first three questions I answered. In a way these questions ask an applicant to be

existentially finished with the program before they begin it. There are correct and incorrect answers, and the questions themselves prefigure that without stating it outright.

While I had seen this document prior to the experiment, during the process I felt a bit confused about how I should be approaching these questions. This was likely a result of tonal and genre confusion: open-ended, existential questions, placed near the beginning of a document I knew was riddled with legal verbiage and medical terminology. To this point, Miller (1984) writes “Form shapes the response of the reader or listener to substance by providing instruction, so to speak, about how to perceive and interpret; this guidance disposes the audience to anticipate, to be gratified, to respond in a certain way. Seen thus, form becomes a kind of meta-information, with both semantic value (as information) and syntactic (or formal) value” (p. 159). If we consider, however, Miller’s conceptualization of genre as a productive frame to action, the emphasis on roles, expectations, and purpose become the focus and one of the questions becomes ‘what were the document's expectations of me?’

The confusion I experienced was based on my understanding of this document as a means to an end, a way to gather information and release liability. A document that would require me to think about and pull from my previous experiences, or current state, gathering historical data and getting a feel for where I’m currently at. However, these questions complicated that notion; I was asked to engage in goal-setting, and share my thoughts on what I could/should want to gain from these services. My expectations were disrupted from the beginning, and I struggled to answer all three of the questions, not from lack of memory or imagination, but from the standpoint of assuming the type of process I was engaging in and feeling unsure of how my answers would be used or if my answers were satisfactory. The genre shifted momentarily to engagement in forward/future thinking, where I thought I would be harnessing reflexive memory.

It was also the case that I was attempting to discern what the document (as a stand-in for the institution itself) wanted from me. In doing so, I enacted a form of “ventriloquation” of the organization’s mission (Bakhtin, 1981; Cooren & Sander, 2014). Bakhtin’s (1981) ideas regarding how figures can be ventriloquated, that is how various figures can be seen/heard/recognized in the utterance/text/communication of another figure, is useful here. As Cooren and Sander (2014) note, the term “ventriloquism” was never used by Bakhtin, but was added to his text *Discourse in the Novel* by the English translator. Nonetheless, the term has been used to capture Bakhtin’s concepts of heteroglossia, polyphony, and double voicedness (Cooren & Sander, 2014). Bakhtin writes:

For any individual consciousness living in it, language is not an abstract system of normative forms but rather a concrete heteroglot conception of the world. All words have the “taste” of a profession, a genre, a tendency, a party, a particular work, a particular person, a generation, an age group, the day and hour. Each word tastes of the context and contexts in which it has lived its socially charged life; all words and forms are populated by intentions (1981, p. 293).

The words I used to fill in the blank spaces of the intake form were intentional. I considered what language was used by the organization and harnessed those words in order to fit the genre of this specific human service organization. In doing so, I was able to articulate myself as more “service-worthy”, using language that ‘fit’ the community I was seeking to enter, while also demonstrating via language that I am/was the type of person this program serves. At this point in

my academic career, I typically stray away from falling into the ‘survivor / victim’ binary.⁷ However, in my responses to some of the prompts I used the term “survivor” multiple times. This may be a result of my own insider knowledge of the organizational language as a Board Member, and as someone who has taken in and helped develop our social media and website content. The organization often refers to the women in the program as survivors, thus I found myself adhering to that identity in my short answer responses. Using that terminology is not the only way to articulate becoming “service-worthy.” Each prompt represents an opportunity to demonstrate service-worthiness. As I will explore in more detail, the changes in the depth of my answers represent a subconscious acknowledgement of the context of both the form and the organization.

As I mentioned previously, the first time I filled out the form I wrote longer, more elaborate answers, this includes the Holistic Profile section as seen in Figures 8 below:

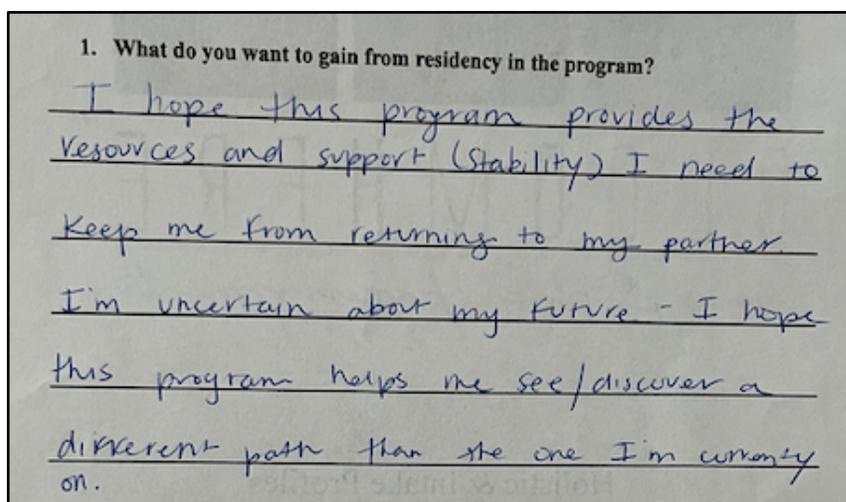


Figure 8: Holistic Profile, Prompted Reflexive Encounter, Round 1

⁷ There is a substantial amount of literature on the survivor/victim paradigm (Boyle & Clay-Warner, 2018; Oviden, 2012; Hunter, 2010; Orgad, 2009; Leisenring, 2006). These discourses often center around varying degrees of pride associated with (and attributed to) the survivor identity, and shame towards that of the victim. I reject this binary, and instead consistently try to frame abuse as an experience, not a marker of identity.

1. What do you want to gain from residency in the program?

This program provides the resources
I need to become independent and
successful.

Figure 9: Holistic Profile, Prompted Reflexive Encounter, Round 2

1. What do you want to gain from residency in the program?

Stability, Community, Support,
Independence - Renewed sense of self

Figure 10: Holistic Profile, Prompted Reflexive Encounter, Round 3

I elaborated on my desire to gain stability and independence and included more details regarding my desire to be in the program. I transition in the second and third rounds to honing in on what I found to be key terms, by round three I eliminated the sentence structure all together. The following questions regarding short and long term goals prompted similar responses. In my experience, part of what made it so difficult to leave my abuser was my inability to imagine a future that wasn't controlled by him. My world in many ways felt very small, and my community and relationships outside of the one with my partner were limited. Crippling anxiety and self-

doubt are also factors that affected my ability to engage in forward thinking. Even though I was finishing my undergraduate degree at the time, I wasn't able to fully imagine myself having a successful career or a life absent of abuse. It wasn't until a full year later (and a lot of support from mentors at the University) that I was able to gain acceptance to a graduate program and move to North Carolina. While some of the women entering our program may be at the place I was when I was able to commit to the application process, others may still be in a place where the future feels uncertain, overshadowed by immediate pressing needs. It's important to note that my access to language now and even seven years ago is likely very different relative to other BLOOMHERE applicants. As I mentioned, I was privileged in finishing my undergraduate degree—this level of education granted me the ability to not only comprehend the question being asked, but also answer it well. There are many people in the position of seeking care who are illiterate, which makes gaining access to any level of care that much more difficult. One other reason why it's necessary to have an interlocutor fill out the form.

In this way, these questions could be seen as the ultimate litmus test for what differentiates “service-worthy” women from those who may not benefit from the two-year program. These questions are literal expectations of/within the intake form and process, and what the two-year program entails. As a board member who understands the programming and details of daily life at the BLOOMHERE home, much of the work is goal setting and planning for the near and distant future. The women must qualify via their ability to express need—but they also must be able to express an attainable/achievable desire to become independent absent of BLOOMHERE's care. I tapped into this, and in retrospect, provided the keywords necessary to meet those qualifications; however, many of the women entering our program or others like it may not initially recognize this. Marvasti's (2001) comment on people waiting to do intake at a

homeless shelter and the sharing of tips for the intake interview with newcomers, highlight the existence of “service-worthy” scripts that people who have gone through the process and successfully gained access hold.

On one hand the placement of these questions may have felt like the correct move from the organization’s standpoint. By asking these in the beginning of the intake process, I was able to give them more energy. I didn’t feel the full effect of physical and mental exhaustion I did by the time I reached the “Release” section at the end of the document. I hadn’t experienced the emotional rollercoaster of revisiting details of my medical and psychological history - or most importantly my trauma history (which I will explore in more detail shortly). If there were ever a time to ask existential questions in this particular document, I suppose the beginning would seem ideal. However, what I think would be better from both an experiential aspect and organizational perspective would be separating out these questions into an entirely different session. These questions evoke the sense of a job interview. These are the types of questions employers typically ask of their potential new hires. The women entering the care of our program eventually do become employees of the justice enterprise—but not immediately. Thus, I think it would be more important to attend to the physical and emotional needs before promoting goal setting. “How can we help you today?” “What do you consider your most pressing need at this time?” would be more productive at this point in the process.

Trauma History

The second piece of the document I found particularly problematic was the trauma history section. This section, located on page 21 of the intake form, is housed within the “General Information” section, sandwiched between the “Domestic Violence” subsection and “Educational History” subsection. The first thing that struck me was the formatting issue. The

section is on page 21 of the 33 page document, however the page number listed is incorrect—the document mis-numbers the pages starting over again on page 19 which is listed as page 11. In addition to that, the first three prompts: “neglect”, “separation from primary caregiver”, and “family secrets” do not have the proper formatting to list age appropriately according to the following formatting in that subsection (as demonstrated in the image below). This adds a sense of confusion in my experience filling out the form—I felt lost within the document, in sections that were highly triggering. It also felt as though the document was soliciting extremely vulnerable and personal information from me, but did not feel like a secure place to be sharing such information given the errors. The expectation of trust, in both the process and program is slightly shaken when the document used to capture and store all of your personal information is riddled with flaws. What else is potentially being overlooked? It is important, in the process of facilitating a sense of trust, to provide a sense of security - especially in the process of capturing highly sensitive information.

Trauma	
Have you ever experienced any of the following traumas? Please explain and list age.	
Neglect _____	A g e _____
Separation from primary caregiver _____	A g e _____
Family Secrets _____	A g e _____
Emotional abuse _____	Age _____
Physical abuse _____	Age _____
Sexual abuse _____	Age _____
Witness any abuse of others _____	Age _____

Alcohol/ drug abuse by childhood caregivers _____	Age _____

Figure 11: Page 21, “Trauma” Section, BLOOMHERE Holistic Intake Profile

The trauma section is limited to the eight categories above. The space provided for each of the categories is extremely minimal: one line for traumas inflicted upon the applicant, and two for trauma based off of witnessing the abuse of others. The process of recalling the trauma that resonated with the prompt was emotionally taxing. I wrote a simple yes or no for each prompt, but explaining the details required me to revisit those moments in a way that solicited a lot of feelings and memories, without any real way (or space) to adequately communicate what was happening. I was frustrated by this section. The first round, I felt compelled to really dig in my memory for the details of more evasive and open prompts like “Family Secrets” but by the third it appeared my original answer didn’t feel like it held enough “emotional weight” for this section, thus I changed my answer to “no” the third time. By this last round of the experiment I forwent even writing the details. And simply put yes/no and age. Whatever secret financial struggle my family endured was put in comparison to a program that works with folks experiencing homelessness, or maybe who never had access to a bank account in their entire lives. This marks one of the places I changed my answer due to the repetitive feature of the process.

I felt able to disqualify a piece of my response partly due to the presence of “yes” in other places of this section. Nguyen (2011) describes the need that society has for a “valid” and “verifiable” index of a person or subject’s trauma experience. Nguyen (2011) notes this valid and verifiable index “is most easily satisfied through standardized tests and quantitative scores. For the purpose of obtaining funding, treatment centers often fall into the pressure of proving effective outcomes, which are defined and measured according to the patients’ scores on trauma questionnaires” (p. 34). The “Trauma” section of BLOOMHERE’s intake form is one iteration of that questionnaire.

While it is obvious that this section (if filled out honestly) captures the presence or absence of certain traumas in a person's life experience, it clearly misses the ability to capture the extent to which writing or speaking about these traumas are emotionally triggering, or the full details of what that experience entailed. These triggers can be associated with both intrusive memories, and an inability to remember details of a traumatic incident. In this vein, Samuelson (2011) writes “the re-experiencing symptom criteria of Post-Traumatic Stress Disorder (PTSD) include intrusive memories of the traumatic event, and the avoidance symptom criteria include the inability to recall important aspects of the trauma. In addition, patients with PTSD often complain of experiencing everyday memory problems with emotionally neutral material, although these problems are not included in the diagnostic criteria” (p. 1). Following the list of the eight potential traumas is a section regarding symptoms associated with trauma history many of which describe symptoms of PTSD:

Have you ever had any of the following symptoms?		
Memory lapses	Yes _____	No _____
Spacing Out	Yes _____	No _____
Loosing Track of Time	Yes _____	No _____
Headaches/Migraines	Yes _____	No _____
Auditory Hallucinations	Yes _____	No _____
Habitual Lying	Yes _____	No _____
Flashbacks	Yes _____	No _____
Nightmares	Yes _____	No _____
Suicidal ideation	Yes _____	No _____
Homicidal ideation	Yes _____	No _____

Figure 12: Page 21, “Symptoms” Section, BLOOMHERE Holistic Intake Profile

Once again, the prompts are limited. While the document is able to capture the absence or presence of the 10 symptoms listed, symptoms of trauma could manifest in a variety of ways. There is also the chance that symptoms may not be fully present or recognizable at this point in the process for many clients. Another required qualification for the program, as previously noted, is being 30 days sober. This may be a person's first time in years being sober and it may be difficult or even impossible to recall all of the details. On the opposite end of the spectrum, sobriety may provide a level of clarity on previous trauma or bring up a plethora of traumatic experiences that were suppressed through the use of alcohol or drugs. The limitations of the form, the scenario through which this information is being gathered, and the unfamiliarity with both the people requesting the information and the location through which it is being solicited is problematic.

Embodied Dimensions

My engagement with the Trauma History section was difficult. As I previously mentioned I found myself glossing over it by round three and only checking the boxes for symptoms that were active (not checking the no box if the symptom wasn't active). Regardless of how extensively I replied to the prompts, the form still captured highly personal and highly sensitive information from me. The data I provided, by simply checking a box, provided the organization with the exact type of information it needed to exist. The prompt and document represent a sort of archival 'recognizable' knowledge on trauma. In filling out the form itself, it became obvious from my perspective that the details weren't important at this point and for the purpose of this document. This document was measuring the presence or absence of qualifying data—binarizing them while not reckoning with the gritty details of those experiences. I, in turn, gave the information I knew was necessary. By round three, I became attuned to the needs of the

document, and trimmed my answers, and data, to what I knew was ultimately the only necessary and useful pieces in this context. That doesn't mean that my physical experience shifted. I was uncomfortable for a shorter period of time when I glossed over, but uncomfortable nonetheless. Part of what that discomfort signified throughout was the process of subjectivization. The procedure of filling out this form and these sections in particular, made this objective clear. In filling out this section I confirmed a knowledge not only within the organization, but on myself, as being a particular kind of person (in this case a survivor of physical and sexual assault), while at the same time providing the data necessary for the organization to continue to function.

In their piece on embodying feminist rhetorics, Johnson et al. (2015) recognize the challenges of de-tangling ourselves from subject/other relationships between language and bodies. In doing so, they cite an example of the type of rhetorical practices that mark certain bodies and a call for feminist intervention. They write:

Specifically, the use of rhetoric to mark bodies including her own, leads Maureen to examine how the fat body is mocked in media and how humor operates as a form of subjectification. Media subjectifies fat bodies through humiliation (e.g., fat shaming) and self-deprecation (e.g., fat people making jokes to reject their own bodies). Maureen resists praxes that involve marking some bodies and turns to embodied rhetorics to assert the agency of all bodies. This theoretical re-orientation is itself a disruption, which expands beyond one view of embodiment, and encourages listening to multiple voices (p. 41)

In a similar way media subjectifies “fat” bodies through rhetorical means, the intake form as a rhetorical document subjectifies abused bodies. While the physical appearance of an abused body may no longer be visually present, it becomes rhetorically visible and subject to

institutional scrutiny. Furthermore, Rachel Hall (2015), details the unequal, and asymmetrical experience of performing ‘voluntary’ transparency in the context of airport security. She writes, “The surveillance technologies adopted to address the threat of terrorism render passengers’ three-dimensional bodies as flat visual patterns and/or flat outlines of human forms and eventually as a generic image of a human form” (p. 22). In doing so passengers become identified as “trusted traveler” or “security threat.”

My answers to the questions throughout this experiment made certain pieces of my experiences and history present as a way of articulating who I was as a person and potential client through text. To this point, Condit (1989) emphasizes that we should pay close attention to “what texts ‘make present’” (p. 119). This sentiment encourages both author and audience to pay attention to what is visible, what is obscured, and what is not captured when analyzing texts alone. What the prompted reflexive encounter accounts for that a textual analysis alone cannot, are the embodied dimensions of being subjected to the intake process. According to Johnson, et al. (2015) “embodiment encourages a methodological approach that addresses the reflexive acknowledgement of the researcher from feminist traditions and conveys an awareness or consciousness about how bodies—our own and others’—figure in our work” (p. 39). This experiment not only grants me access to understand and acknowledge the subjectivization of my body within this experiment, it also acknowledges how all bodies who enter our program are subject to intake processes and procedures. Whether filling out the paperwork firsthand, or engaging in an intake interview with a board member, there are physiological dimensions that inscribe and are inscribed onto by these conditions.

