



framing marginalised art

Karen Jones, Eugen Koh, Nurin Veis and Anthony White

With Rosalind Hurworth, Johanna Bell,
Brad Shrimpton and Anthony Fitzpatrick

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Front: (clockwise)

Interior gallery, Cunningham Dax Collection;
Sally Flynn, *The Grid*, 2004, oil on masonite, 90.9 x 90 cm;
Interior gallery, Cunningham Dax Collection;
Carla Krijt, *Possum*, 2001, oil on canvas, 40 x 30 cm;
Romy Dwosh, *GEN, Eric*, 2007, oxide washed, glazed and enamelled earthenware with nuts, 19 x 15 cm;
Graeme Doyle, No title, 1990, oil on masonite, 50.5 x 40.5 cm

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*Developing an ethical multidimensional framework for exhibiting the creative works by people who experienced mental illness and/or psychological trauma.
Funded by the Australian Research Council.*

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Eugen Koh, Cunningham Dax Collection
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Research Partners



CONTENTS

Executive Summary	6
Introduction	8
Chapter 1: Background and Context for the Project	11
1. A Mental Health Perspective	13
2. An Art History Perspective: Interpreting and Exhibiting Art by People with an Experience of Mental Illness	17
3. A Museology Perspective: Lessons From the Display of Medical Collections — Issues and Ethical Concerns	24
4. A Philosophical Perspective: Ethics in Focus	29
5. Conclusion	34
References	36
Chapter 2: Methodology - Developing and Testing the Multidimensional and Ethical Model	39
1. Operational Assumptions of the Project	40
2. Why Choose the Cunningham Dax Collection?	42
3. The Multidimensional and Ethical Model	43
4. “The Art of Making Sense”: Putting the Multidimensional and Ethical Model into Practice	46
5. Evaluating the Model: Objectives and Design By Rosalind Hurworth, Johanna Bell and Brad Shrimpton	50
Chapter 3: Evaluating “The Art of Making Sense” Exhibition By Rosalind Hurworth, Brad Shrimpton and Johanna Bell	53
1. Introduction	54
2. Overall Perceptions of the Exhibition	54
3. Perceptions of the Venue, Layout, and Curation	55
4. Key Messages and Themes Emerging from the Exhibition	59
5. Changes in Perceptions Toward Mental Illness	60
6. Level of Disturbing Content and its Impact	62
7. Ethical Considerations	64
8. Summary	67
References	68
Chapter 4: Discussion and Reflection	69
1. Strengths and Weaknesses of the Methodology	70
2. Discussion and Interpretation of Findings	72
3. The Practical Challenges of the Multidimensional Model	74
4. Reflections from an Art Historical Perspective	75
5. Reflections from a Philosophical Perspective	77
6. Reflections from a Mental Health Perspective	79
7. Reflections from a Medical Collections Perspective	80
8. Conclusion	83
Guidelines for Exhibiting Works	84
Appendix 1 An Evaluation of the Cunningham Dax Collection <i>The Art of Making Sense</i> Exhibition by Rosalind Hurworth, Johanna Bell and Brad Shrimpton	
Appendix 2 Research Assistant Report by Anthony Fitzpatrick	

EXECUTIVE SUMMARY

The overall aim of the project “Framing Marginalised Art” was to address the ethical and curatorial issues emerging from the exhibition of works by people with experience of mental illness and/or trauma. The project set out to explore how to display such works in an ethically responsive way that would allow their full richness to be appreciated.