These processes can alter the emotional state of people prior to the intake interview as well. Marvasti (2001) describes the people waiting outside of Abbott House for their intake as

being nervous, and connects that to the sense of “fear” and “urgency” associated with this institutional process—one that ultimately decides whether or not they have a place to sleep that night. While my experiment was not as high stakes, it still prompted an emotional response prior, during, and after each round. The first round I experienced a heightened sense of anticipation and uncertainty, having read the forms before but not considering what I would have responded with seven years earlier. While I didn’t experience the same burden of nervousness catalyzed by fear and urgency detailed above, I did feel a deep sense of unease prior, during and after each round. The rehearsed capacities of filling out this paperwork also contributed to my feeling of unease—I remembered where certain questions were (specifically questions regarding trauma history) and I felt like I wanted to rush through upon arrival or skip the section altogether. I imagine people who have gone through these processes multiple times (something that is apparent from research on human service organizations broadly and Marvasti’s (2001) work in particular) could also experience a sense of discomfort anticipating certain questions.

In my experiment I handled the form directly using it as an immediate point of contact and reference. One of the things I noted was my assumption of how long the process would take due to the physical dimensions of the large document. Similar to the physical surroundings and seating, there are temporal aspects of the physical properties of the paper document as well. I experienced physiological responses to the paper instrument and the writing utensil in particular. All three times I filled out the intake forms I felt physical fatigue with the paper document and the writing instrument. I was able to capture that fatigue and discomfort and note that I wrote less the second and third time versus the first during the experiment, a likely result of my physical discomfort and the mental shortcuts I was making. Stylistically, I went from writing full sentences to single words, the third time writing only one or two that I felt satisfied the

requirements of prompt. The physical discomfort was heightened each round leading to multiple skipped questions in the final round; something I didn't notice until I reviewed the documents. In the Trauma History section, I briefly describe changing one of my answers to "no"—this was, in part, due to the ongoing mental and physical discomfort. I anticipated certain parts of the document and felt myself switch into a form of auto-pilot, or dissociation. According to van Huijstee and Vermetten (2018) post-traumatic stress disorder can include a variety of dissociative and non-dissociative symptoms (increased heart rate, decreased activation of prefrontal regions, and increased activation of the amygdala). All three rounds of the experiment I felt physical and mental symptoms of discomfort: hot flashes, hand cramping, numbness in my extremities, and emotional flares associated with my own PTSD, a form of re-traumatization.

Many variables need to be considered in order to develop intake processes or procedures that can be identified as "trauma-informed" (Grossman et al., 2021; Ostad-Hashemi, 2017; SAMHSA, 2014; Nguyen, 2011; Najavits, 2003). Many of the current systems in place, and those that inform the intake procedures here (as examined in Chapter Two) are highly reductionist. This approach has consequences, as Nguyen (2011) states:

When we reduce psychic devastation to a medical diagnosis, when we make contact with the traumatized subject via standardized means, when we survey the psychic landscape with the intention of merely collecting a cluster of symptoms, our action carries a kind of negation or reduction. The act of testing constricts the interpersonal space, controls the other person's subjectivity, puts arbitrary limits on symbolization, and subverts the experience of meaning-making from the subject. Instead of entering the subject's traumatized landscape, we stand outside and above, merely surveying and collecting. When we decide on what we need to know, what we are going to measure, and what we

should report, we inadvertently re-enact the oppression and dehumanization that lie at the core of the trauma of persecution and torture. (p. 37)

As previously detailed in Chapter One, feminist methods (including feminist narrative methods) work against these modes. One of the goals of this dissertation is to develop a foundation to consider possible interventions within these processes. Non-reductionist, trauma-informed interventions are necessary to avoid any future harm. This prompted reflexive encounter is itself a way of demonstrating that.

Reflecting on the Reflexive: Forming Service-Worthy Clients

For the prompted reflexive encounter, I took on the primary roles required to conduct intake at BLOOMHERE: providing the data and handling the instruments. However, in comparison to the typical intake session I briefly touched on earlier, I did not deviate from the format of the holistic intake profile (skip questions and return later etc.), instead I used the instrument as it was presented - allowing the paper document to fully guide my encounter. My experience illuminates how the document itself can be considered a material interlocutor, and discursive prompt. Recording my experiences in the format transcribed by the intake form became a kind of labor. Not only the physical labor of writing my responses, but also the emotional labor of recalling information including names, addresses, medical history, and trauma history. All of this speaks to a great deal of mental labor, not only being asked to accurately recall pieces of information but also being prompted to think ahead/forward. The prompted reflexive encounter experiment could be useful for any type of documentational practices. While lived experience qualifies much of my analysis, there are many ways to use tenets of this methodology to better understand interactive forms whether or not they are relevant to a person's personal history (filling out a job application, medical intake, travel visa, etc).

Transcription and interpretation both present their own host of complications. Even though I was the one directly transcribing my experience on the form my penmanship and use of acronyms proved difficult to interpret even directly after finishing the intake form. During intake at BLOOMHERE a Board Member does the work of writing down and attempting to capture what is being said by the woman being interviewed. The document with the transcription (in our case the intake form itself) needs to be revisited for interpretation and implementation. Interpreting the transcription requires a consideration of the multiple ways the prompt itself could be interpreted by the respondent. I answered the questions and prompts through a subjective lens—I made various assumptions regarding what exactly was being asked of me given the context of the physical paper document (verbiage, space, etc). The respondent in an interview may be asked the same question in a different way or in a different order which could affect the shape their response takes and possibly require the board member transcribing the response to divert from the physical paper document's 'rules' (Chapter Four). My experiment made me reckon with how highly subjective a prescriptive document - like an intake form - can be. Some of the tenets of institutional documentation (explored more fully in Chapter Two) are reproducibility and widespread application. What type of information a specific question seeks to gather and what parts of the response or transcription (recognizing that these may actually be different if something is missed or misrepresented) satisfy those needs is highly subjective on both ends of the process (writing and making sense of).

As detailed in this chapter, the intake form can be seen as a measurement instrument or test. In this vein, Nguyen (2011) writes:

In devising a test, we police the forms of knowledge with which we can engage the other person. When we administer a test, we do something both with and to another. We limit

and distort what can be experienced, known, and shared, of the other person's reality. In announcing what the test is measuring, we frame what the subject is supposed to experience. In demarcating a few dependent variables, we define and restrict what can be known. And in citing the results of the test, we consecrate what we were able to collect of the subject's humanity, no matter how paltry or specious (p. 36).

The Holistic Intake Profile and the process of filling it out is one of turning personal information and lived experience into usable units of data. In engaging in this process the applicant objectifies their experiences in a way that grants them access to services as being deemed a certain type of institutional subject—one that is ultimately “service-worthy” in the context of the organization. For BLOOMHERE, that is a “survivor” associated with one or multiple identifiable traumas. As I've explored above this process is not without its challenges or consequences. While intake and other documentation practices are a necessary and regular feature of human service organizations (Lane et al. 2017; Thompson, 2016; Currah & Mulqueen, 2011; Marvasti, 2001) they are still riddled with issues concerning privacy, agency, and power.

The Holistic Intake Profile at BLOOMHERE is meant to represent a ‘stable’ source of information that can be pulled from, used, analyzed, compared to, and harnessed whenever necessary for the organization. However, in many ways the prompted reflexive encounter proved otherwise. Context is highly relevant, not only to the information being provided on the form—but also in the ways in which information is captured and stored. My answers were different (albeit slightly) each time I filled out the document even though nothing had changed. Both the information being captured and the process of capturing are flawed. This is an important thing to consider given the institutional power this document (and others like it) hold in human service organization contexts. In the next chapter, I will explore intake at BLOOMHERE as an activity

system, paying particular attention to the role of intake and how this document functions as a reflection of the needs of this organization.

Chapter Four

Understanding Intake as an Activity System

The coincidence of the changing of circumstances and of human activity or self-changing can be conceived and rationally understood only as revolutionary practice.

— Karl Marx (Marx & Engels, 1998, p. 570)

Thus far, this dissertation has defined BLOOMHERE as an organization and situated it within the larger context of human service organizations (Chapter One), what traditions they borrow from, explicitly through the design of their intake (Chapter Two), and critically examined the intake form itself (Chapter Three). In order to gain a better understanding of how BLOOMHERE's intake forms become actionable, I interviewed the BLOOMHERE board members who currently facilitate the intake process. Given the multifaceted nature of the intake process, *Activity Theory* (Leontiev, 1978, 2005; Engeström, 1987, 1990, 1999, 2000) offers insight to understand how both institutional documentation practices of intake are co-created through the roles of individual actors (eg. board members conducting interviews) as well as the context of the organization and the women seeking services. As previously explored in Chapter Two, documents mediate access to care within institutions, thus there are histories embedded within them that should not be overlooked or ignored. Based on the historical and theoretical context on forms as media and medium, Chapter Three offers a glimpse at the experiential knowledge of how intake forms produce a knowable subject. This chapter uses the theoretical foundation of Activity Theory (Engeström, 1987, 1999, 2000; Leontiev's, 1978, 2005) to consider how people, practices, and things are organized within this organizational setting. In other words, Sannino, and Engeström (2018) write, "activity theory redirects our gaze from what is going on inside the individual to what happens between human beings, their objects, and their instruments when they pursue and change their purposeful collective activities" (p.

46). Informed by Smith's (2005) work in which she cautions against committing to theoretical positions before learning of people's embodied experiences and perspectives (what she calls "ideological reasoning"), I did not choose Activity Theory a priori as a theoretical lens. In an effort to resist the formalization of making data fit a priori structures, I did not begin with a theoretical commitment through which I carried out interviews. Instead, having carried out and then begun to analyze the interviews, activity theory best allowed me to make sense of what the board members were describing throughout the interview process.

In addition to the valuable insight of BLOOMHERE Board Members, this chapter also makes use of my own experience serving the organization in various capacities (grant writing, program development, social media content creator), as well as the in-depth understanding of the intake form itself I developed in Chapter Three. I consider *genre* as a way of describing the socially-situated nature of intake; I use activity theory to work through this social situatedness piece by piece. My engagement with activity theory is twofold: I report on qualitative data and identify the various themes that arise from the analysis of the interviews with Board Members, and I contextualize those within an Activity Theory framework (object orientation, mediation, and contradictions) (Leontiev's, 1978, 2005; Engeström. 1987). In addition to this, I develop a systemic understanding of intake at BLOOMHERE through mapping intake as an *activity system*, and comparing it to overlapping activity systems (Engeström, 1987). In an effort to better understand the outcomes of BLOOMHERE's intake processes, I map the re-mediation of the "object" (data) through various activity systems. Building on these theoretical foundations and the information provided by the board members, I develop a more holistic characterization of BLOOMHERE's intake practices and uncover their capacity to contribute to and reinforce systemic institutional power, regardless of best intentions. This chapter contributes to the

foundation for future collaborative knowledge-building around what these forms do well and what they do not do well from the standpoint of the Board Members who facilitate intake.

Board Member Interviews

For this dissertation I interviewed the Board Members responsible for conducting intake at BLOOMHERE, who I refer to as Board Member A and Board Member B throughout this chapter. As a Board Member myself, I share the same institutional rank as my interviewees, however I occupy a much different subject position. Board Members serve on an unpaid, voluntary basis. Executive members are voted in to the general Board and then voted in once again to a specific leadership position (eg. I serve as Board Secretary). Previously detailed in Chapter One, the requirements of service are assisting with fundraising, presence and contribution to monthly meetings, specified tasks, voting on budgets as well as program structure, and the creation of and adherence to bylaws. The members I interviewed are the primary users of the intake form, they hold historical knowledge on the form itself, and have control over any changes to the document and/or process. NC State's Institutional Review Board (IRB) approval was obtained for this project after a long and arduous application process riddled with concern over potential exposure of identifying data of current and former program clients, and beset by an initial (and fairly persistent) misunderstanding that I was setting out to interview *clients* themselves. I provided a clear articulation of how minimal this risk was via the interview script, and assurance I would eliminate any identifying information from the transcript. The IRB's primary concerns illuminated how difficult it would be to interview the clients themselves regarding intake - something that further encouraged the methodological intervention (prompted reflexive encounter) in Chapter Three.

The interviews took place during the COVID-19 pandemic, thus the original plan to conduct interviews in-person shifted. I contacted participants via email to explain the study and provide a current copy of the intake form. I provided a link to the consent form through Qualtrics and obtained consent from each participant prior to the interviews. Once consent was obtained I scheduled telephone interviews with each participant. Each interview was scheduled for one hour, with the opportunity to schedule a follow up meeting in order to further explore particular insights or themes from the initial interview. I was flexible with time and made sure that both participants knew that we could pause or end the interview at any time. The interview script was made up of 14 questions separated into three general sections. In the tradition of feminist interviewing that characterizes the work of Oakley (2016) and Lather (1992) I resist an approach that would lead to the kind of “formalization” I discuss in Chapter Two, one that overdetermines the shape and content of knowledge. In order to capture the richness in narrative, the script served more as a general guide than a rigid document meant to be followed verbatim.

The first section (Appendix A) prompted participants to explain their role within the organization and with the intake process. One question was specifically concerned with how the participant prepared for conducting the intake interview, another sought information on previous experience they have with conducting or participating in similar processes to the interview protocols at BLOOMHERE. The next section explored the current practices for intake procedures. This section began with a prompt for participants to walk through an intake session. Where does it take place? How does it begin and end? Are there breaks? Two important questions in this section ask participants to elaborate on what they think the most important part of the intake process is and what purpose they think the intake procedures fulfill. The third section pertained to the barriers and factors for ‘success’ with the intake forms themselves. The

key question in this section asked participants to describe their experience using the current intake forms.

After completing the interview transcriptions and reflecting on participant responses, I developed a set of themes that became apparent in both interviews. One of the primary themes was the *acknowledgement of trauma* as a primary experience for both the women in the program and wanting to tailor care and processes to respond appropriately. Each Board Member described this a bit differently but both mentioned the desire to respond with care to each person who participates in intake. Consistent with a Trauma Informed Care framework (Chapter One), Board Member B described their approach as “listening without judgement” and allowing the women to take breaks when needed. This sentiment is shared by Board Member A, who made it clear that there are no time limits on the intake process, allowing for multiple breaks a session if necessary. In addition to breaking from the process, both participants mentioned the flexibility they had with the document itself. They both noted that the intake form itself guided the intake process but that they often jumped around the document or asked a follow up question that may not be present in the form itself. Both members felt as though the answers that the women provide to the intake interview allow the program to develop individualized care, and that the women entering the program will often continue to share or update information regarding personal, medical, and psychological history during the first month. According to Board Member A “that first month is sort of open, some of the women will reach out during that time mentioning that they may have forgotten something and the program manager makes note of it.” The information the intake forms gather moves within the organization from Board Members to program manager to social worker, and extends out from the organization when additional services are acquired.

Both Board Members articulated that the intake form and process are integral to the functioning of the organization.

Board Member's roles facilitating intake closely align with the work of qualitative researchers. Interview processes frequently benefit the researchers and their institutions more than the researched (Lather, 1992); however, feminist methodologies prime interviewers to prioritize the ethos and needs of research participants (Oakley, 2016). To this point, Benjamin (1988) suggested that under certain deliberately arranged conditions, "the act of knowing can be felt as communion, not conquest" (p. 192). Benjamin's (1988) account of knowing as communion suggests an experience of shared vulnerability and collaborative knowledge building rather than extracting information from another person. The absence of any specific type of formal training in feminist/ethical approaches to this process, or of a reflexive/critical analysis of their role (prior to my interview), not to mention the genealogies of 'intake' (which I considered in Chapter Two), suggests that there could be many opportunities for the intake interview at BLOOMHERE to fall more in line with "interview as conquest" rather than "interview as communion" (Ezzy, 2010). These are two modes which, for reasons I articulate below, are best thought of as interview *genres*. According to Board Member B: "I think setting the frame is good, that this is safe and confidential but also personal and that we are going to value and respect whatever they tell us and that there is no judgment from us, that we, you know, we've seen everything and heard everything. We even open it up and say lots of us have even experienced some of the same things that you have. We will protect your information." What I noted in these interviews is a *desire* from both Board Members for BLOOMHERE's intake to fall within the genre of intake as communion, something that I hope the reflexive practices prompted by this process will help further actualize. Communion and Conquest are both ways of

describing an activity. Mapping out and analyzing the intricacies of these activities is where we can begin to understand what separates them. ‘Good intent’ does not dictate whether an interaction is considered communion or conquest. Instead, it is a combination of intention and actions (practices, people, rules, instruments etc.) that inform the outcome. This contextualization allows me to approach an interview, or intake in this case, as more than just a one-time exchange, but rather as an activity situated within a complex set of contexts, histories, and conditions. This heuristic primed my understanding of intake at BLOOMHERE as part of an activity system, something that required a systematic approach to better characterize how people, materials, labor, and experiences interconnect. Thus, Activity Theory serves as a descriptive analytical framework for this chapter.

Activity Theory

The genealogical picture developed in Chapter Two and the experiential aspects of intake in Chapter Three are primarily focused on the document itself and how it structures individual interactions. In this chapter I will use Activity Theory to holistically explore this document's role within the organization, contextualizing the experience of intake as part of an activity system in an effort to highlight interactions and tensions within this system and beyond. In order to illuminate how this manifests, I will rely on Carolyn Miller's work on genre (1984) as a broad theoretical foundation. According to Miller (1984) "...human action, whether symbolic or otherwise, is interpretable only against a context of situation and through the attributing of motives" (p. 152). Miller's (1984) work offers a general way to account for the need to contextualize a text (in this case BLOOMHERE's intake form) through the various motives articulated by and through the activity system. This allows me to look at the genre of intake and how it informs and mediates organizational functions (Sherlock, 2009). In an effort to fully

capture the agency of human action in addition to the material elements that make up the practices around the intake form, I will use Activity Theory as a schematic that allows me to connect the information provided in the interviews and my own experiences with certain institutional relations within and beyond the organization. Activity Theory allows us to consider how intake consists of a network of practices through an interconnected triangulation of the following: *instruments, object, division of labor, community, rules, subject* and *outcome*.

The philosophical lineage of Activity Theory begins with Karl Marx. According to Marx, people are born into a set of material conditions that they must survive. In an effort to do so, we undertake labor; the patterns through which this labor is organized constitute the material relations of society and the basis or (“base”) for a society’s legal and ideological structures (Marx & Engels, 1998). The unfolding of the conflict between laborers and ruling elites through history – “dialectical materialism” -- forms one of Marxism’s central tenets. Lev Vygotsky, a soviet-Russian psychologist, drew deeply from dialectical materialism in developing his insights about the human mind: specifically, that structures of thought are themselves shaped by material relations of production . Vygotsky developed what is referred to as the first generation of Activity Theory, though he never proposed “activity” as a basic unit of analysis (Sannino & Engeström, 2018). Vygotsky (1987) focused primarily on individual action, and developed the concept of *mediation* in which an individual can use physical/psychological tools to control their own actions (Spinuzzi & Guile, 2019). According to Blackler (2009) Vygotsky’s main concern was “the instrumentality of mediating artifacts, and he has demonstrated how mediating artifacts influence behavior” (p. 32). This idea suggests that learning comes from the internalizations and externalizations of practical activity, and that intervention-based change is possible. Practical interventions aimed at developing a cultural and historical understanding of human functioning,

while improving the lives of research participants, defined Vygotsky's revolutionary methods and thus, the foundation of Activity Theory (Sannino & Engeström, 2018).

In the second generation of activity theory, Leontiev (1978, 2005) shifts focus, distinguishing individual action from collective activity, and prioritizing an object-oriented activity as the unit of analysis. Sannino and Engeström (2018) describe Leontiev's conceptualization of activity as "a relatively durable system in which the division of labor separates different goal-oriented actions and combines them to serve a collective object" (p. 45). Building on and extending from Leontiev's (1978, 2005) concept of activity, Engeström's approach, considered the third-generation of Activity Theory and often referred to as Cultural-Historical Activity Theory (CHAT), takes into account the increasingly interconnected and interdependent characteristic of activity systems. Thus, Sannino and Engeström himself (2018) describe the "prime unit" of analysis for third generation activity theory as the "formation of minimally two activity systems connected by a partially shared object" (p. 46). These interconnected activity systems may take the shape of partnerships, producer-client relationships, networks, and so on. Furthermore, Edwards (2009) notes, CHAT recognizes that action "is object oriented and that our interpretations of the problems, or objects of activity, that we are working on and trying to transform are shaped by the historical practices of the systems in which we are operating" (p. 198). In this chapter, this will be characterized through the lineage connecting BLOOMHERE to Drug/Alcohol Rehabilitation Centers. Connections will also be made apparent through partnerships (BLOOMHERE, Grant Funding Organizations), producer-client relationships (BLOOMHERE, Social Media Development). I provide more detail on the mapping of these activities and their relationships later.

Mapping an Activity System

Engeström's (1987) work has been highly consequential and is considered one of the major developments in the history of Activity Theory—specifically his widely used triangle model, which provides a visual depiction of the activity system. According to Artemeva (2008), “Engeström suggested that the triadic structure of the basic mediational triangle, subject-tool-object, should be extended to account for the socially distributed and interactive nature of human activity, production, and consumption—that is, for rules, community, and division of labor” (p. 167). In doing so, Engeström expands the view of Activity Theory in a way that accounts for outcome (or social action). In this vein, Spinuzzi writes “Activity Theory posits that in every sphere of activity, collaborators use instruments to transform a particular object with a particular outcome in mind” (p. 37). The generic structure (triangulation) of an activity system, modeled by Engeström (1987) is shown in Figure 13.

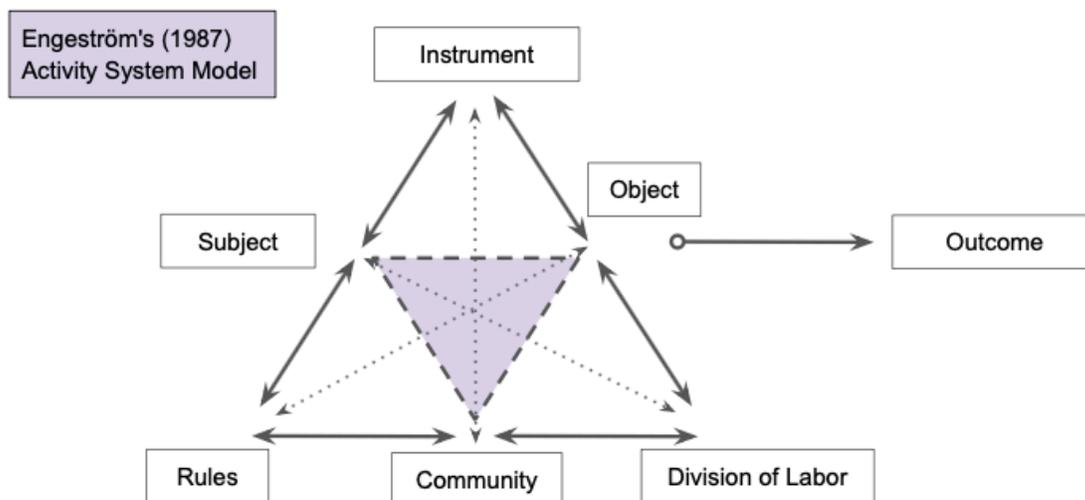


Figure 13: Engeström's Activity System

As described by Sannino and Engeström (2018), the *subject* refers to the individual or group “whose position and point of view are chosen as the perspective of the analysis” (p. 46). Activity system's require a subject-object relationship. Understanding the *object* of an activity

system is paramount to understanding the dynamics of the activity system and/or theorizing motivation (Engeström, 1987; Blackler, 2009). Engeström (1999) describes objects as “a project under construction, moving from potential raw material to a meaningful shape and to a result or outcome. In this sense the object determines the horizon of possible goals and actions. But it is truly a horizon: as soon as an intermediate goal is reached, the object escapes and must be reconstructed by means of new intermediate goals and actions” (p. 65). The object of a specific activity system can be contested amongst subjects and *community*, a result of the competing interests and collective intentions within a given activity system. The *instrument* is a mediating artifact, whose role is defined by the subject and object, bridging them within the relational system of the triangulation. Community comprises the individuals and groups who share the object within the system. *Division of labor* refers to the interrelationship of tasks and power/status within the activity system. *Rules* structure the actions within the system, they take the form of explicit and implicit regulations, norms, conventions and standards. The object is turned into *outcomes* with the help of instruments, and their interconnections (Sannino & Engeström, 2018)

In addition to this, third generation Activity Theory is also characterized by an emphasis on the “contradiction-driven” character of activity (Sannino & Engeström, 2018). Bligh and Flood (2017) describe contradictions as “drivers for change: they manifest as subjective dilemmas that people try to address, with varying degrees of success—thereby altering attendant forms of collective activity” (p. 6). Subject dilemmas and systemic contradictions become visible when the experiential information (in this case, interviews with Board Members) is contextualized through activity theory. Thus, third generation activity theory, more specifically Engeström’s (1987) approach, allows me to contextualize the experience of the activity system

(intake at BLOOMHERE), and develop a systemic understanding of intake and its contradictions from a range of vantage points through mapping the relations involved. This work is vital to better understand, and articulate the tensions between the subject (Board Members, Clients), instrument (intake form), and object (data).

Third generation Activity Theory has been applied to a variety of different activity systems, and Spinuzzi and Guile (2019) note its prevalence in professional communication - specifically its use to study information circulation and sharing in and across organizations. Similar work has been done regarding the contextual elements of trading personal information (data) for the use of digital gaming platforms (MMOs) (Chee, Taylor, de Castell, 2012), the role of genre systems as an intermediary between institutional structure and individual communicative actions (Berkenkotter, 2001), the characteristics of collaborative work and overlapping activity systems in online gaming (Sherlock, 2009), as well as understanding how college students enact particular self-representations through various coursework assignments (Powell, 2003). All projects recognize that there is an entire ecosystem of human and nonhuman interactions (and materials) that create the context for a specific activity to take place. What activity theory allows us to do is to parcel out each of those practices and illuminate their presence/importance while simultaneously connecting them to other parts of the triangulation.

For these purposes, Activity Theory is engaged as a descriptive analytical framework harnessing both second and third generation Activity Theory through Leontiev's (1978, 2005) emphasis on object orientation and Engeström's (1987) comparison of multiple activity systems. The second generation of Activity Theory allows me to emphasize the object, data, gathered from the clients. I harness third generation Activity Theory to demonstrate how that data becomes re-mediated in the outcome through three separate activity systems (*intake, grant*

applications, and social media content creation). This analysis demonstrates how the functions and outcomes of intake (datafying personal, sensitive information) often differ from interests/intentions of the people taking part in the process. In an effort to further develop the historical context of intake as an activity system, I provide a breakdown and comparison of intake as an activity system at BLOOMHERE and at other organizations (Rehab Centers). These comparisons allow me to broaden my discussion of the contradictions within activity systems and artifact mediation. They also further my understanding of how the object of this activity system becomes a currency exchanged for capital (both social and economic) for these organizations, problematizing the notion whether we can understand intake as communion, not conquest.

Intake as an Activity System

Using Engeström's (1987) framework I developed a triangulation of BLOOMHERE's activity system below.

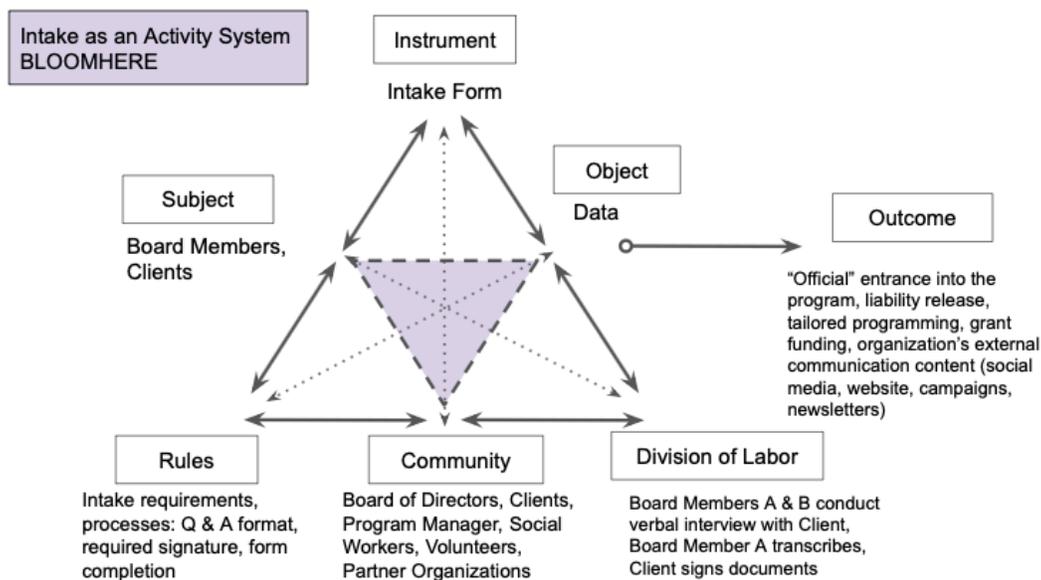


Figure 14: BLOOMHERE Intake as an Activity System

The intake form specifically functions as the primary *instrument*, or the mediating artifact/tool used within the system. The *object* captured by the instrument is data. The collection of data

through the instrument requires a *division of labor*, in this case board members handling the tool in order to capture/process the data provided by the women entering the program through the interview, transcription, and processing; and the client, answering questions in the verbal interview and signing parts of the intake form. The *community*, or social context, of the BLOOMHERE intake activity system expands wider than just the program/board members involved in intake and the clients going through the intake process in a single moment. It includes partner organizations, funders, board/operations members (social worker, program manager), and volunteers. BLOOMHERE intake follows a variety of prescribed and assumed *rules* – prescribed in the immediate sense that the form presents and prompts a specific format for the encounter (question and answer). The assumed rules help enact power dynamics: the authority of the form and person conducting intake shape the experience for all parties involved, including the requirement of signatures on particular parts of the form. The *subjects* in this case are the women entering the program (clients) and the Board Members facilitating the intake process. Finally, the *outcome* of this intake activity system is multifaceted: “official” entrance into the program, tailored programming for the women, grant funding, content creation for promotional and public facing communication, and liability release for the organization.

The media genealogy provided in Chapter Two demonstrates the long and multifaceted history of intake. From hospitals, to clinics, to rehabilitation centers, intake remains a formal process characterizing an organization/institution's first step towards providing care, goods, or services. As I noted in Chapter Two and Three, BLOOMHERE's intake form is an amalgamation of medical, legal, and psychological documentation, highly reminiscent of the paperwork that characterize drug/alcohol rehabilitation intake (a process BLOOMHERE clients are likely familiar with due to the requirement of 30-day sobriety upon entrance). According to

Blackler (2009) “the historically located activity system should be the fundamental unit. While featuring the crucial link between subject and object, this approach features the essentially social nature of activity and the centrality to it of durable cultural artifacts (p. 29). Thus the instrument of this activity system, in this case the intake form, can be seen as a durable cultural artifact. In addition, there are a variety of overlapping aspects between BLOOMHERE and a general drug/rehabilitation intake activity system, beyond the instrument. To this point, Sannino and Engeström (2018) write, “History is always present in human activity. Layers of historically earlier forms of the activity can be both constraints and resources. They persist in practical routines, in ways of thinking, in material artifacts and rules” (p. 47). With this in mind, I provide a general drug/alcohol rehabilitation intake activity system (Advanced Recovery Systems, 2021) schema for comparison below (Figure 15).

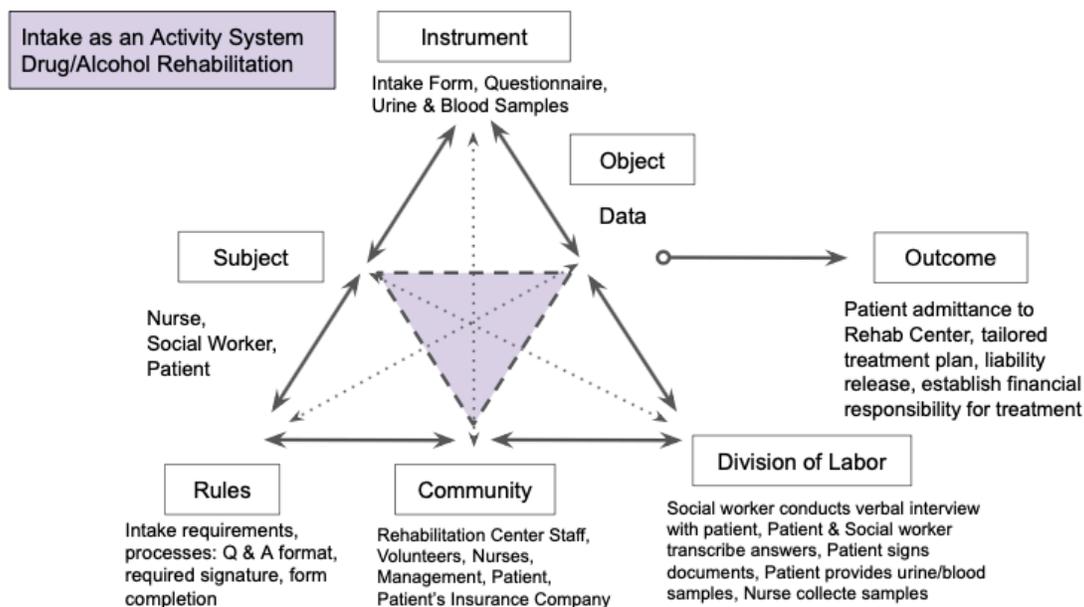


Figure 15: Drug/Alcohol Rehabilitation Intake as an Activity System

Both Board Members suggested in the interview that clients are often familiar with the process of rehab intake (among other social service intake processes) before entering BLOOMHERE’s intake activity system. This familiarity with rehabilitation intake, and other

intake activity systems is agential to BLOOMHERE's intake process. Consistent with the theme of interview as communion, not conquest, both Board Members mention deliberately approaching intake as an opportunity for relationship and trust building. Considering the history of intake, including the general rehabilitation intake activity system detailed above—there are clear disruptions and departures to the activities described (in addition to many overlapping activities and operations). These departures include language (“treatment” and “patients”, versus “clients” and “programming”), division of labor (patients are required to perform more tasks), and outcomes. Specifically, the relatively tighter boundaries of where the object moves/reaches within and outside of the activity system. Identifying these departures helps better understand the changes within intake as an activity system more broadly. Within an activity system theoretical framework, change is often the result of contradictions. The BLOOMHERE activity system (Figure 14), and the Drug/Alcohol Rehabilitation activity system (Figure 15) are both oriented around the same *object* (data about an individual's experiences). In addition, the rules of these activity systems are the same. All remaining parts of the rehabilitation activity system (subject, community, division of labor, outcome) differ on varying scales. To this point, despite what the interviewer's may want, this still resides in the ‘genre’ of ‘interview as conquest.’ The shared object and rules remain strongly associated with the activity system of other intake processes.

In conversation with these contradictions and departures, further analysis of each piece of the BLOOMHERE intake activity system using the Board Member interviews as well as my own personal experience, provides substantial evidence of how this process acts upon those who engage the material and procedural aspects of it. Intake also produces data about the clients that makes them legible as certain kinds of ‘subjects’, labeling them as victim, survivor, user of services, client, resident, etc. Furthermore, it illuminates how this process is informed by power

dynamics that have historically marked the mediation of women's access to care. In what follows, I interrogate each aspect of the activity system in turn, focusing on contradictions and tensions within the system. I then focus primarily on the object and outcome, mapping the remediation of data through multiple separate activity systems. I conclude with a discussion of the key connections and contradictions within and beyond BLOOMHERE's intake activity system.