1. The principle underpinning the project is that creative objects are complex and can only be fully understood and appreciated from a multidisciplinary and multidimensional framework. Creative works made by people who have an experience of mental illness have many different dimensions including, but not limited to, the medical, aesthetic, historical, social, personal and moral. Therefore, it was important for the project to be undertaken by a collaborative group of professionals working in a number of different fields: psychiatry, mental health care, philosophy, museology and art history.
2. The project methodology was informed by each of these disciplines. Key areas of research included:
 - The history of art-making in mental health, its purpose and related processes.
 - The history of the collection and exhibition of such works.
 - The appreciation of creative works by people who have experience of mental illness within art historical discourse.
 - The expectations of visitors to exhibitions of medical collections.
 - A philosophical focus on consent, harm and benefit, exploitation, respect and trust.
3. From this research a multidimensional and ethical model was formulated for displaying the creative work of people with experience of mental illness and/or trauma. Among the key elements of the model were the following:
 - Works should be exhibited in a manner that acknowledges their ethical ambiguity.
 - Neither an exclusively medical or aesthetic perspective is sufficient to appreciate these works.
 - The medical, scientific, philosophical, ethical and aesthetic dimensions of the works are all equally important in reaching a full understanding and appreciation of their significance.
 - An exhibition should integrate the works’ different dimensions into a coherent whole and allow the viewer the freedom to decide on their focus.
 - The exhibition of such works involves a duty of care towards all stakeholders, underpinned by the concept of ‘trustworthiness-as-responsiveness’, in that the gallery must account for the expectations of all parties involved.
4. These principles were implemented in the creation of an exhibition titled The Art of Making Sense, held at the Cunningham Dax Collection. The exhibition was a testing ground for the multidimensional and ethical model and was evaluated using visitor feedback forms and seven focus groups with representatives from the arts industry, the general public, philosophers and ethicists, mental health workers, educators, students and those with experience of mental illness.
5. The feedback showed that the exhibition succeeded in achieving most of the goals set out by the multidimensional and ethical model. The majority of respondents felt that the exhibition had increased their understanding of mental

illness and allowed them a greater appreciation of the multiple dimensions to the creative works of people with experience of mental illness. The exhibition was thought to have treated the artists and works with dignity and respect, and although the exhibition was found to be disturbing for some, this was not generally perceived to be negative as it was associated with an increase in viewer empathy.

6. The evaluation highlighted two issues that involved a divergence in the attitudes of viewers:

- The exhibition provided limited information regarding the diagnosis of the creators as in the past this kind of information had a reductive effect as works were often grouped according to such categories. Although it was felt that this degree of 'de-medicalisation' was a positive development, allowing a broader appreciation of the works, many visitors expressed a wish for more information regarding the diagnosis and treatment of the creators.
- The exhibition included some work for which it had not been possible to obtain the creator's consent to display the work. These works were anonymously displayed and every effort was made to keep the creator's identity confidential. The decision to display these works was controversial with only a slight majority of respondents finding it acceptable and many remaining undecided.

7. In spite of its success, the exhibition involved certain limitations:

- As the Cunningham Dax Collection is situated in the grounds of a mental health facility, the site has the potential to reinforce a medical interpretation of the works.

- The creative works by people who have experience of trauma are distinct from those created by people with experience of mental illness and raise different issues regarding the perceptions of the visitor. In promoting the equality of all the dimensions of the works the distinction between the two groups may be lost.

8. This project has allowed a set of guidelines to be formulated for curators who wish to exhibit creative works by people with experience of mental illness or trauma. They provide direction about ways of handling the complex conceptual and ethical issues involved in choosing to exhibit this work.

9. The findings from this project can be applied to other medical collections, for example, in the display of human remains and for disability collections. When displaying works from any medical collection a balance must be reached between spectacle and education and respect for the individual is of greatest importance.

INTRODUCTION

People who experience mental illness are among the most marginalised and stigmatised in our society. Viewing creative works produced by them has the potential to increase our understanding of their lived experience, humanity, and creativity. It can be a powerful tool in increasing empathy and reducing stereotype and stigma. Yet displaying this work is fraught with ethical danger. Done badly — and, historically, this has sometimes been the case — display can degenerate into freak show, or into high-handed instruction in which the works, and by extension those who produced them, are reduced to a diagnostic category.

Our project, “Framing Marginalised Art”, supported by the Australian Research Council, sets out to explore how to display such works in an ethically responsive way and in a way that would allow the full richness of these artworks to be appreciated. The project brought together an interdisciplinary team comprising philosopher Karen Jones, psychiatrist Eugen Koh, museum curator Nurin Veis, and art historian, Anthony White. We began from the recognition that these works are complex and can be viewed through many different interpretative lenses — as artwork, as historical and cultural artefact, as record of a therapeutic process, and as expression of lived experience. No single lens is sufficient to capture the complexity of these objects. Yet current practices for exhibiting this work tend to focus either on the artistic or the psychological, as if one had to choose between these two, and as if they were the only lenses through which the work can be viewed. Our multidimensional model for the display of creative works by people with experience of mental illness rejects this either/or division as a false choice. This report records the development, implementation, and testing of this model.