Community

Community is richly defined within an activity systems framework. Typically, it is made up of everyone in a specific activity system who interacts with the object. As seen in Figure 14, the community encompasses a variety of individuals and groups. Identifying partner organizations within the community of BLOOMHERE's intake activity system illuminates how far-reaching the activity community can become. Especially when compared to the general rehab activity system, whose intake activity community remains relatively closed to the parameters of the organization. Unlike the rehab facility, whose services require some form of payment (insurance or other) and are offered in-house, partner organizations and their services are integral to the functioning of BLOOMHERE. Thus, part of the intake process is distinguishing who qualifies for what external services, and what external services are the best fit in response to the data provided. Some clients may require weekly Narcotics Anonymous meetings (partner organization), where others may need daily online GED preparation. The form itself utilizes the tenets and language of legal/medical institutions thus connecting the network even further; these connections prove difficult to disentangle as noted in Chapters Two and Three. Donors and volunteers are also a part of the intake community, slightly removed from the object by certain layers of mediation but ultimately the data captured in the intake is shared in various ways with

these groups. Through this framework it is clear that the activity system community consists of a much larger network than one would initially presume.

The program manager is the main person responsible for documenting, storing, and sharing relevant data outside of the immediate intake activity system. However, student interns are often tasked with managing social media and website content. Much of the messaging the organization puts out is based on the stories, successes, and hardships of the women in the program - the foundation to these messages are the objects captured by the intake instruments. Thus, the social network of BLOOMHERE enters the orbit of people to whom this information circulates. Social media is just one of BLOOMHERE's outreach tools, public speaking events within the larger Raleigh community are also a regular part of fundraising and speeches often cite the women's 'journey' before finding our program, something that is highly informed by their intake profiles. Local shops sell BLOOMHERE body oils which are displayed with information about the program, providing shoppers at local boutiques with pieces of data gleaned from the intake activity system. I will elaborate more on these connections later.

Division of Labor

Within a regular BLOOMHERE intake session, there is a hierarchical structure of activity carried out through the division of labor within the system. This primarily consists of the clients being interviewed by those in officiating roles (Board Members conducting intake). In comparison to the general rehab intake procedure, Board Members are replaced with a nurse and a social worker. In a general rehab intake process the division of labor includes the patient more than BLOOMHERE includes the client (the patient provides samples for medical analysis, the patient fills out questionnaires and the form themselves). At BLOOMHERE there is a great deal of work taken up by the interviewer - not only translating the questions to terms that the clients

can understand but also doing the work of transcription. According to Board Member B, the officiating roles of intake are mainly non-medical staff at BLOOMHERE - in reflecting on this she said "I think that there's something so comforting about that, it makes it seem less clinical." While this may evoke a feeling of seeming less clinical on the surface, the reality of the program (daily urine samples, multiple doctors/therapist appointments) relies heavily on clinical/medical institutional labor carried out by Board Members, social workers, volunteers and the program manager. This reflects, outside the activity system of intake, the community's consistent effort to strive towards the object and desired outcome for the activity system.

Intake at BLOOMHERE requires a great deal of immaterial labor from the clients entering the program in the form of providing personal information, lived experiences with abuse and/or trauma, and signing legal documents (the essential data). Actual physical material (urine) is provided throughout the program once they officially enter. The Board Members/Program managers are tasked with conducting, transcribing, and interpreting the data. Part of the work of conducting intake means handling the instruments of the activity system. In doing so there is a heightened level of control over the process as a whole - specifically having control over what gets transcribed, when/how the instruments are used and how the object is interpreted. The interpretation determines individualized programming for the women over the course of their two years in the program and connects them with people, services, and resources outside of BLOOMHERE. This represents a hierarchical relationship where certain roles have different levels of authority and agency. Through an activity heuristic, the overlapping activity systems that a person occupies creates subjects with different levels of expertise, and thus, roles. An example of this is a nurse: for the general rehab intake a nurse performs the actions within the division of labor in part because of the experience she has in other, overlapping activity systems.

The division of labor is guided by organizational protocols that divides the power structure in a way where control feels invisible. Deleuze (1992) describes societies of control as being absent of the particular structures we readily identify as enclosing. Instead, what it's replaced by are ongoing practices of surveillance. Overall, much of the labor within the BLOOMHERE activity system involves routinized surveillance practices. Routines in which the women provide material (urine, information about themselves) that is then turned into (more) data through the work of others. In a way, intake does the work of preparing clients for this ongoing treatment.

Rules

One of the most basic rules of this activity system is the requirement to complete the intake process in order to gain entry to the program. Similar to End User License Agreements (EULA's), air travel (airport security, customs), and affidavits, accessing services requires the sharing of personal information, and signatures (McHendry, 2016; Silva, 2016; Hall, 2015; Chee, Taylor, De Castell, 2012; Magnet & Rodgers, 2012; Berkenkotter, 200). It is important to recognize this as a requirement for entry because it informs the presence/absence of agency for the women undergoing this process. The women must sign the legal portions of the document before they are able to receive treatment of any kind.

The Holistic Intake Profiles at BLOOMHERE are an amalgamation of legal, medical questions that typify a standard drug/alcohol rehabilitation intake form, carrying with it the genre of medical and legal documents. Thus, there is an expectation for accurate, verifiable information. The legal language and requirement of a signature suggests that the woman engaging in intake is legally bound to the conditions of the document and has read and understands what that language confers. Ultimately, the most apparent rules of this activity system are the requirements to answer specific questions and provide release of liability in order

to obtain access to the program. Engaging in the interview process that currently exists at BLOOMHERE, means having to recall information accurately on the spot. Expectations for how much to share are guided by the space provided after each question, however the women being interviewed may not have visual access to the form. This makes the interviews' potential for highly subjective and variable interpretation of the rules and conventions imminent. The form itself acts as a regulative system within the activity system, but the interpretation of what that form is actually attempting to capture would be at the interviewer's discretion.

In the context of the experiment from Chapter Three I allowed the form to fully guide and regulate my encounter. Every question was answered in order - all details or length of response fit the space provided, and yes/no prompts followed accordingly. The rules of where to write/circle and the space provided set the standards for the amount shared with more space for elaboration and yes/no prompts suggesting that no elaboration is necessary—but also that the answer is certain/binary. The legal portions of the Holistic Intake Profile were scattered towards the beginning—thus from my perspective gaining entry to the document and the program required a legal signature. While some of the legalese may be translated during the intake by a board member or the program manager, neither of those roles are currently held by anyone with legal backgrounds. As a layperson, I found the legal terminology to be confusing, and while I followed the “rules” of the document I am still uncertain of the details/binding principles of what I signed. Some signatures required the signing of multiple parties—I saw this as a form of ‘checking’ or ‘validating’ a signature in an effort to confirm its authenticity. The rules/regulations of this intake system are highly concerned with capturing information that could be described as authentic.

The BLOOMHERE program is predicated on serving women who have experienced a great deal of trauma. Both Board Members acknowledge the requirement of sharing trauma history and consider ways to mitigate re-traumatization to their best knowledge and ability. They claim to deviate from the typical/traditional types of institutional experience - both in their intake process and in the conceptualization of programming in general. According to Board Member B, BLOOMHERE attempts to create a more fluid approach to the rules in an effort to build comfort and trust. In describing the intake interview she said:

“To me. It's like you go into it hoping to gain their trust helping them to share their story with so much honesty that we have a really good picture of where their needs are or how we can meet them and we don't put time limits on it. And being just very aware of their body language like I remember asking one of the women if she needed a break and she was like ‘no’ and I was like, you know what I do.”

The interviews showed that both board members were cognizant of the damage caused by time limits thus they took substantial steps to alter their protocols in order to give the women going through intake the space and time they needed.

Subject

Both the Board Members (interviewers) and clients are *subjects* within the activity system of intake (and the organization more broadly) at BLOOMHERE. Clients' everyday lives are shaped by the protocols of the organization, in the intake activity system, and organizational activity system more broadly. In a similar vein, Board Members are guided by some of the specific ways data (the existence of data and the need to collect data) shapes their functioning. Even though Board Members are in control of the process (conducting intake) they cannot abandon the process completely. The necessity of intake at this organization creates a situation

where certain choices may become opaque. For example, Board Members may not want to ask a specific question, or request a signature, but the other pieces of the activity system (rules, instrument) limit their capacity to freely make changes. Board Members are bound by the activity system through intersecting forces, all aimed at a specific goal (object-outcome). Thus, it was of utmost importance for this project to include Board Member interviews and understanding their perspective as subjects as well.

The other subject of the intake activity system is the client, and her embodied knowledge and experiences of trauma. What the various questions ultimately seek to gather is the multifaceted nature of trauma. This manifests, historically and in the present, through the recollection of memories, but it is also present and traceable within the medical, psychological, and legal histories and experiences of the women seeking entrance into the program. Intake procedure (BLOOMHERE and Rehab), explored more closely in Chapter Three, is a means of subjectivization and objectification -- a process conferring and/or confirming the residents knowledge about themselves as a particular kind of person (survivor, victim, addict, sex worker) while at the same time making them the 'object' of an institutional procedure that needs to treat them as data in order to continue to function.

Instruments

The instruments of intake at BLOOMHERE that directly influence and structure interactions include the printed out Holistic Intake Profile, and writing utensils. Both Board Members noted the absence of any other recording device during the interview. The paper form serves as an instrument of guiding/capturing the intake encounter and the client's words. As previously established by both Board Members, the clients do not fill out the Holistic Intake Profile themselves, instead one of the Board Members (specifically Board Member B) reads the

questions aloud to the interviewee and transcribes the answers onto the paper document. Thus, the instrument serves as both a physical record of the information provided to and perceived by the interviewer as well as a roadmap for the entire intake procedure. As explored in previous chapters, it also serves an officiating role - the presence of a paper document, specifically one that includes both legal and medical terminology, carries with it a sense of documentational authority (Gitelman, 2014; Smith, 2001). The intake interview consists of a variety of material/immaterial elements. The interview takes place in the BLOOMHERE home, specifically the living room of the home which consists of a variety of seating options. The seating is an important piece of the intake process and procedure. As I explored through my experience of ER triage in Chapter Two, seating and the surrounding physical space have temporal and affective aspects. Here, they are meant to solicit a sense of comfort atypical to filling out paperwork documents in medical and/or legal settings. As examined in Chapter Two, physical setting (including seating) restricts or allows for physical comfort, the ability to be present for certain periods of time, and perceived privacy.

According to Board Member B, the women entering the program do not handle the instruments (writing utensil, intake form) until they are asked to sign the legal portions of the document - thus, making them not only the subject of the activity system, but also subjectivating them in the process, something that will be further explored later. The physical recorded representation of the women entering the program is ultimately controlled by the interviewee, specifically Board Member B. Both Board Members noted the size of the document as being large and both mentioned that the document itself is not followed in order during the interview prompting what both describe as a “conversation.” According to Board Member B:

“I’m just jotting things down in their intake sheet with the questions and we kind of flow. It leads to something else that’s not the next question we just kind of go with it and let them go. And so I think when you start down a path letting them finish their thought is always better. For instance, if we're talking about drug abuse and it leads to her talking about her child abuse then we just circle back at another section at a different spot in the intake. We just kind of roll with it. And then after we finish that I would just kind of like I would say, okay well. Now we're going to go back and pick up on this part but not being so rigid that you don't let the conversation flow.”

Given that this process is repeated with each client, what “flow” is evoked by the document and “conversation” may vary. Furthermore, during the intake interview at the BLOOMHERE home, physical fatigue with the document could potentially lead to the interviewer inscribing the answers of the interviewee to take “shortcuts”—shortening responses, synthesizing the information provided, using acronyms or shorthand. Board Member B described the transcription process as an action of “jotting” down the conversation - which suggests the responses provided by the potential resident are not fully captured by any of the instruments. Thus, the main instrument both enforces certain kinds of data to be captured, while also ensuring that what is captured is incomplete, or even inaccurate.

Object (Data)

Miller (1984) states “beyond symbols, experience is idiosyncratic and incommunicable” (p. 161). The work of documentation, and the intake interview itself serve as opportunities for language and its specific arrangement in the relations between client-interviewer-pencil-paper to mediate the lived realities of the women entering the care of BLOOMHERE (clients), rendering their experience intelligible within institutional contexts. Given the object of this activity system,

this rendering can be described as *datafication*. Sannino and Engeström (2018) describe the object as “the true motive of the collective activity, the object gives activity its identity and direction. The object is durable and constantly under construction; it generates a perspective for possible actions within the activity. As such, the object is not reducible to conscious goals; those are connected to discrete and relatively short-lived actions. The object of an activity is typically difficult to define for the participants (p. 45). As this deconstruction of BLOOMHERE’s activity system has demonstrated, the entire activity system is oriented around data. As described through the context of division of subject, labor, rules, and instruments, when the clients entering the program take part in the intake procedure, personal information is being transcribed, stored, and traced—datafied. This personal information makes up the data used to qualify the clients for care, evaluate needs, tailor programming, justify specific interventions, and track progress (outcomes).

Outcome

The intake procedure is not just a process of capturing personal information, it is also a process of creating data about the women entering the program as something external, recordable, and transferrable. Interpreting, capturing, and reducing experiences in ways that enable the organization to transform these lived experiences into something tangible enough to affect programming and program evaluation. According to Board Member A “a lot of this information is for multiple use reasons with BLOOMHERE... all of these things aren't only forms of who this person has been in contact with but also like their triggers potentially.” This data exists during and after the duration of the program, continuously used and referenced as a comparative measure and a marker for “success” or “failures” in the program. These “successes” or “failures” are judged by whether or not the clients reach the programmatic goals that are set

throughout the two year program and informed by where they were at the start/intake. The data is filtered, sectioned, stored, and dispersed through a variety of different formats on various platforms in and out of the BLOOMHERE activity system. The physical paper copies of the holistic intake profiles continue to exist but are rearticulated and stored throughout the program digitally, as points of reference and “need” in grant applications. During both the federal and private grant writing process, the data moves beyond BLOOMHERE, existing/moving/activated within different organizational environments. Examples of the various outcomes of the intake activity system are listed below (Table 2):

Table 2 Intake Outcomes	
Outcome	Example
Grant Applications	Amount and type of medical/therapy services provided, used as justification for monetary need
Fundraising	Goal-reaching communicated via the absence of certain educational milestones (in the program working towards a GED)
Assessment	Personal history of substance abuse and/or other symptoms are compared to intake data in order to ‘track’ progress
Social Media	Client program goals shared through social media posts
Website Content	Program impact information regarding amount and type of services provided, as well as ongoing needs shared on website

Outside of official admittance to the BLOOMHERE program, the outcomes of BLOOMHERE’s intake activity system take the form of various re-mediations of the object (data), inside and outside of the organization. In comparison to the general rehabilitation center intake activity system, the key distinction is how the organization is funded. It appears, organizations that offer services completely free of charge (relying solely on philanthropic giving and donations) are more likely to exchange and move personal data more freely than those that

offer services behind some form of paywall (insurance or otherwise). Program evaluation is an outcome of both activity systems; however, grant writing and external communication content does not appear to be a primary outcome of general rehab intake. The re-mediation of BLOOMHERE's intake data within various activity systems is discussed and displayed below (Figure 16).

Re-Mediation

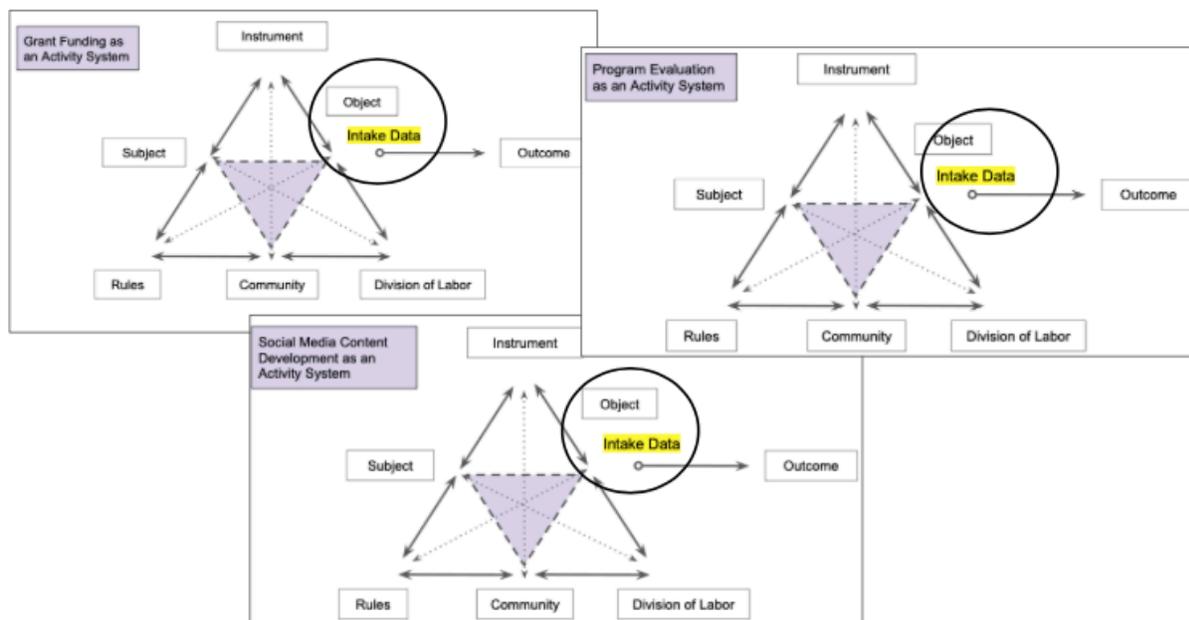


Figure 16: Re-Mediation of Data within other Activity Systems

Whether the grant is awarded or not, that information is once again being captured, stored, and possibly shared. While the women's identities are protected, the data that they provide is integral to the functioning of the organization as a whole. It is necessary and required to share in order for the organization to receive funding and carry out care. However, each time this occurs the data is moved farther and farther away from the original measuring instrument, thus abstracting it from its original context and purpose. The data is also shared in a variety of other ways; for instance, through fundraising events which are often carried out via email and social media campaigns and through annual reports. The identities of the women remain

protected, but the object that their experience is transformed into becomes the primary focus of all aspects of the organization: fundraising, outreach, programming etc. Thus, the data based on the women's stories and experiences circulate in multiple activity systems, including grant-writing, social media presence, therapy visits, etc. In this way, the object becomes re-mediated in other interrelated activity systems. As previously mentioned, grants, community partnerships, and fundraising campaigns are a few of the notable outcomes of intake as an activity system (Figures 17, 18, and 19).

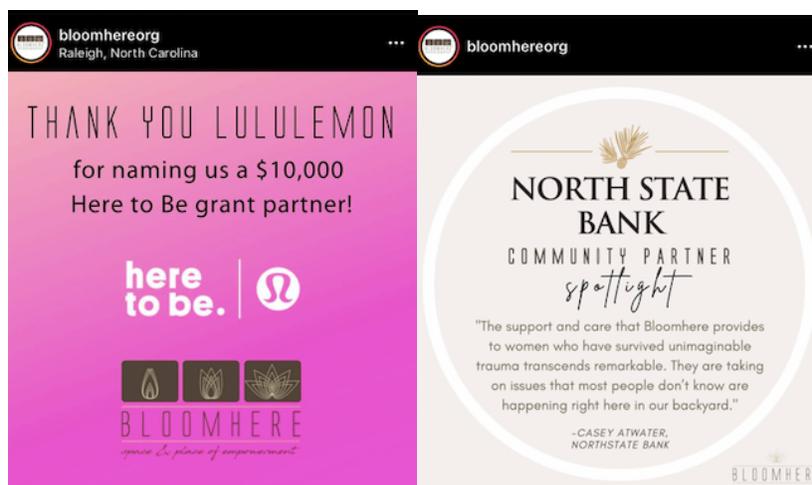


Figure 17: Instagram Post, Lululemon Grant (left) ; Figure 18 : Instagram Post, North State Bank, Community Partner Spotlight (right)



Figure 19: Instagram Post, 2021 Spring Campaign

When intake data is re-mediated through partnerships, grant applications, and fundraising campaigns it becomes a functioning part of the connecting activity systems. While confidentiality and non-disclosure agreements remain imperative, I argue that the re-mediation of this data, through various activity systems, signifies the precarity of protecting personal information in an economy that relies on data as a form of capital.

Connections and Contradictions

The real project of activity theory lies in its ability to map contradictions as spaces for intervention, ultimately shaping and re-shaping the activity system. There is a plethora of contradictions within BLOOMHERE's activity system, as well as a variety of connections between overlapping activity systems. As this chapter demonstrates, intake is a dynamic system made up of people, objects, labor, relationships and materials. Within that system, many key contradictions exist. What follows is a collection of systemic and conceptual contradictions within BLOOMHERE's activity system. With these contradictions highlighted, this section is followed by a brief discussion of high priority contradictions as spaces for change.

The instrument itself is a key site of tension and contradiction. The instrument is intended to capture specific pieces of information/data—cleaving subject from object. The data gathered through the intake form is supposed to serve as a representation of who and what a client of BLOOMHERE is. Given their purpose there is a direct relationship between the instruments, object, division of labor and rules. The symbiotic relationship between all of these parts shapes the intake process and activates the physical/material components required. For example, exhaustion makes you write/record differently. As the Board Members noted, this dilemma results in moving around the form out of order, writing in abbreviations, and “jotting” things down. This dilemma can be understood as subjective manifestations of contradictions within the

activity. When people encounter dilemmas (contradictions) they strive to overcome them. Recognizing that this may be a product of using these instruments could lead to changes in the intake process for the future.

Physical and material conditions shape what is knowable and capturable with regards to data. Writing is also idiosyncratic; the interviewer's interpretation of the information being provided is documented through a process that is highly subjective and embodied, shaped by both fatigue, attention/distraction, emotional state, and so on. The tenets of this process, specifically the instruments and division of labor within this activity system, have limitations (even though the interview process is meant to be a step towards more equitable practices) that affect the subject/object relationship. To this point, Edwards (2009) writes “as we work on an object, the object itself works back on us, having an impact on our subjectivity and how we in turn approach the object. In this transactional relationship between subject and object, we transform the object by, for example, contesting its meaning and understanding it better, and we also transform ourselves” (p. 208). Writing by hand is a slow, labor-intensive process (especially for a process that could take a long time). However, writing is also shown to enhance memory for those who enact it, suggesting that the form itself and data collected through it have transformative qualities— for the Board Member who is learning and changing as a result of the interaction, and for the intake process as an activity system.

The experiment from Chapter Three captured similar data from my experience. There would even be specific data point overlap with regards to prompts that require checking off “yes” or “no.” The object doesn’t change, the instrument still captures personal and experiential data, however in my case the data is one step closer to the source on account of it not being interpreted / mediated by the interviewer. Filling out the form myself allowed me to provide

direct information, rather than having it mediated through the transcription of an interviewer, disrupting the typical division of labor. In a normal intake interview the clients do not typically see, use, or interact with the data after they've gone through the process. While the clients are able to request access to this information, it was not protocol at the time of my interviews for the Board Members to share the intake form or document with clients after the intake interview. Board Member B did mention clients reflexively remembering a missing piece of information they found important to the intake interview, and verbally sharing it with the program manager at a later date to be added to their file. Thus, in many ways the absence of any real conditions for agency and access over the data could suggest a situation where the data quite literally “objectifies” them.

Both Board Members recognized how challenging this process can be. Board Member A says “To be encouraged to want to share their life trauma, which a lot of times either it's one way or the other like you're either somebody who really wants to share it or somebody who doesn't want to share it, and it's very interesting because I don't ever see a medium in that I see women wanting to share everything or I see them avoiding that at all costs.” Regardless of how willing or unwilling the women are to share their experiences, or see themselves as victim, survivor, trafficked—the rules of the activity system require it. As Chapter Two claims, they are deemed “service worthy” or not, depending on their ability to engage in these processes of subjectivization. Activity Theory recognizes subjects as an integral piece of the activity system. As I have shown throughout the dissertation so far, I align with a Foucauldian understanding of subjects as products of historically situated apparatuses of power/knowledge, meant to be governed via their positioning within overlapping institutional processes. Subjects in this case (Board Member, client) are powerfully informed not only by the organization, but also by the

genre of intake. Thus, the intake form has agency as something that partially determines a process of subjectivization.

Re-Producing Subjects

Analyzing BLOOMHERE's intake procedures through an activity schema recognizes how those involved carry out their work in heavily mediated circumstances. The interview format adds layers of mediation that results in the responses being tailored by the clients and Board Members to fit both the specific fields of the page and the specific interests and capacities of the organization. As explored in the object, subject, and division of labor sections there is clear asymmetry of power/knowledge between clients and organization that parallels much of the contemporary theoretical conversations around big data and other surveillance systems and politics. Within these systems, data is given up sometimes knowingly, other times unknowingly in exchange for access to a system. In this case, bodily experiences, specifically those regarding trauma, become data creating a system where clients are not only a subject of the organization, they are subject *to* the organization's imperatives to record, process, and redistribute data abstracted from client's experiences. The intake document and the data it gleans circulate within and through the organization, resulting in the object (data) having a life of its own and becoming currency in other activity systems. As previously explored, this leads to the object (data) becoming objects or instruments in other systems through social media posts, online campaigns and other forms of sharing that obscure (sometimes erase) the women from their data. Deleuze (1995) theorizes this shift in his observations regarding the emergence of the "control society" — specifically how we approach people not as individuals, but instead as abstracted amalgamations that then become the composite subject resulting in a non-singular subject or "dividual." Their data gets gleaned and abstracted, and amalgamated into statistics and anonymized anecdotes, for

use in fundraising, grant applications, and assessment reports. They are ‘taken in’ to an ongoing process of subject/object articulations, prompted by and through the intake procedures. Through this process, the client *becomes* subject, capable of being treated by the organization: “substance abuser, single mother.” What the intake form captures, and what the intake system itself is concerned with is capturing the women’s subjectivity, not their identity.

The representations captured through intake procedures at BLOOMHERE are also mediated through the format itself. The women must tailor their answers and experiences to fit certain contexts and certain material formats—the form and the interview are what render their experiences intelligible within the institutional context of intake. From the specific format of the interview to the ‘closed’ or ‘open’ fields on the page—in no way is this a form of ‘self-representation’. To this point Miller (1984) writes:

Form shapes the response of the reader or listener to substance by providing instruction, so to speak, about how to perceive and interpret; this guidance disposes the audience to anticipate, to be gratified, to respond in a certain way. Seen thus, form becomes a kind of meta-information, with both semantic value (as information) and syntactic (or formal) value (p. 159).

The form frames the responses provided and how the responses are contextualized, one of the ways in which the clients themselves may be *already subjectivated* into a particular mode of providing answers—that they come in with a sense of how to ‘do’ intake successfully.

According to Powell (2003) “When their [students] identities come in contact (through activity systems) with other institutional/administrative/teacherly identities, this also influences their rhetorical choices. In this way, individual identities are an essential part of an activity system, thereby making personal identity essential to institutional identity. There is no institution

without the individuals within it” (p. 300). Intake procedures capture more than just data on the women in order to tailor services—they are integral to the shaping of the organization. The personal data, narratives, experiences etc. shape what and how the organization functions. An Activity system framework highlights how these interrelationships and connected nodes produce and mediate institutional and participant subjectivity. It is important to acknowledge, however, that these relationships are always characterized by varying degrees of power. Clients aren’t produced as subjects by BLOOMHERE – they are *reproduced* through an ongoing process. BLOOMHERE is set up to be the last link in a chain of care— which strongly implies that clients have already been through several rounds of intake, organizational institutionalization, and subjectification.

Regardless of how stable some parts of an activity system may appear, the variables and their relation to one another are not fully stable. The ability for them to be in flux has profound impacts on the participants of that system. Powell (2002) describes this as the “relative (in)stability” of activity systems, comparing it to Bazerman’s (1994) conceptualization of the relatively stable nature of genre systems (p. 299). While the instrument (the form specifically) appears to provide a sense of stability to the system, it is clear that how it is operationalized and the subjective experience of engaging with it creates opportunities for difference in interpretation and thus, data. Recognizing the impact subjectivity has on the intake process (how important capturing the women’s subjectivity is, and how subjectification is the work of this process) highlights the ability for participants to influence the activity system and be influenced by the activity system. Capturing autobiographical and experiential information relies on the ability of the provider to understand their own subjective experience. Theorists suggest that the subject is dynamic and changing, historically situated, and positioned within multiple discourses (Foucault,

1982; Butler, 1990). Engaging in the intake process and analyzing the responses captured through that process require various literacies, including an acknowledgement of the fluctuating conditions of subjective responses and the activity system as a whole. These are points of contradiction worth exploring more in the future.

Locating Spaces for Change

Activity theory suggests that contradictions are the source of change. To this point, Blackler (2009) writes “ [Engeström’s] approach features how contradictions are at the heart of human activity and invites inquiry into how, in the past, these have been resolved through practices and how, in the future, they may be addressed anew” (p. 27). One of the primary themes across both of my interviews with the Board Members was their commitment to enacting a kind of trauma-informed care within the intake process. In a system concerned with datafication, the Board Members become a type of researcher in charge of data collection, entangled in processes and procedures that historically are presumed to be objective and consistent (Chapter Two). If one of the motives of this activity system is to set the stage for ongoing “datafication” through programming and evaluation, then it would be important for the process to enact a form of scientific authenticity. Similar to my approach to research, the Board Members, are faced with navigating this scientific authenticity while attempting to cultivate a type of trust and intimacy.

One of the ways both Board Members do this is to deviate from some of the rules of the activity system. The instrument itself, the intake form, is designed to be filled out by the client, however Board Members instead use the form to guide their verbal interview process. As previously mentioned, one of the Board Members transcribes the client's answers throughout. The activity is described by both Board Members as being “low tech”; however, there are a

variety of contradictions within this understanding of the experience. The form is a document that is generated on a computer (copy and pasted from other documents) borrowed from a sister organization (Thistle Farms), printed out and written on by hand in order to facilitate some sense of intimacy (so that you're not talking to someone looking at a computer). Board Members A and B noted the absence of a computer, suggesting its presence impacts intimacy, without acknowledging that the paper document is also a technology mediating the entire process. This could potentially be recognized as a contradiction, or space for new intervention. The organizational function of intake erases the aspect of verbal exchange; however, BLOOMHERE Board Members conducting intake find ways to integrate it. In doing so, they create a useful contradiction within the activity system—one that prioritizes intake building trust, intimacy, and authenticity through verbal exchange as opposed to a focus on comprehensiveness, objectivity or “good science.”

Regardless, capitalism is still the primary economic model through which all actions are filtered—embedding intake procedures with histories of data abstraction and ‘conquest’ (Chapter Two). Given their positionality, the women entering the care of BLOOMHERE would have a general understanding, if not a formal literacy, of the types of institutional documentational practices that characterize this activity system. Finding new ways to create moments of departure within the activity system could lead to a greater sense of trust and intimacy between clients and Board Members. Central to Engeström’s (1987) orientation is that dilemmas and contradictions within the activity system allow for solutions to be developed collaboratively. To this point Blackler (2009) writes “what has been distinctive in Engeström’s own work on such matters is the way he has consistently concentrated on the significance of “bottom-up” re-mediation. Uniquely, he has emphasized how, through their collective development of the tools they use,

people can themselves invest their activities with new meanings” (p. 28). In the conclusion that follows I will describe my short-term goal of developing a “Change Laboratory” project (Engeström, 2000). A defining feature of the change laboratory methodology is its investment in collaborative systemic change—changing activity systems with the community involved while learning with them. I will elaborate further on this in the next.

CHAPTER FIVE

Surviving Capitalism

For positive social change to occur we must imagine a reality that differs from what already exists...To treat the wounds and mend the rifts we must sometimes reject the injunctions of culture, group, family, and ego. Activism is the courage to act consciously on our ideas, to exert power in resistance to ideological pressure—to risk leaving home. Empowerment comes from ideas—our revolution is fought with concepts, not guns, and it is fueled by vision.

—Gloria Anzaldúa, *This Bridge We Call Home: Radical Visions for Transformation*

The function of art is to do more than tell it like it is – it’s to imagine what is possible.

—bell hooks, *Outlaw Culture: Resisting Representations*

In a world of possibility for us all, our personal visions help lay the groundwork for political action. The failure of the academic feminists to recognize difference as a crucial strength is a failure to reach beyond the first patriarchal lesson. Divide and conquer, in our world must become define and empower.

—Audre Lorde, “The Master’s Tools Will Never Dismantle the Master’s House”

Throughout this dissertation I found myself, in moments, battling a sense of helplessness. In conversations with friends about this project, or about my work and time with BLOOMHERE, I have been asked over and over about solutions. So, we know x, y and z ... now what? The truth is, unveiling the conceptualization of service-worthy subjects as a problem, fully informed by an ideology massive in scale, makes it difficult to offer any solution outside of “throw the whole

system away and start from scratch.” That remains an enticing option; however, this concluding chapter is titled “surviving capitalism,” so, in what follows I hope to provide some insights into short(er) and long-term implications. Short(er) term implications are by no means small undertakings; instead they are smaller steps towards larger systemic overhaul. First, I want to reflect on the previous chapters to understand how the work BLOOMHERE does is already a part of that project. I will trace the themes brought up and key findings of each chapter in an effort to paint a clearer picture of how BLOOMHERE is part of the larger economic and political structures maintained through capitalism (specifically nodding towards data capital and labor outcome incentives), even against best intentions. This is a theme I can trace throughout (intention vs. outcome, system outcome, program outcome, nonprofit structure in general). Next, I will move on to consider long and short(er) term implications.

Within the long-term implications section of this conclusion, I will revisit the notion of mapping the re-mediation of the “object” in Chapter Four. Here, I will connect and extend my understanding of data as a form of capital—a way of extracting value in contemporary material relations of production, in Marxist terms—and how that is used to further entrench and digitize capitalist inequalities. These are the same inequalities (and ideological rationales) that deemed these women unfit to participate in society and thus, leave them in the position of seeking care from BLOOMHERE. Further, I will reiterate that this dissertation is not trying to solve the problem—the problem of the pervasiveness of a society informed by an ideology that sees everything as capital, and often extracts that capital from vulnerable people to produce profit in the form of data and labor. Instead, I will begin to reckon with the fact that these organizations are parts of a neoliberal project, whose protocols and processes are informed by, and designed with the intent of, keeping the current imbalanced (and insidious) power structure in place

(regardless of how mindful or best intentioned an organization or individual actors can be). It is difficult to reconcile that the people who are trying desperately to help those most affected by this predatory system, ultimately (and inadvertently), help them back into that same system (one that seeks their destruction). With this in mind I consider the following question: “what is BLOOMHERE preparing these women for?” To which I find, BLOOMHERE is ultimately attempting to mitigate some of society’s harm—helping these women better survive, not only their acute victimization and abuse, but capitalism itself. I begin first, with an overview on the goals of each chapter in developing this reckoning.

As a short(er) term implication I will elaborate on Engeström’s (2000) “Change Laboratory” methodology as an option for future research which centers around collective learning. I will explore how I plan to use this methodology in an effort to collectively reimagine intake procedures as a short(er) term goal. This methodology is meant to collaboratively design new mediating artifacts within an activity system for a given community. Thus, emphasis on the instrument—in this case, the Holistic Intake Profile, will be the primary focus of intervention. On a systemic level, I call for BLOOMHERE and other organizations to put more efforts towards public policy initiatives regarding sex-trafficking, government assistance programs, and more. I also consider how ‘success’ in a program like BLOOMHERE can be defined in the absence of capitalism.