Chapter One draws on our different disciplinary perspectives to provide the context and background for the project. It provides an overview of the history of two major collections of artworks produced by people with experience of mental illness, the Cunningham Dax Collection and the Prinzhorn Collection. It also explains the

emergence of art as a therapeutic tool in mental healthcare, and the history of exhibiting these works — a history that has been controversial and has attracted critique from mental healthcare consumer groups. These artworks are then situated within a broader group of potentially disturbing artefacts, including human remains, medical collections, and disability collections. Situating the artworks in this broader context helps bring into focus the ethical dimensions of displaying them. We identify consent, harm/benefit, exploitation, respect, and trust as the key ethical concepts to use in thinking about whether and how to display these works.

Chapter Two discusses issues of methodology, broadly understood. It takes up the nuts and bolts of the project: what we did, and why. In it, we outline our multidimensional model and explain its rationale and genesis. The model can be understood as a small cluster of high-level principles for exhibiting this work, principles which are to be given flesh in developing the concept for a particular exhibition. They are as follows:

1. There are many different dimensions to creative works by people with an experience of mental illness, including, but not limited to, the medical, aesthetic, historical, social, and moral.
2. In theory, each of these multiple dimensions is of equal significance.
3. However, differences in context and curatorial aims will tend to lead to the privileging of some dimensions over others; though the viewer should be offered the freedom to decide which of these dimensions they wish to engage.
4. There is an important limitation on curatorial and audience freedom; the rights and sensitivities of the creator must be taken into account.
5. The various dimensions presented in an exhibition should be integrated into a coherent whole.

We also explain how this model was put into practice in devising the exhibition, “The Art of Making Sense”. Details of the exhibition themes and layout can be found in this chapter, which is supported by a photo album of the exhibition space. Every bit as important as developing the model was testing it; our evaluation objectives and design are explained at the end of this chapter.

Chapter Three outlines the results of the exhibition evaluation, divided into the following topics: overall perceptions of the exhibition; perceptions of the venue, layout and curation, and key messages conveyed through the exhibition; changes in perceptions towards mental illness; the level of disturbing content and its impact; and ethical considerations. The evaluations were, on the whole, very positive. Participants thought that we had indeed succeeded in displaying this work in an ethically responsive way that enabled it to be appreciated in all its richness, and most felt that their understanding of mental illness had been increased as a result of viewing the exhibition. Though the exhibition was found to be disturbing, most participants claimed that it was good to be challenged by the content. Evaluation participants identified the key ethical fracture point in exhibiting this work to lie in the decision

to exhibit work anonymously where it was not possible to gain the consent of the creator.

Our report concludes, in Chapter Four, with discussion and reflection. We identify both strengths and weaknesses of our methodology. One noticeable weakness was that, because of funding and time constraints, we could only mount the exhibition in a single location: the premises of the Cunningham Dax Collection itself. These premises, located on the grounds of a mental health facility, bring with them a specific history that frames viewers’ experience of the works. Different contexts will bring into focus different dimensions of the work and so affect how the multidimensional model is to be implemented, but we were unable to test for these contextual effects. There was concern, too, that the exhibition did not fully succeed in integrating the different dimensions of the work, and disagreement over the importance of such integration. The main body of this chapter concludes with discipline-based reflection about what art historians, psychiatrists, museum curators, and philosophers can learn from our experience with this project.

The report concludes by distilling our experience into a set of guidelines aimed at curators who are thinking of mounting similar exhibitions.



Graeme Doyle
From the series *Rembrandt and Rave*, 2006
Digital print reworked with felt pen, correction
fluid and ink on paper
55.7 x 69.1 cm (framed)

chapter one:
background and context
for the project

We begin by setting out the context that gave rise to this project to develop and evaluate an ethical, multidimensional framework for the exhibition of creative works made by people with an experience of mental illness or trauma. Art of this kind has been displayed in public for several centuries, so why is it important to address the conceptual, ethical, and curatorial issues relating to its exhibition now?