Embedded Ideologies

From genealogy to activity, each chapter in this dissertation provides new and varied insights into the histories, functions, and experiences of engaging with intake documents. Reconciling the long-standing implications of the “welfare state” and “datafication” in Chapter One gave language and direction to recognize how capitalism infiltrates, and constructs

organizations, practices, documents, and behaviors. The media genealogical approach that informed Chapter Two helped trace the precarious and embedded institutional and ideological histories of intake documents and procedures—offering as well, an embodied understanding of those connections via my own autoethnographic vignettes. Building on the knowledges of embodiment developed in Chapter Two, Chapter Three explores those same dimensions via an experiential analysis of BLOOMHERE’s intake document. The *Prompted Reflexive Encounter* gave language and provide insight into the conditions the form presented. My close-reading was attuned specifically to the ‘formal’ qualities (Chapter Two) of the document, and by repeatedly filling out the form as it exists, I was able to recognize the rehearsed competencies of repeated engagement with institutional intake documentation (something that characterizes the experiences of seeking care/assistance while navigating abuse and poverty). In doing so, I consider the various means of subjectivization that occur in order to produce ‘service-worthy’ subjects, qualified for institutional service and care. Part of that subjectivization is illuminated through an activity system schema, the theoretical foundation of Chapter Four. Through Activity Theory, I was able to map and understand the practices and outcomes of datafying clients experiences through intake. Each chapter approached understanding the intake form in a different way (institutional, experiential, organizational)—critically examining the consequential dynamics these often overlooked processes and documents produce, and are produced through.

In this vein, it is logical to say that the intake form is both a function of and condition for an organization, like BLOOMHERE, to exist. To this point, Sadowski (2019) writes, “What does it mean to see the world in a way that asserts everything is data? This is not just a neutral observation about the nature or substance of the world. Such statements do not merely reveal or reflect the world. They order and construct the world” (p. 2). The processes of datafication that

I've described throughout this dissertation represent a reality where exchange-value relationships characterize the functions of non-profits (and human service organizations more broadly) re-producing a type of capitalist ideology. With this in mind, I consider the long and short(er) term implications.

Long Term Implications

This is an old and primary tool of all oppressors to keep the oppressed occupied with the master's concerns.

—Audre Lorde, “The Master’s Tools Will Never Dismantle the Master’s House”

It is learning how to stand alone, unpopular and sometimes reviled, and how to make common cause with those other identified as outside the structures, in order to define and seek a world in which we can all flourish. It is learning how to take our differences and make them strengths. *For the master's tools will never dismantle the master's house.*

They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change.

—Audre Lorde, “The Master’s Tools Will Never Dismantle the Master’s House”

In thinking through the long term implications of this project I return to the question I posed earlier— “what is BLOOMHERE preparing these women for?”—how ‘success’ in the program is defined, what purpose sobriety serves, and what informs the organizational emphasis placed on developing employment skills. Labor and skills training rhetorically shape a substantial amount of programming via the justice enterprise, which partially defines the organization as a whole. In a Foucauldian sense, BLOOMHERE carries out the work of multiple

institutions (e.g. North Carolina Division of Social Services), which attempt to craft a certain type of ‘subject’—one that has been deemed ‘service-worthy’ in their ability to take up labor. The ultimate ‘subject’—in Marxist terms—is one whose body and mind are required to support the general means of production. Hence, in successfully completing BLOOMHERE’s two-year program, the women ‘graduate’ into the generalized labor force, equipped with skills that are intended to help them keep a job and support themselves within the capitalist system/structure of society at large. In the eye’s of Reagan and Thatcher— they stop being a ‘burden’ on society (Chapter One). This, however, is a trap. As Figure 20 illustrates and the NCDSS articulates, it is nearly impossible for a person working full-time at the federal minimum wage to have no un-met needs (not rely on any form of assistance) in the terms of a capitalist society.

When most of the clients ‘graduate’ from the program after two-years they will likely seek entry-level employment. One of the key features of entry-level employment is earning minimum-wage. According to the North Carolina Division of Social Services (NCDSS), the current Federal Hourly Minimum Wage is set at \$7.25 an hour. This translates to making \$290 a week (working full-time/40 hours) and \$1256 a month, for a total annual salary of \$15, 080 a year (before taxes). As noted in an overview of the organization in Chapter One, the BLOOMHERE organization, and home are located in Raleigh, North Carolina. According to Talhelm, DesArmo, and Brown (2021) “rent in Raleigh is well over the national and state average, officials say. A one-bedroom apartment in Raleigh costs on average \$1,244, and a two-bedroom apartment costs \$1,424, according to data from the city” (p. 1). It appears improbable (or nearly impossible) for a person working a minimum wage job to be able to pay monthly rent (with no assistance) and be able to afford groceries, healthcare, electricity, or a car (with no

assistance). All of which, under the United States economic system, are qualities of financial and economic ‘independence.’

POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$8,960 for each additional person.	
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Figure 20: Poverty Guidelines for the 48 Contiguous States and D.C. (NCDHHS, 2022)

To put it more bluntly, currently, as stated by The North Carolina Department of Health and Human Services (NCDHHS), the poverty threshold for a single-family household is \$25,520 annually (Figure 20). Thus, any person, working full-time at the federal minimum wage lives in poverty.

Government assistance, in the form of rent support⁸, groceries⁹, and health care¹⁰—requires a person to fill out an application, in order to qualify, or become “service-worthy” once again. On the landing page of the NCDSS website they describe themselves as an organization that “provides guidance and technical assistance to agencies that provide direct services that

⁸ Emergency Rental Assistance, a federal program that makes “funding available” to assist households who are unable to pay rent or utilities (treasury.gov).

⁹ Via the Supplemental Nutrition Assistance Program, commonly referred to as SNAP.

¹⁰ Medicaid, ‘Obamacare,’ MassHealth, all of which are contested by conservative lawmakers through rhetoric concerning the “welfare state” as examined in Chapter One.

address issues of poverty, family violence and exploitation. DSS promotes self-reliance and self-sufficiency and works to prevent abuse, neglect, dependency and exploitation of vulnerable individuals, children and their families.” The same sentiments echoed by BLOOMHERE and other non-profit organizations that support “service-worthy” individuals but only for a limited time, with the continued goal of independence and self-sufficiency (Chapter Three). For many who exist under intersecting modes of oppression (Crenshaw, 1989), rhetoric centering on ‘self-sufficiency’ and ‘independence’ are linguistically weaponized to promote goals that serve capitalistic interests. As a result, funding free access to vital resources is hotly debated, leaving those resources scarce, and difficult to obtain. Furthermore, poverty is both criminalized and stigmatized, even when it concerns the people society deem most vulnerable (women and children). Rather than see the absence of care as a vital place for intervention, capitalism protects it’s own interests at all costs (Figure 21).



Figure 21: A locked glass case of Infant Formula at the front of Stop & Shop (grocery store)

Moreover, Black and Sprague (2016) write:

As anti-poverty programs increasingly rely on surveillance and sanctions, they strengthen an association in the public imagination between poverty and criminality. In so doing, these policies further stigmatize the receipt of public assistance rather than strengthening these programs' capacity to respond to critical needs. Designing public policy around the needs and experiences of real families—not mythical abstractions—will be essential for decoupling public assistance and stigma and achieving a social safety net that truly supports the full participation of all Americans in society and the economy (p. 1).

Long term implications of this dissertation call for a reckoning regarding “welfare” policy and the rhetoric surrounding it. In this effort, examining the methods through which these “mythical abstractions” (Black & Sprague, 2016) are generated is required in order to develop approaches that speak to the needs and realities of real people and families.

The current ideological system creates cyclic reproductions of the same problems. This can be seen through the lens of datafication. The processes of datafication explored in this dissertation further entrench and digitize capitalistic inequalities. BLOOMHERE evaluates what makes a client ‘unemployable’ through the data gathered during intake, and tailors programming in an effort to manage those complications with the goal of molding an employable person who will likely continue to be trapped in poverty. In the meantime, non-profit organizations continue to battle over limited funding streams. As explored in Chapter Four, intake data becomes re-mediated through fundraising campaigns and grant writing in an effort for the organization to become ‘donation-worthy’ by larger organizations. Leaving both poverty-stricken people, and the organizations attempting to support them, struggling to survive under a capitalist structure. Future research could further examine the role of datafication within these hierarchies and relationships.

Short(er) Term Implications

There are a variety of long term considerations to explore, however, there is an immediacy that characterizes the work that this dissertation is concerned with. Thus, implementable and useful interventions are important to articulate for BLOOMHERE, and other non-profit organizations who provide life-saving services. According to Nguyen (2011), the treatment of trauma spans beyond the concerns of health care. She writes “how we evaluate, diagnose, and treat the traumatized subject; whom we decide to treat; how we define cure; what we decide to see and hear of the traumatic experience; and how we narrate it—each of these acts calls for careful clinical guidelines but also carries ethical consequences. Through them we define what it means to be human, what constitutes a good life, what desecrates it, and how we can restore it” (p. 29). The intake procedures, and the BLOOMHERE program itself make a variety of assumptions in regards to what constitutes success and readiness. One of the key opportunities for growth is a departure from measuring success and readiness against the goals of a capitalist society. As noted in Chapter Four, the primary instrument that produces and mediates the data used to evaluate progress/success in this sense, is the intake form.

While I haven't been tasked with implementing formal programmatic interventions at BLOOMHERE just yet, this research, and conducting Board Member interviews has already resulted in change. Most notably, intake at the organization is now conducted with the presence and guidance of both a social worker, and program manager—both positions that require training in trauma-informed care. While this is an exciting development, there are other opportunities for implementable change within the intake process—specifically, re-imagining the intake form itself, a project well suited for Engeström's (2000) Change Laboratory methodology. According to Blackler (2009), “Engeström's view is that it is essential that researchers not rest content

merely to pass their research findings back to those who are affected by them, but that they remain active in helping to turn new ideas into practices” (p. 34). In this effort, I hope to conduct a variety of workshops with the BLOOMHERE community (board members, clients, previous clients, program manager, social worker) centered on the design, implementation, and procedures associated with intake. This methodology emphasizes my role in the workshop not as director, but as a co-facilitator with the community— learning with them throughout the process. These workshops could be potentially fruitful in designing new artifacts and instruments, as a result of community based goals and objectives for intake that recognize the problematic histories embedded within current procedures. This future research poses an opportunity for the organization to externalize their ideals in new routines and procedures (Blackler, 2009).

One of the most important short(er) term implications for this dissertation is considering how BLOOMHERE and other organizations doing similar work, can work together towards systemic change (both internally and externally). This, in many ways, is counter-intuitive to a business model for these organizations—if everyone has their basic human needs met, organizations whose sole purpose is to intervene and provide care become irrelevant. However, developing an arm or sub-committee (at the very least) whose sole focus is on supporting local, relevant policy change could lead to positive outcomes. Many non-profit organizations (specifically those who serve this population) try to steer clear of political affiliation and discourse, in fear of ostracizing certain funding streams. Nonetheless, to reiterate a sentiment shared by many feminists making the personal political is a key component of bringing about meaningful change.

In considering internal systemic change, as demonstrated in Chapters Two and Three, accessing this care is not an easy task. There are still many people who are unable to obtain life-

saving resources—as a result of not ‘qualifying’ for care through a service-worthy framework, or due to an inability to navigate the institutional systems that currently mediate this access.

Through mapping out and developing an understanding of these systems and processes, there are opportunities to see potential sites for change, in regards to accessing programmatic care and defining what that programmatic care looks like. One of the key qualifiers during intake is measuring a person’s ability to commit to the two-year program model. An immediate consideration that could have profound positive impact, would be to offer multiple program models that meet the persons current needs. An example of this could be a six-month program that provides enough time, support, and stability for a person fleeing abuse to consider next steps.¹¹ To this end, changing program qualifications, intake processes, and creating new programmatic commitment scales (six-month, one year, or two years) are just a few of the ways BLOOMHERE can become more accessible.

In this vein, another key piece worth re-imagining is how the organization would define ‘success’ outside of a capitalist structure. In a similar project to Engeström’s (2000) Change Laboratory methodology previously mentioned, there could be another important opportunity to collectively strive towards establishing new programmatic goals that are not solely based in creating ‘good’ laborers. Once again, this would require the work of the collective organization (board members, clients, social workers) not only for the purpose of establishing goals that are agreed upon by all, but to also promote introspection on the ways personal biases and

¹¹ Women’s shelters often work to place people in immediate danger in other states/locations in order to gain a sense of safety from their abuser. These opportunities are sometimes presented as immediate ultimatums due to a shortage of resources (space in other shelters in different states).

expectations lean towards a capitalist system. This is not an easy or simple task. As this dissertation has established, capitalism's ideological hold is embedded in even the most seemingly mundane actions and technologies. There is, however, a unique opportunity to strive towards something different—goals that are rooted in recognizing a person's intrinsic worth regardless of their exchange-value.

One of the primary limitations of this dissertation has been the absence of input from the people most affected by these processes and procedures: the women entering the care of BLOOMHERE. It was my initial goal to include a variation of the Change Laboratory workshop detailed above (at the time I was unaware of such a methodology) as one of my chapters; however, time-constraints, anticipated difficulties with IRB approval, and a global pandemic resulted in slightly shifting the trajectory of such a project. I am grateful for the foundations this dissertation has provided to better imagine and strategize these workshops in the future. In addition to this limitation, the scale of these problems (datafication, capitalism) transcend one organization. As demonstrated throughout this project, these histories characterize a long line of organizational practices that mediate access to care. While this dissertation is not capable of eradicating any form of oppressive system by itself, it does serve as a productive starting point for developing an awareness towards mapping ideological functions and effects.

Looking Ahead

In order to imagine different futures, it is important to first reckon with the present reality; in this case, surviving in a system that increasingly sees everything as data, commodity, or an opportunity to increase capital for those who are often already very wealthy. As history suggests, this always requires the exploitation of other people—specifically those who are marginalized and oppressed. In this case, equity is improbable without thoughtful and relentless

efforts towards change. As the framework of this conclusion indicates, this requires long and short(er) term efforts and considerations. Short(er) considerations that include a reckoning within not only *how* we define “service-worthiness,” but *why* we need to define it in the first place.

What would it look like to live in a society that recognizes education, food, water, healthcare and shelter as human rights? These considerations provide productive starting points in considering our roles within the larger activity systems of society—and allows us to continue to find ways to disrupt and intervene until we no longer find ourselves, or others, in a constant effort to survive.

It is my hope that this dissertation serves as a small step towards imagining a future absent of an ideology that provides conditional care based on exchange-value. A new reality where everyone is worthy.

REFERENCES

- Anderson, K., & Jack, D. (1991). Learning to listen: Interview techniques and analysis. In S. Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 11–26). New York: Routledge.
- Andrejevic, M. (2002). The work of being watched: Interactive media and the exploitation of self-disclosure. *Critical studies in media communication*, 19(2), 230-248.
- Anzaldúa, G., & Keating, A. (Eds.). (2013). *This bridge we call home: Radical visions for transformation*. Routledge
- Askins, K. (2018). Feminist geographies and participatory action research: co-producing narratives with people and place. *Gender, Place & Culture*, 25(9), 1277-1294.
- Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming children and youth*, 17(3), 17-21.
- Bazerman, Charles. "Systems of Genres and the Enactment of Social Intentions." *Genre and the New Rhetoric*. Ed. Aviva Freedman and Peter Medway. Bristol: Taylor and Francis, 1994. 79-101. Print.
- Benjamin, J. (1988). *The Bonds of Love: Psychoanalysis, feminism, and the problem of domination*. New York: Pantheon Books
- Berkenkotter, Carol. "Genre Systems at Work: DSM-IV and Rhetorical Recontextualization in Psychotherapy Paperwork." *Written Communication* 18.3 (2001): 326-49. Print.
- Black, R., & Sprague, A. (2016, September 22). *The rise and reign of the welfare queen*. New America. Retrieved January 12, 2022, from <https://www.newamerica.org/weekly/rise-and-reign-welfare-queen/>

- Blackler, F. (2009). Cultural-historical activity theory and organization studies. *Learning and expanding with activity theory*, 19-39.
- BLOOMHERE. (2022). Retrieved February 11, 2022, from <https://www.bloom-here.org/>
- Bloom, S. L., & Sreedhar, S. Y. (2008). The sanctuary model of trauma-informed organizational change. *Reclaiming children and youth*, 17(3), 48-53.
- Bligh, B., & Flood, M. (2017). Activity theory in empirical higher education research: choices, uses and values. *Tertiary Education and Management*, 23(2), 125-152.
- Boyle, K. M., & Clay-Warner, J. (2018). Shameful “victims” and angry “survivors”: Emotion, mental health, and labeling sexual assault. *Violence and Victims*, 33(3), 436-452.
- Brown, L. A. (2016). *Contested Spaces: Abortion Clinics, Women's Shelters and Hospitals: Politicizing the Female Body*. Routledge.
- Brown, J., & Duguid, P. (2000). *The social life of information*. The Harvard Review Press. Cambridge, MA
- Brown, M., & Klein, C. (2020). Whose data? which rights? whose power? A policy discourse analysis of student privacy policy documents. *The Journal of Higher Education*, 91(7), 1149-1178.
- Brisolara, S., Seigart, D., & SenGupta, S. (Eds.). (2014). *Feminist evaluation and research: Theory and practice*. Guilford Publications.
- Bryant-Davis, T., & Ocampo, C. (2005). The Trauma of Racism: Implications for Counseling, Research, and Education. *The Counseling Psychologist*, 33(4), 574-578.
<https://doi.org/10.1177/0011000005276581>
- Butler, J. (1990). Gender trouble, feminist theory, and psychoanalytic discourse.

Feminism/postmodernism, 327, x.

- Campbell, M. (2006). Institutional ethnography and experience as data.
- Chee, F. M., Taylor, N. T., & de Castell, S. (2012). Re-Mediating Research Ethics: End-User License Agreements in Online Games. *Bulletin of Science, Technology & Society*, 32(6), 497–506. <https://doi.org/10.1177/0270467612469074>
- Chen, R., Sharman, R., Rao, H. R., & Upadhyaya, S. J. (2013). Data model development for fire related extreme events: An activity theory approach. *Mis Quarterly*, 125-147.
- Cnaan, R. A., & Cascio, T. A. (1998). Performance and commitment: Issues in management of volunteers in human service organizations. *Journal of social service research*, 24(3-4), 1-37.
- Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Condit, C. M. (1989). The rhetorical limits of polysemy. *Critical Studies in Media Communication*, 6(2), 103-122.
- Cooren, F., & Sandler, S. (2014). Polyphony, ventriloquism, and constitution: In dialogue with Bakhtin. *Communication Theory*, 24(3), 225-244.
- Corder, J. W. (1989). Hunting for ethos where they say it can't be found. *Rhetoric Review*, 7(2), 299-316.
- Coulter, M. L., Kuehnle, K., Byers, R., & Alfonso, M. (1999). Police-reporting behavior and victim-police interactions as described by women in a domestic violence shelter. *Journal of Interpersonal Violence*, 14(12), 1290-1298.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.

- Currah, P., & Mulqueen, T. (2011). Securitizing gender: Identity, biometrics, and transgender bodies at the airport. *social research*, 78(2), 557-582.
- Cusack, K. J., Frueh, B. C., & Brady, K. T. (2004). Trauma History Screening in a Community Mental Health Center. *Psychiatric Services*, 55(2), 157–162.
<https://doi.org/10.1176/appi.ps.55.2.157>
- Davidov, D. M., Larrabee, H., & Davis, S. M. (2015). United States emergency department visits coded for intimate partner violence. *The Journal of emergency medicine*, 48(1), 94–100. <https://doi.org/10.1016/j.jemermed.2014.07.053>
- DeCarvalho, L. J. (2020). Visible Only Behind Bars: How Indigenous Australian Women Reframe and Reclaim their Experiences on Wentworth. *Women's Studies in Communication*, 1-16.
- Deeb-Sossa, N. (2007). Helping the “Neediest of the Needy”: An Intersectional Analysis of Moral-Identity Construction at a Community Health Clinic. *Gender & Society*, 21(5), 749–772. <https://doi.org/10.1177/0891243207306380>
- DeVault, M. L., & McCoy, L. (2004). Institutional Ethnography: Using Interviews to Investigate Ruling. *Critical strategies for social research*, 191.
- Deleuze, G. (1995). Postscript on control societies. *Negotiations: 1972–1990*, 1995, 177-182.
- DiDomenico, S. (2015). ‘Putting a face on a community’: Genre, identity, and institutional regulation in the telling (and retelling) of oral coming-out narratives. *Language in Society*, 44(5), 607-628. doi:10.1017/S0047404515000627
- Edwards, A. (2009). From the systemic to the relational: Relational agency and activity theory. *Learning and expanding with activity theory*, 197-211.

- Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology, 33*(4), 461–477.
<https://doi.org/10.1002/jcop.20063>
- Engeström, Y. (1987). Learning by expanding: An activity-theoretical approach to developmental research. Helsinki, Finland: Orienta-Konsultit Oy.
- Engeström, Y. (2000). Activity theory as a framework for analyzing and redesigning work. *Ergonomics, 43*(7), 960-974.
- Engeström, Y., Engeström, R., & Kerosuo, H. (2003). The discursive construction of collaborative care. *Applied linguistics, 24*(3), 286-315.
- Engeström, Y., Brown, K., Engeström, R., & Koistinen, K. (1990). Organizational forgetting: An activity-theoretical perspective.
- Engeström, Y. (2006). From well-bounded ethnographies to intervening in mycorrhizae activities. *Organization Studies, 27*(12), 1783-1793.
- Engeström, Y. (1999). Activity theory and individual and social transformation. *Perspectives on activity theory, 19*(38), 19-30.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative inquiry, 13*(5), 599-616.
- Ezzy, D. (2010). Qualitative interviewing as an embodied emotional performance. *Qualitative Inquiry, 16*(3), 163-170.
- Faubion, J. D., & Hurley, R. (2000). Essential works of Foucault 1954-1984, vol 3: Power.
- Fletcher, M. A. (2018). We to me: An autoethnographic discovery of self, in and out of domestic abuse. *Women's Studies in Communication, 41*(1), 42-59.

- Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. Penguin.
- Foucault, M. (1982). The subject and power. *Critical inquiry*, 8(4), 777-795.
- Fraser, M. & Puwar, N. (2008). Introduction: intimacy in research. *History of the Human Sciences*, 21(4), pp. 1–16.
- Galloway, A. (2001). Protocol, or, How Control Exists after Decentralization. *Rethinking Marxism*, 13(3–4), 81–88. <https://doi.org/10.1080/089356901101241758>
- Gardner, R. P. (2015). If you listen, you will hear: Race, place, gender, and the trauma of witnessing through listening in research contexts. In V. E. Evans- Winters & B. L. Love (Eds.), *Black feminism in education: Black women speak back, up, and out* (pp. 121–128). New York: Peter Lang.
- Gerrard, Y., & Thornham, H. (2020). Content moderation: Social media’s sexist assemblages. *new media & society*, 22(7), 1266-1286.
- Gherardi, S. (2019). Theorizing affective ethnography for organization studies. *Organization*, 26(6), 741-760.
- Ghom, A. P. V. (2017). Use of Abstraction in Architectural Design Process (in First Year Design Studio). *International Journal of Engineering Research and Technology*, 10, 118-122.
- Gibelman, M., & Furman, R. (2008). *Navigating human service organizations*. Lyceum Books.
- Gilens, M. (2003). How the poor became black. In Schram, S. F., Soss, J. B., & Fording, R. C. (Eds.). (2003). *Race and the politics of welfare reform* (pp. 101-130). University of Michigan Press.
- Gillespie, T. (2010). The politics of ‘platforms.’ *New Media & Society*, 12(3), 347–364.

<https://doi.org/10.1177/1461444809342738>

Gitelman, L. (2014). *Paper knowledge: Toward a media history of documents*. Durham: Duke University Press.

Griffin, R. A. (2012). I am an angry Black woman: Black feminist autoethnography, voice, and resistance. *Women's Studies in Communication*, 35(2), 138–157.

doi:10.1080/07491409.2012.724524

Gubrium, J. F., & Holstein, J. A. (Eds.). (2001). *Institutional selves: Troubled identities in a postmodern world*. Oxford University Press on Demand.

Hall, R. (2015). *The transparent traveler*. Duke University Press.

Harp, D., Loke, J., & Bachmann, I. (2016). Hillary clinton's benghazi hearing coverage: Political competence, authenticity, and the persistence of the double bind. *Women's Studies in Communication*, 39(2), 193-210.

<https://doi.org/10.1080/07491409.2016.1171267>

Hartman, Y. (2005). In bed with the enemy: Some ideas on the connections between neoliberalism and the welfare state. *Current Sociology*, 53(1), 57-73.

Harvey, A. (2019). *Feminist media studies*. John Wiley & Sons.

Heslin, K. C., Andersen, R. M., & Gelberg, L. (2003). Case management and access to services for homeless women. *Journal of Health Care for the Poor and Underserved*, 14(1), 34-51.

hooks, B. (2006). *Outlaw culture: Resisting representations*. Routledge.

Hopper, E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, 3(1).

Hoyeck, P., Madden, K., Freeman, C., Scott, T., & Bhandari, M. (2014). Predictors of

- change in mental health and distress among women attending a women's shelter. *European Journal of Psychotraumatology*, 5(1), 24809.
- Hunter, S. V. (2010). Evolving narratives about childhood sexual abuse: Challenging the dominance of the victim and survivor paradigm. *Australian and New Zealand Journal of Family Therapy*, 31(2), 176-190.
- Jaskyte, K., & Dressler, W. W. (2005). Organizational culture and innovation in nonprofit human service organizations. *Administration in social work*, 29(2), 23-41.
- Kain, D., & Wardle, E. (2005). Building context: Using activity theory to teach about genre in multi-major professional communication courses. *Technical Communication Quarterly*, 14(2), 113-139.
- Lane, S. D., Huntington, S. J., Satterly, L. B., Rubinstein, R. A., Keefe, R. H., & Project Student Researchers, A. (2017). Filling out the forms: Health literacy among the uninsured. *Social work in health care*, 56(8), 686-699.
- Lather, P. (1992). Critical frames in educational research: Feminist and post-structural perspectives. *Theory into practice*, 31(2), 87-99.
- Lather, P. (1986). Issues of validity in openly ideological research: Between a rock and a soft place. *Interchange*, 17(4), 63-84.
- Leontiev, A. N. (2005). Study of the environment in the pedagogical works of LS Vygotsky: a critical study. *Journal of Russian & East European Psychology*, 43(4), 8-28.
- Leontiev, A. (1978). *Activity, Consciousness, and Personality*. Englewood Cliffs, NJ: Prentice-Hall.
- Leisenring, A. (2006). "Confronting "victim" discourses: The identity work of battered women." *Symbolic interaction* 29, no. 3. 307-330.

- Leavy, P., & Harris, A. (2018). *Contemporary feminist research from theory to practice*. Guilford Publications.
- Lindhorst, T., Meyers, M., & Casey, E. (2008). Screening for Domestic Violence in Public Welfare Offices: An Analysis of Case Manager and Client Interactions. *Violence Against Women, 14*(1), 5–28. <https://doi.org/10.1177/1077801207311948>
- Lorde, A. (2003). The master's tools will never dismantle the master's house. *Feminist postcolonial theory: A reader, 25*, 27.
- Lyon-Callo, V. (2000). Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters. *Medical Anthropology Quarterly, 14*(3), 328–345. <https://doi.org/10.1525/maq.2000.14.3.328>
- Magnet, S., & Rodgers, T. (2012). Stripping for the state: Whole body imaging technologies and the surveillance of othered bodies. *Feminist Media Studies, 12*(1), 101–118.
- Marvasti, A. B. (2002). Constructing the service-worthy homeless through narrative editing. *Journal of Contemporary Ethnography, 31*(5), 615–651.
- McHendry Jr, G. F. (2016). Thank you for participating in security: Engaging airport security checkpoints via participatory critical rhetoric. *Cultural Studies? Critical Methodologies, 16*(6), 548–559.
- McHugh, M. C. (2014). Feminist qualitative research: Toward transformation of science and society. In P. Leavy (Ed.), *Oxford handbook of qualitative research* (pp. 137–164). New York: Oxford University Press.
- McKee, A. (2003). *Textual analysis: A beginner's guide*. Sage.
- Miller, C. R. (1984). Genre as social action. *Quarterly journal of speech, 70*(2), 151–167.

- Monea, A., & Packer, J. (2016). Media Genealogy and the Politics of Archaeology. *International Journal of Communication (19328036)*, 10.
- Moses, D. J., Reed, B. G., Mazelis, R., & D'Ambrosio, B. (2003). Creating trauma services for women with co-occurring disorders. *Substance Abuse and Mental Health Services Administration*.
- Mottet, L., & Ohle, J. M. (2003). Transitioning Our Shelters. *Washington, DC: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless*.
- Murray, Ó. M. (2020). Text, process, discourse: doing feminist text analysis in institutional ethnography. *International Journal of Social Research Methodology*, 1-13.
- Murray, S. B. (1988). The unhappy marriage of theory and practice: An analysis of a battered women's shelter. *NWSA Journal*, 1(1), 75-92.
- Naples, N. A. (2013). *Feminism and method: Ethnography, discourse analysis, and activist research*. Routledge.
- National Human Services (2022), Retrieved February 11, 2022, from <https://www.nationalhumanservices.org/what-is-human-services>
- O'Connor, M. K., & Netting, F. E. (2009). *Organization practice: A guide to understanding human service organizations*. John Wiley & Sons.
- Orgad, S. (2009). The survivor in contemporary culture and public discourse: A genealogy. *The Communication Review*, 12(2), 132-161.
- Ovenden, G. (2012). Young women's management of victim and survivor identities. *Culture, health & sexuality*, 14(8), 941-954.
- Packer, J. (2012). The conditions of media's possibility: A Foucauldian approach to media history. *The international encyclopedia of media studies*.

- Page, T. (2017). Vulnerable writing as a feminist methodological practice. *Feminist Review*, 115(1), 13-29.
- Park, A., & Conway, M. (2018). Harnessing Reddit to understand the written-communication challenges experienced by individuals with mental health disorders: analysis of texts from mental health communities. *Journal of medical Internet research*, 20(4), e121.
- Pence, E. (2001). Safety for battered women in a textually mediated legal system. *Studies in Cultures, Organizations and Societies*, 7(2), 199–229.
<https://doi.org/10.1080/10245280108523558>
- Pereira, T. C. “The Psychiatric Interview: Practice in/of the Clinic.” *Linguistics and the Human Sciences* 3.1 (2007): 25-46. Print.
- Powell, K. M. (2003). Participant and institutional identity: Self-representation across multiple genres at a Catholic college. *Writing Selves/Writing Societies: Research from Activity Perspectives*. Ed. Charles Bazerman and David R. Russell. Fort Collins, Colorado: *The WAC Clearinghouse and Mind Culture, and Activity*, 280-306.
- Rhody, L. (2016). Why I Dig: Feminist Approaches to Text Analysis. In Gold M. & Klein L. (Eds.), *Debates in the Digital Humanities 2016*(pp. 536-539). Minneapolis; London: University of Minnesota Press. doi:10.5749/j.ctt1cn6thb.49
- Rivard, J. C., Bloom, S. L., McCorkle, D., & Abramovitz, R. (2005). Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations*, 26(1), 83-96.
- Rumbley, J. (2020, March 3). *Room to bloom: Melinda Taylor's non-profit, Bloomhere*

- helps women*. WALTER Magazine. Retrieved January 12, 2022, from <https://waltermagazine.com/community/people/non-profit-bloomhere/>
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and victims, 14*(1), 105-117.
- Sadowski, J. (2019). When data is capital: Datafication, accumulation, and extraction. *Big Data & Society, 6*(1), 2053951718820549.
- Samuelson, K. W. (2011). Post-traumatic stress disorder and declarative memory functioning: a review. *Dialogues in clinical neuroscience, 13*(3), 346.
- Sannino, A., Daniels, H., & Gutiérrez, K. D. (Eds.). (2009). *Learning and expanding with activity theory*. Cambridge University Press.
- Sannino, A., & Engeström, Y. (2018). Cultural-historical activity theory: Founding insights and new challenges. *Cultural-historical psychology*.
- Scott, J. (1999). The evidence of experience. *Feminist Approaches to Theory and Methodology*. New York: Oxford University Press. 79– 99.
- Sherlock, L. (2009). Genre, Activity, and Collaborative Work and Play in World of Warcraft: Places and Problems of Open Systems in Online Gaming. *Journal of Business and Technical Communication, 23*(3), 263–293.
- <https://doi.org/10.1177/1050651909333150>
- Silva, K. (2016). *Brown threat: Identification in the security state*. U of Minnesota Press.
- Smart, G. (2003). A central bank's communications strategy: The interplay of activity, discourse genres, and technology in a time of organizational change. *Writing selves/writing societies: Research from activity perspectives, 9-61*.
- Smith, D. E. (2005). *Institutional ethnography: A sociology for people*. AltaMira Press.

- Smith, L.T., 1999. *Decolonizing Methodologies: Research and Indigenous People*. London: Zed Books.
- Smith, D. E. (2001). Texts and the ontology of organizations and institutions. *Studies in cultures, organizations and societies*, 7(2), 159-198.
- Soss, J., & Schram, S. F. (2007). A public transformed? Welfare reform as policy feedback. *American Political Science Review*, 101(1), 111-127.
- Spinuzzi, C. (2003). *Tracing genres through organizations: A sociocultural approach to information design*. Cambridge, MA: MIT Press.
- Spinuzzi, C., & Guile, D. (2019, July). Fourth-generation activity theory: An integrative literature review and implications for professional communication. In 2019 IEEE International Professional Communication Conference (ProComm) (pp. 37-45). IEEE.
- Spinuzzi, C., & Zachry, M. (2000). Genre ecologies: An open-system approach to understanding and constructing documentation. *Journal of Computer Documentation*, 24, 169-181.
- Sprague, Joey, and Mark Zimmerman. "Overcoming Dualisms: A Feminist Agenda for Sociological Methodology." In *Theory on Gender: Feminism on Theory*, ed. Paula England, 2– 24. New York: Aldine DeGruyter, 1993.
- Talhelm, M., DesArmo, L., & Brown, M. (2021, August 3). *Raleigh rent has risen by more than 20% over 4 years, pushing families out of the city*. WRAL.com. Retrieved February 12, 2022, from <https://www.wral.com/raleigh-rent-has-risen-by-more-than-20-over-4-years-pushing-families-out-of-the-city/19807759/>
- Taylor, N. (2021). Kinaesthetic masculinity and the prehistory of esports. *ROMchip*, 3(1).
- Thatcher, M. (1987). Interview for woman's own. *Margaret Thatcher Foundation*, 23.

- Thistle Farms. (2022). Retrived February 11, 2022, from <https://thistlefarms.org/>
- Thompson, H. M. (2016). Patient perspectives on gender identity data collection in electronic health records: An analysis of disclosure, privacy, and access to care. *Transgender Health, 1*(1), 205-215.
- Truman, J. L. & Morgan, R. E. (2014). *Nonfatal domestic violence, 2003-2012*. Retrieved from <http://www.bjs.gov/content/pub/pdf/ndv0312.pdf>.
- Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- Van Dijck, J. (2014). Datafication, dataism and dataveillance: Big Data between scientific paradigm and ideology. *Surveillance & society, 12*(2), 197-208.
- Visweswaran, K., 1994. *Fictions of Feminist Ethnography*. Minneapolis: University of Minnesota Press.
- Watt, D. (2019). *Women, Writing and Religion in England and Beyond, 650–1100*. Bloomsbury Publishing.
- Wells, G. (2002). The role of dialogue in activity theory. *Mind, culture, and activity, 9*(1), 43-66.
- Wigginton, B., & Lafrance, M. N. (2019). Learning critical feminist research: A brief introduction to feminist epistemologies and methodologies. *Feminism & Psychology, 0959353519866058*.
- Yamazumi, K. (2009). Expansive agency in multi-activity collaboration. *Learning and expanding with activity theory, 212-227*.
- Yates, J. (1989). *Control through communication: The rise of system in american management*. Baltimore: Johns Hopkins University Press.