This chapter discusses how and why this project is timely from the perspectives of mental health, art history, museology, and ethics. It proceeds in four sections written by, respectively, a psychiatrist, an art historian, a museum curator and a philosopher. Creative objects made by people with an experience of mental illness are ontologically complex; that is, there is no single answer to the question, “What kind of thing is it?” With equal claim to truth, works produced in a clinical context can be classified as artwork, historical and cultural artefact reflecting a particular moment and context, an expression of subjectivity and lived experience, medical record, or record of a therapeutic process. Those objects produced outside of a clinical context, which do not so readily invite the description “medical record”, nonetheless remain multiplicitous and shift in shape and meaning depending on the perspective from which they are viewed. Since these objects can be classified in many different ways, no single perspective can be said to capture what they are, or what they most fully and completely are. If no single perspective can capture their nature, then we understand them only when we view them from many perspectives at once. That is the leading idea behind our project to develop a multidimensional model for their exhibition.

Section 1 of this chapter offers an overview of the current social context as this affects those who experience mental illness, noting especially the social stigma that continues to be attached to mental illness, the emergence of the mental health consumer movement, and the role of medical models of mental illness which shift the emphasis from subjective experience to organic, neurochemical explanation. It also offers histories of the emergence of art therapy in the mental health context, including the history of two major collections of such works: the Prinzhorn Collection and the Cunningham Dax Collection.

Section 2 explores the history of exhibiting work by those who have experienced mental

illness and the history of ways of theorising the relation between such art and art produced by professional artists, who may or may not have experienced mental illness. This relationship has been contested by professional artists, “outsider” artists (including those who have experienced mental illness), curators, critics, and the general public. Historically, the work has been viewed as evidence of otherness, or, taking the opposite perspective, as evidence of a common creativity, or, moving the focus from the interior world of the creator, as social and historical artefact. All three approaches presuppose that there is a clear division between works produced by professional artists and works produced by people who have experienced mental illness. This division is being challenged both in practice and in theory, presenting opportunities for developing new approaches to exhibition.

Section 3 further broadens the perspective on these works, situating them within the larger context of medical collections. It invites us to see their display as, in ethically important ways, analogous to the display of human remains, of medical artefacts, and of collections relating to disability. Medical collections fascinate, disturb, and educate. Their display raises questions of sensationalism and of voyeurism, of the duty of care towards potential viewers, and of bias in the selection of stories to tell using these artefacts. This section identifies consent, harm/benefit, exploitation, respect and trust as the key concepts to use in exploring the ethical dimensions of displaying such work. These concepts receive fuller treatment in Section 4, which views the creative works of people with experience of mental illness as ethically significant objects because of their power to reinforce or break down stereotypes of those who experience mental illness. It maps the ethical danger zones of exhibiting these works, identifying the display of work without the consent of its maker as especially problematic.

The purpose of this chapter is not just to bring different disciplinary perspectives to mind in thinking about the creative works of people with experience of mental illness. Thinking seriously about such works also raises new questions for the disciplines themselves. The disciplines used in this project benefit from thinking seriously about these creative works in at least the following ways:

(a) they challenge assumptions about the usefulness or otherwise of biographical interpretations of art;

(b) thinking about their responsible display suggests an alternative model of trustworthiness, namely trustworthiness-as-responsiveness, rather than trustworthiness-as-authoritativeness;

(c) they support the development of an integrative, multidimensional approach to mental healthcare; and,

(d) they bring into focus the dynamic between spectacle and education that must be negotiated by curators in a variety of fields. The potential implications of this study for its contributing disciplines are raised in an exploratory way here, and receive a fuller treatment in Chapter Four.

1. A Mental Health Perspective

Historical Context

The need for this project, within the mental health context, comes out of four related developments in mental healthcare over the past 50 years. The first of these was the growing debate about the dehumanising aspects of psychiatric treatment and the lack of consideration given to personal experience. As early as 1960, Thomas Szasz argued against the growing tendency to treat psychiatric conditions as “diseases” in his influential paper “The Myth of Mental Illness” (Szasz 1960). For the next two decades, beginning with his book *The Politics of Experience*, R.D. Laing highlighted the importance of the personal experience (Laing 1967). Despite his plea, modern psychiatry continues to consider psychiatric conditions as illnesses, each with characteristic symptoms and underlying psychopathology. The introduction of the American Psychiatric Association’s *Third Diagnostic and Statistical Manual* in 1980, which focused on characterisation of each illness category, has had an enormous impact on the field of mental health. The almost exclusive focus on the characterisation of categories of illnesses, each with an underlying disease process that remains to be elucidated, provided the basis for the growing dominance of biological psychiatry. Arthur Kleinman, Professor of Psychiatry at Harvard University, was prompted to respond with his book *Rethinking Psychiatry: From Cultural Experience to Personal Experience* (Kleinman 1991).

The dominance of biological psychiatry and of the pharmaceutical industry in mental health today is well illustrated by the recent epidemic of diagnosed Attention Deficit and Hyperactivity Disorder (ADHD) (Eisenberg 1986; Moncreiff 2003). *Cries Unheard* documents the widespread prescription of amphetamine-like medications to young children (Anaf et al. 2002). One of its authors, George Halasz, investigated the complex factors that have contributed to overprescribing medication and to the neglect of the emotional experience of children diagnosed with ADHD. He argues that many children diagnosed with ADHD suffer from separation anxiety and that ADHD may be reconceptualised as Attachment Deficit Hyperactivity Disorder (Anaf et al. 2002). The second contextual development relates broadly to the issue of autonomy. The question of autonomy has been relevant as long as custodial and coercive approaches have existed in mental healthcare. The movement to assert

the importance of the autonomy of people experiencing mental illness can be traced back to the work of Phillipe Pinel in France in the late eighteenth century. His book *A Treatise on Insanity* (Pinel 1801) highlighted the importance of humane treatment, and had an enormous influence on European and Anglo-American psychiatry in the nineteenth century. In the late 1940s, in the aftermath of the Second World War, the push for humane treatment found new impetus in several psychiatric hospitals in England with the development of community-based treatment. Dr Eric Cunningham Dax, then the Superintendent of Netherne Hospital, Surrey, England, was one of the leading figures of this movement (Dax 1961).

This push to assert the importance of autonomy for people experiencing mental illness gained momentum in the 1960s. In America, it was swept along by the civil rights movement of that time (Dworkin 1977; Crossley 2006), and in England and France, by the anti-psychiatry movement (Szasz 1960; Foucault 1961; Laing 1967). This advocacy for the rights of individuals with mental illness evolved into what is now known as the mental health consumer movement (Reaume 2002; Rissmiller and Rissmiller 2006).

The third significant development was increasing awareness in the general community of the ethical dimension of healthcare. Although the International Code of Medical Ethics was promulgated by the World Medical Association in 1949, and the first code of ethics designed specifically for psychiatrists was adopted by the World Psychiatric Association (Declaration of Hawaii) in 1977, it could be argued that healthcare ethics did not reach the popular domain until the 1980s. A pivotal development in increasing community awareness of healthcare ethics, and perhaps even ethics in general, was the 1980 BBC series of Reith Lectures by Ian Kennedy, entitled "Unmasking Medicine", which was later published as a book by the same name (Kennedy 1981). This increase in public awareness of ethical issues forced the healthcare sector and medical practitioners to be more responsive to community concerns.

Perhaps the most influential and yet underestimated factor that has affected the development of mental health over the past half a century is the problem of stigma. The stigmatisation of mental illness may be defined as the marginalisation and ostracism of individuals because of their experience of mental illness (Fink and Tasman 1992). The United States Surgeon General reported in 1999:

Stigmatization of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces patients' access to resources and opportunities (eg housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society.

The report noted that certain aspects of the stigma of mental illness have increased over the past 50 years. It highlighted that "in comparison with the 1950s, the public perception of mental illness more frequently incorporated violent behaviour." A recent Australian study found a high prevalence of negative attitudes towards mental illness among the general public and health professionals (Jorm et al. 1999). Attempts to address the problem of stigma over the past two decades using a variety of methods have had limited success (Byrne 2000; Corrigan et al. 2005). There is, therefore, a pressing need for new and innovative methods to counter the problem of stigma. There is some evidence that carefully curated, educationally focused exhibitions of creative works by people with experience of mental illness and trauma can change the attitude of individuals (Shrimpton and Hurworth 2008).

Art in Mental Health — An Overview

The place and function of art in mental health can be discussed within two domains: the first concerns the *purpose* and related *processes* of art-making in mental health, and the second concerns the *collection, use* and *exhibition* of works that are made by people who have experienced mental illness.