APPENDICES

Appendix A

Interview

Thanks for agreeing to do this interview with me. A few housekeeping things before we begin. This conversation should take between an hour and a hour and a half today. I am recording this interview to make sure that I report what you're sharing with me accurately. In order to protect the privacy of all involved, I ask that you don't share your name or the names of others. If a story you're telling necessitates talking about someone other than yourself, describe that person in terms of role (e.g. "client," "staff/colleague," etc.) and not by name.

Topic I: Role Description

1. What is your current role with the organization?
2. How would you describe your role in current intake procedures?
3. Can you describe what you do to prepare to conduct intake?
4. Before joining this organization, what sorts of experiences have you had similar to conducting these intake interviews? And working in non-profits more generally?

Topic II: Current Practices for Intake Procedure

1. Walk me through a typical intake session. (Where does it take place? How does it begin and end? Are there breaks?)
2. How would you describe the current intake procedures?
3. What are the current protocols for intake? (Are sessions recorded? How are answers documented and by whom?)
4. What would you say is the most important part of the intake procedure? Why?
5. What purposes do you think the current intake procedures fulfill?

Topic III: Barriers and Factors for Success - Intake Forms

1. How would you describe your experience using the current intake forms?
2. What is the biggest struggle that you have with conducting intake interviews?
3. What is the biggest struggle that you've experienced using the current intake forms?
4. What does a successful intake session look like?
5. What do you think the key factors for success are for conducting intake?

Appendix B



Holistic & Intake Profiles Release
Forms

Holistic Profile

Written review to be completed by client:

1. What do you want to gain from residency in the program?

2. What are your short-term goals?

3. What are your long term goals?

Consent to Receive Services

The following list represents the programs and services of BLOOMHERE House. Each of these services has been explained to me by a BLOOMHERE House Staff person.

❖❖ *Long Term Residential Sanctuary*

❖❖ *Identification of Services*

❖❖ *Individual Counseling*

❖❖ *Short-term Program Stipend*

❖❖ *Evaluation of Needs*

❖❖ *Referral for Services*

❖❖ *Spiritual Counseling*

1. I understand that if I agree to participate in the program, BLOOMHERE House staff will work with me to identify and obtain the services that meet my needs.
2. I also understand that the services extended to me require my cooperation. I agree therefore to undergo complete medical, dental and mental health evaluations upon my entry, and to comply with all directives following those evaluations, during my stay with BLOOMHERE.
3. I also understand that the staff of BLOOMHERE House wants to evaluate the effectiveness of their services. I am being asked to participate in the evaluation by allowing BLOOMHERE House to use information I gave BLOOMHERE house in the:
 - I. Intake
 - II. Six-month follow-up interview after completing the program; and III. Twelve-month follow-up interview after completing the program.

My signature below indicates that: (Please CHECK YES or NO)

___ NO I ACCEPT the services offered to participate in the program.
YES

___ NO I AM WILLING to follow the guidelines that govern service
YES delivery.

___ NO I AM WILLING to participate in evaluating the effectiveness of
YES

Resident Transportation Waiver of Liability

I, _____, [*print name*] have requested that BLOOMHERE House staff provide me transportation services.

By signing below, I understand that transportation is offered as a free service of BLOOMHERE House and voluntarily consent to being transported by staff volunteers of BLOOMHERE House, to and from any services sought on my behalf, and hereby FULLY RELEASE, forever discharge, hold harmless, and indemnify BLOOMHERE House and all participating staff, agents and representatives as well as their heirs, personal representatives, successors, and assigns, or any and all of them (collectively the “Released Parties”), from any and all claims, causes of actions, suits, and liabilities of any kind or character whatsoever, known or unknown, suspect or unsuspected, in contract or in tort, at law or in equity, which I might hereafter have against the Released Parties, jointly or severally, for or by reason of any matter which relates, in whole or in part, directly or indirectly, to being transported for whatever reason.

Resident Signature

Date

Witness Signature

Date

Resident Confidentiality Rights

It has been explained to me that both verbal and written information about me is protected under federal confidentiality regulations (42 CFR Part 2). This information cannot be shared with out my written consent, unless otherwise provided for in the regulations.

I also understand that there are limits to my confidentiality.

Are you willing to live in a recovery home for at least two years, during the intensive treatment part of the program? Yes _ No _ **Presenting Concerns**

Reasons for wanting treatment: _____

Present symptoms:

Change is sleep pattern	Decreased concentration	Change in appetite
Increased anxiety	Decreased energy	Suicidal feelings
Decreased motivation	Other _____	

Suicidal/Homicidal Ideation

Is there a history of suicide in your family? _____

Have you ever attempted suicide? Yes _____ No _____

If yes, please explain: _____

Do you feel that you would like to injure yourself or someone else? Yes _____ No _____

If yes, please explain: _____

Are you depressed at this time? Yes, a lot _____ Yes, a little _____ _____ No

Do you want to live? Yes _____ No _____

Mobile Crisis: (615) 726-0125

Criminal Justice/ Incarceration Information

If you are currently incarcerated, please answering the following:

Where are you Incarcerated? _____

What is your sentence: _____ Release Date: _____

Legal Status: Parole _____ Probation _____ Pending _____

Parole/Probation Officer: _____ Phone: _____

Circumstances required for parole/probation: _____

Legal History

Approximate Number of Arrests: _____ Approximate Number of Incarcerations: _____

List charges and dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pending Warrants/Charges:

Charge: _____ Place: _____ Date: _____ Charge: _____ Place:

_____ Date: _____

Pending Court Dates:

Division: _____ Court: _____ Date: _____

Charge(s): _____

Division: _____ Court: _____ Date: _____

Charges(s): _____

Lawyer/Public Defender: _____ Phone: _____

Office Location: _____

Do you have a driver's license? _____

If no, why? _____

When was the last time you had a driver's license? _____

Do you have any kind of picture identification? _____
If yes, what kind? _____

Have you filed for Social Security or Social Security Disability? _____
When and how many times? _____

Please list any other legal concerns? _____

Do you have a copy of your birth certificate? _____
Do you have a social security card? _____

Prostitution History

Age Begun: _____ Number of Years Involved: _____ Places

Worked:

Streets: _____

Hotels: _____

Other (online, houses, agencies, bars, massage parlors, etc.): _____

Have you worked in any other states? _____ Where? _____

Have you ever had any relationships with any pimps? Yes _____ No _____
If yes, please explain (who, how many, what happened?): _____

Attempts to leave: _____
Reason for being unable to leave: _____

Marital History

Marital status (single, married, co-habiting, widowed, etc): _____

Marriage (s):

Name _____ Date of Marriage: _____

Date of Divorce/Separation: _____ Date of Death: _____

Present Location: _____ Current Relationship: _____

Name _____ Date of Marriage: _____

Date of Divorce/Separation: _____ Date of Death: _____

Present Location: _____ Current Relationship: _____

Sexual Preference: _____

Present Relationship:

Name: _____ Length of Relationship: _____

Nature of Relationship: _____

Where did you meet? _____

Where is He/She?

Plans for the future:

Is your significant other supportive of your decision to seek treatment?

Yes____ No____ N/A____

Number of children: _____

Name: _____ Age: _____ Sex: _____ Father: _____

Custody : _____ Phone: _____

Address: _____ Social Worker: _____

_____ Phone: _____

Name: _____ Age: _____ Sex: ____ Father: _____
 Custody : _____ Phone: _____
 Address: _____ Social Worker: _____
 Phone: _____

Name: _____ Age: _____ Sex: ____ Father: _____
 Custody : _____ Phone: _____
 Address: _____ Social Worker: _____
 Phone: _____

Name: _____ Age: _____ Sex: ____ Father: _____
 Custody : _____ Phone: _____
 Address: _____ Social Worker: _____
 Phone: _____

Please explain:

Family of Origin History

Mother's Name: _____
 Address: _____ Phone: _____
 Occupation: _____
 Current Marital Status: _____
 Number of marriages: _____ Number of Divorces: _____
 Your Present relationship: _____

Type and amount of contact:

Are
your
family

Relationship as a child:

Father's Name:

Address:

Phone: _____

Occupation:

Current Marital Status:

Number of Marriages:

Number of Divorces: _____

Type and amount of contact:

Relationship as a child:

members supportive of your decision to seek treatment? _____

What kind of relationship did your parents have with each other when you were a child?

How did your parents discipline? _____

What were some of the rules?

How did your parents resolve disagreements?

How many siblings do you have in your family of origin?

What is your birth order in your family of origin ?

Do you have a relationship with your family of origin? Yes_ If yes, No_____

please describe:

Who did you feel safe with growing up?

How did you learn the values and beliefs you now hold?

How are your values and beliefs similar or different from you parents' values and beliefs?

Is there a history of alcohol/drug abuse in any of the last three generations of your family of origin Yes_____ No _____

If yes, describe: _____

Did/do you have a relationship with your maternal grandparents? Yes No_____

If yes, describe:

Did/do you have a relationship with your paternal grandparents? Yes No_____

If yes, describe:

Were there any significant deaths in your family that impacted you as a child?_____

If yes, explain: _____

Domestic Violence

As a child did you experience or witness domestic violence? Yes _____ No _____

If yes, please explain: _____

Have you ever been involved in domestic violence personally? Yes _____ No _____

If yes please explain: _____

Neglect A e

Separation from primary caregiver e

Family Secrets g A e

Emotional abuse

g

A g

Age

Trauma

Have you ever experienced any of the following traumas? Please explain and list age. _____

Physical abuse _____

Witness any abuse of others _____ Age _____

Alcohol/ drug abuse by childhood caregivers _____ Age _____

Have you ever had any of the following symptoms?

Memory lapses Yes No

Sexual abuse _____ Age _____

Spacing Out	Yes	_____	No	_____
Loosing Track of Time	Yes	_____	No	_____
Headaches/Migraines	Yes	_____	No	_____
Auditory Hallucinations		_____		_____
Yes	No	_____		_____
Habitual Lying		_____		_____
Yes	No	_____		_____
Flashbacks		_____		_____
Yes	No	_____		_____
Nightmares		_____		_____
Yes	No	_____		_____
Suicidal ideation		_____		_____
Yes	No	_____		_____
Homicidal ideation	Yes		No	
Who do you feel safe with?	_____			

Who is your support? _____

Educational History

Are you able to read?

Highest grade completed: _____ GED: Yes No

Where did you attend school? Years?

Years?

Years?

Do you want to continue your education? Do

you have student loans?

Mental Health Status

Was there any mental illness in your family or origin? Yes _____ No _____

If yes, describe: _____

Have you received a Mental Health Diagnosis? Yes _____ No

Diagnosis: _____

Do you agree with this diagnosis? Yes _____ No

Who have you been treated by in the past? _____

Who is your current mental health provider? _____

What is the name of your psychiatric doctor? _____

What medications have you taken in the past for your mental health that did not work for you?

Why did these medications not work? _____

What medication are you currently taking for your mental health? _____

Do you take these medications compliantly? _____

Are these medications working for you? _____

Why and/or why not? _____

Have you ever been hospitalized for a psychiatric illness or treated for a psychiatric problem? Yes _____ No _____

If yes, please describe: _____

Do you feel you have psychiatric problems at this time? Yes _____ No _____

If yes, please describe: _____

Are you on any medication for any psychiatric problems? Yes _____ No _____

If yes, please list: _____

Have you ever been in individual therapy? Yes _____ No _____

If yes, please explain:

Where? _____

When? _____

With whom? _____

How often? _____

For

how long? _____

Was it a positive experience? Yes _____ No _____

Why or Why not? _____

Have you ever been in group therapy (non-alcohol/drug)? Yes _____ No _____

If yes, please explain: _____

Alcohol &
Drug History

What is your drug of choice?

Alcohol _____ Marijuana _____ Crack/ cocaine _____ Prescription Drugs _____

Opiates (oxycodone, fentanyl, methadone, suboxone, tramadol, codeine, darvocet) _____

Barbiturates (Amobarbital, Pentobarbital, Phenobarbital, Secobarbital, Tuinal) _____

Benzodiazapines (Xanax, Valium, Ativan) _____ Hallucinogens (LSD/acid, mushrooms)

_____ Narcotics (opium, morphine, heroin) _____

What drugs do you frequently use? How often? Method of use (IV, smoke, snort, oral)?

Alcohol _____ How often? _____ Method? _____

Marijuana _____ How often? _____ Method? _____

Crack/Cocaine _____ How often? _____ Method? _____

Narcotics _____ How often? _____ Method? _____

Prescription Drugs _____ How often? _____ Method? _____

Opiates _____ How often? _____ Method? _____

Hallucinogens _____ How often? _____ Method? _____

Barbiturates _____ How often? _____ Method? _____

When did you last use?

Do you use drug when you drink? Yes _____ No _____

Do you use drugs when you do not drink? Yes _____ No _____

Do you use drugs to improve the effects of alcohol? Yes _____ No _____

When you stop drinking or using drugs, what kind of problems do you experience?

Nervousness _____ Low energy _____ Panic _____
 Suicidal thoughts Depression _____ Nausea _____
 Severe cravings _____ Headaches _____ Irritability _____
 Hallucinations _____ Feeling weak _____ Insomnia _____
 Excess appetite Feeling Speedy Poor Memory
 Decreased sleep Aches & Pains Diarrhea _____
 Increased use of other drugs _____

Does your spouse or current partner use drugs and/or alcohol? Yes _____ No _____

If yes, describe: _____

Do you have friends that use drugs and/or alcohol? Yes _____ No _____

If yes, describe: _____

At what age did you start drinking alcohol? _____

Why did you begin drinking? _____

At what age did you start using drugs? _____

Why did you begin using drugs? _____

How long have you been using your drug of choice heavily? ____ How much money do you spend on drugs/alcohol in one month? ____

Do you feel that you are addicted to alcohol or drugs? Yes ____ No ____

Please explain: _____

Have you tried to stop using before? Yes ____ No ____

What happened? _____

How has alcohol and drugs affected your life (job, health, marriage, legal, etc.)? _____

Do alcohol/drug use and sexual activities go together for you?

Always ____ Often ____ Occasionally ____ Never ____

Has your alcohol use caused a reduction in your sex drive or produced an inability to function sexually? Yes ____ No ____

If yes, please describe: _____

Do you consider your recent sexual behavior to be compulsive? Yes _____ No _____

_____ Which do you consider more difficult to control?

Drug use ____ Alcohol use ____ Sexual acting out ____ No difficulties ____

Is there any aspect of your sexual behavior that concerns you? Yes ____ No ____

If yes, please explain: _____

Treatment History

Have you ever been in alcohol or drug treatment before? Yes

_____ No _____

If yes, when? _____ Where? _____

When? _____ Where? _____

When? _____ Where? _____

When? _____ Where? _____

What kinds of treatment? Counseling _____

Medication _____ Group _____

12-step AA/NA Meetings _____ Other _____

Was the treatment a positive experience? _____

Have you sold or traded sex for money or drugs? Yes _____ No _____
If yes, please explain: _____

Have you experienced emotional difficulty related to prostitution? Yes _____ No _____

If yes, please explain: _____

How have you dealt with the emotional difficulty and feelings related to prostitution? _____

Sexual History

Have you receive an STD test recently? _____ If so, when/where? _____

Do you currently have an STD? _____ If so, are you being treated for it? _____

Who do you receive treatment from? _____

History of sexual violence:

Incest _____

Assault _____

Harassment _____

Rape _____

Other _____

Physical Health History and Medical Problems

Do you have any medical insurance? _____

Do you have any current medical problems? Yes _____ No _____

If yes, describe: _____

Who is treating you for your medical problems? _____

Are you currently under the care of a physician? Yes _____ No _____

Name: _____ Phone Number: _____

Address: _____

City: _____ Zip: _____

List any prescribed medications you are currently taking: _____

Do you take your medications compliantly?_ If no, why?_____

Are you experiencing or have you experienced any of the following?

Chest pains _____ Headaches _____ Seizures _____ Sweats _____

Loss of consciousness _____ Liver problems _____ Nausea & Vomiting _____

Are you aware of any physical symptoms which result from alcohol or drug use ?

Yes _____ No _____ If yes, describe: _____

Do you feel you need medical treatment at this time? Yes _____ No _____

If yes, describe: _____

What was the date of your last physical? _____

Are you pregnant Yes _____ No _____ Not Sure _____

Do you have any physical disabilities? Yes _____ No _____

If yes, please explain: _____

Do you have any dental needs? Yes _____ No _____

If yes, please explain: _____

Do you wear glasses? _____ When was your last eye exam? _____

Do you have any speech problems? Yes _____ No _____

If yes, please explain: _____

Do you have any hearing problems? Yes _____ No _____

If yes, please explain: _____

Do you smoke cigarettes? Yes _____ No _____

If yes, how much do you smoke? _____

If no, have you ever smoke in the past? Yes _____ No _____

If yes, when and how much? _____

Have you ever quit or tried to quit smoking in the past? Yes _____ No _____

If yes, what happened? _____

If you smoked prior to incarceration, do you plan to start smoking again upon release?

Yes _____ No _____

Religious Background

Religious Affiliation: _____

Please list any issues that may have affected your regard to religion: _____

Place of Worship: _____ Religious Leader: _____
 Address: _____ Phone Number: _____
 City : _____ Zip: _____

Do you attend worship service? Yes _____ No _____

If yes, how often? _____

Do you participate in religious-based activities outside of worship services?

Yes _____ No _____ If yes, explain: _____

Release

I, the undersigned, am requesting services from the staff of BLOOMHERE. I understand that this facility provides full out patient services and that no specific outcome can be guaranteed. I further understand that my full cooperation with all agency and organization personnel and services, and following all requirements of the treatment program and the recovery home is mandatory in order to remain in treatment and fulfill probation/parole requirements.

Client Signature

Date

BLOOMHERE Staff Signature

Date