There is little doubt that artistic expression among people who have an experience of mental illness has taken place as long as the notion of art and mental illness has existed (MacGregor 1993). However, mental health professionals did not take a serious interest in the positive benefit of art until the early twentieth century. The psychiatric clinic of the University of Heidelberg began to assemble a small collection of creative works by its patients around 1909. Psychoanalysts were among the

earliest to appreciate that artworks could offer insights into the mind of the creator. Sigmund Freud believed that an artwork could provide insights into possible unconscious processes of the artist, as illustrated through his study of Michelangelo's "Moses" (Freud 1914). Carl Jung saw the possibility of art as a medium for therapy and healing as early as 1912 (Jung 1912). By the early 1920s, Melanie Klein (Klein 1923) and Anna Freud (Freud 1926) were using the drawings of children in their treatment.

In 1938, the artist Adrian Hill used art during his convalescence from tuberculosis in a sanitarium. He wrote of his experience in *Art Versus Illness*, in which he coined the term "art therapy" (Hill 1945). Art was not introduced into mainstream psychiatric treatment until the late 1940s.

A pivotal event was the appointment, in 1946, of artist Edward Adamson to facilitate art programs for the patients at Netherne Hospital (Adamson 1984; Dax 1953). Dr Eric Cunningham Dax, the hospital's superintendent, initiated Adamson's appointment and went on to scientifically evaluate the effectiveness of using art to aid in the understanding of mental illness, publishing his results in *Experimental Studies in Psychiatric Art* (Dax 1953). These scientific studies were instrumental in convincing the National Health Service of Britain to employ artists in hospitals, a development that marks the beginning of art therapy as a profession (Hogan 2001).

Today, in addition to art therapy, art-making in the mental health context may serve the purpose of relaxation or diversional therapy, or for enhancing self-esteem by developing a sense of competence through skill and achievement. In most countries of the developed world, where deinstitutionalisation of mental healthcare has been adopted, art-making rarely occurs as part of psychiatric treatment. Instead, art-making by people with an experience of mental illness takes place in the community, either as part of a community art group supported by a non-government organisation, or in an individual, private setting.

With regard to the systematic collection, use and exhibition of the creative works by people with experience of mental illness, the discussion usually begins with the Prinzhorn Collection in 1919 (Prinzhorn 1972 [1922]).

Hans Prinzhorn, an art historian and doctor, was appointed to the psychiatric clinic of the University of Heidelberg in 1919 and was asked to expand the collection to form what was then

called the Museum of Pathological Art (Prinzhorn Collection 1984). At the time the museum was founded, other collections of art by people with mental illness existed but in such collections "the sole reason for storing these artefacts was for diagnostic research." It is unclear to what extent the Heidelberg collection focused on the clinical aspects of these works. Prinzhorn steered the interpretation of the Heidelberg collection away from diagnosis toward a focus upon "personal expression" which nonetheless avoided using the word "art." (Röske 2009).

The re-named Prinzhorn Collection now comprises approximately 5,000 pieces of art created by approximately 450 patients of psychiatric institutions from mainly the German speaking world, from 1880 to 1920.

The Musée de l'Art Brut in Lausanne, Switzerland, which has its origins in a collection initiated by the French artist Jean Dubuffet in 1945, is mainly, if not exclusively, interested in the aesthetic dimension of works by people with a range of disabilities (including mental illness), prisoners, and children. Dubuffet coined the term, "Art Brut" ("raw art") for art made by individuals who usually do not see themselves as professional artists (Franzke 1981). This kind of art is today commonly referred to in English as "Outsider Art". Although many of the works in Musée de l'Art Brut are by people with experience of mental illness, the museum does not associate itself with the mental health sector or share any of its concerns or agenda. The Cunningham Dax Collection, which has its origins in the works amassed by Eric Cunningham Dax from 1946 onwards, was established for the purpose of education and research. Dax saw the Collection as a medical collection, in the same vein as an anatomy or pathology museum where the creative works were akin to specimens to be studied and used for teaching. Dax would display the works in his hospitals as a teaching aid for his staff (Dax 1949). In that regard, Dax's approach was not dissimilar to the aim of earlier collections of this kind in Europe.

The original aims of these three large collections of art by people with experience of mental illness highlight the two distinct approaches to these works, with the focus being either on their aesthetic or psychological aspects.

Aesthetic and Psychological Dimensions

As Dr Eric Cunningham Dax was among the first to promote less restrictive community treatment in mental healthcare, he was also one of the first to recognise the general public's negative responses to those who suffer from mental illness (Robson 2000). The stigma of mental illness, which had been kept hidden while the mentally ill were locked away and kept out of sight of the general public, was now in full view. Dax believed that the general public's hostile and prejudicial attitudes towards people who experienced mental illness occurred as a result of ignorance and fear. Initially he worked with the media to highlight the plight of the mentally ill and their need for care. From the early 1980s he began to exhibit works from his collection to the general public with the aim of using the art to educate people about mental illness (Robson 2000).

Dax extended his medical approach to these exhibitions, presenting them by diagnostic categories, as was the convention in medical museums. While the displays aroused a great deal of interest and positive response (*The Herald* 1969; DiMaria 2001) they also attracted significant criticism, particularly from some artists and community-based mental health advocacy groups (King and Alexander 1997; Robson 1999). They argued that to call an artwork "psychiatric art", or, in some instances, "schizophrenic art", was to pathologise and stigmatise the creative efforts of people who already had to endure prejudice as a result of their illness (Champ and Dysart 2006). Dax, however, ignored their concerns and insisted instead that his interest was not in the aesthetic aspects of the works but the psychological experience of their creators. In his mind, the Collection was still essentially a medical museum and its aim was for education and research, its audience primarily the healthcare professions. This notion of a specialised museum with restricted access was reflected by the fact that, until his retirement in 2002, the Cunningham Dax Collection was open to visitors by appointment only.

Meanwhile, the Prinzhorn Collection was undergoing some changes in its direction from being a specialised medical museum to an organisation more akin to an art institution, with greater public engagement and access. Since the mid- 1970s, it has increasingly emphasised the aesthetic aspects of its works, and this change is reflected in its exhibition program.

The changing locus of care and, therefore, power over the past 30 years — from asylums and institutions to the community — along with the rise of the community-based mental health advocacy movement, increasing awareness of ethical dimensions of healthcare, plus the growing proportion of art being made within non-government community support groups, have set the scene for what may be referred to as the "de-medicalisation" of the art by people with experience of mental illness. This movement to de-medicalise art asserts that the art by people with experience of mental illness is no different from art made by people without such experience. That being so, the works should be presented in a manner that allows them to speak for themselves, unaccompanied by any information about the individual's experience of mental illness (Champ and Dysart 2006; Lejsted and Nielsen 2006).

Such denial of the psychological dimension has been resisted by the International Society for the Psychopathology of Expression and Art Therapy. Formed in 1959, this society has an active membership consisting of mental health clinicians, art therapists, sociologists, and anthropologists who meet at its large international conference every three years. The Society's publications explicitly identify and explore the psychological dimension of artworks (Jakab 1966; Jakab 2000).

It would be too simplistic to divide advocates for the aesthetic versus psychological dimensions along the lines of artists and art historians on one side, and mental health clinicians and art therapists on the other. Indeed, many members of the Section for Art and Mental Health of the World Psychiatric Association favour approaches that emphasise the aesthetic dimension of these works, as is evident in their recent publication, *The Person in Art* (Thomashoff and Shukanova 2008). Nevertheless, the line appears to be drawn and the polarity of focus between aesthetic and psychological dimensions remains. Our multidimensional model takes the next step by challenging this polarity.

2. An Art History Perspective: Interpreting and Exhibiting Art by People with an Experience of Mental Illness

This section will discuss the history of the interpretation and exhibition of art by people with experience of mental illness from the perspective adopted within the disciplines of art history and curatorship.¹ The focus will be on conclusions that can be drawn from past experience and their implications for exhibition and interpretation in this field.

Problems with Existing Approaches to Art and Mental Illness

Over time there has been an increasing appreciation of how artworks by people with an experience of mental illness can be used to educate the community about mental health. The authors of a recent report issued by the Centre for Addiction and Mental Health in Canada, “Addressing Stigma: Increasing Public Understanding of Mental Illness”, argued that art exhibitions can do a great deal to change public attitudes to mental illness and to lessen stigma (Scheffer 2003). This potential was highlighted by such events as the “Madness and Arts” 2003 World Festival and the international touring exhibition “Art Against Stigma” of 2005 (Thomashoff and Sartorius 2004). As mental illness is closely associated in the popular imagination with exceptional creativity and great works of art, such exhibitions and the proliferation of accompanying literature in the form of catalogues, scholarly articles, and criticism may seem a natural way to raise the profile of the experience of people with mental illness and lead toward destigmatisation. However, an examination of the history of these activities reveals that some exhibitions and interpretations of art by people with an experience of mental illness have led to grave misconceptions about the nature of such illnesses. Furthermore, the fact that many of these misconceptions persist to the present day demonstrates that there is a pressing need for ongoing analysis and debate about appropriate and ethical ways in which to discuss, exhibit, and interpret the artwork of people who experience mental illness.

As discussed in the preceding section, among the most vocal in urging debate in this area have

been groups in the mental health consumer movement who have contested the way in which art produced by people who experience mental illness has been exhibited. Such consumer groups have argued that displays must respect the autonomy of the person and not focus exclusively on the relationship between the artwork and the mental illness of its creator. In particular, they have argued for the de-medicalisation of this art, and that it not be discussed through the use of diagnostic categories, as it is felt such discussion has the potential to demean the creator. To take a prominent but little-known example of this view, Lee Krasner, the widow of the American painter Jackson Pollock, sued her late husband’s analyst in 1977 for exhibiting drawings produced by Pollock during therapy under the heading “Psychoanalytic Drawings”. She argued at the time:

I would not dream of not having these drawings shown. I think of them as a very interesting body of work. But I do not want them seen in the warped context of psychoanalytic art. Whether or not [the analyst’s] interpretations are correct — that’s not my field. But he’s encroaching on my field when he discusses Pollock’s art and attaches psychological significance to it (Carter 1977, 58).

The court case brought by Krasner challenged the ethical conduct of the analyst exhibiting what amounted to medical records. After a long court battle, the American judge decided that the works were not, in fact, medical records but, rather, works of art donated by the artist to the doctor, and that the latter was entitled to exhibit them. Aside from the ethical and legal questions raised by this case, it is clear that Krasner saw the psychoanalytic reading as a distortion of the truth about her late husband’s art. As the dispute that arose from the display of Pollock’s drawings demonstrates, the display of work by individuals with experience of mental illness within a medical framework not only has the potential to give the impression of demeaning artists, but also has the potential to create conflict between consumers, their representatives, and exhibiting institutions. On the other hand, as the history below will demonstrate, those voices calling for the abandonment of all medical discussion of art by people with mental illness, and their replacement by interpretation that considers only the artistic dimensions, are also problematic.

As the difficulties associated with both the medicalised and demedicalised accounts of art by people with mental illness suggest, a new framework for the exhibition and interpretation

Portions of this section first appeared in White 2005, White 2006, White 2007a and White 2007b.

of art by people with experience of mental illness is called for, one which opens the art to a broader range of interpretive dimensions and takes ethical issues into consideration. Before discussing the future directions for exhibitions of this nature, it is important to briefly survey the history of attitudes to the relationship between art and mental illness, as the past can often be instructive for imagining alternative futures.

The History of Art and Mental Illness

Creativity and mental illness are two historical categories that have been used to label individuals, and the objects they produce, as different and unique (Gilman 1992, 244). These concepts have been associated with each other in a range of different ways over the last two hundred years. Early discussions of art and mental illness within the medical community tended to simply stigmatise the work of the mentally ill. For example, in 1810, John Haslam published and discussed the work of one of his patients, James Tilly Matthews, in a book called *Illustrations of Madness* (Haslam 1988). However, the purpose of this publication was to prove Matthews' insanity and to thereby defuse his critique of the hospital. For the most part, the art of people with mental illness in this early period was seen purely as the product of a delusional mind, and not interesting in any way from an artistic perspective. A common approach among early researchers was to analyse the works through a system of taxonomic classification, whereby they were categorised on the basis of the mental illness they referred to. This approach viewed the art as completely outside the realm of normal or common experience.

Alternatively the work of people with experience of mental illness was sometimes interpreted in a way which mythologised the experience of mental illness and its relationship to creativity. In the early nineteenth century, for example, the Romantics emphasised the freedom and individuality of the irrational motives of artistic creation in contrast to the more conventional, socially-regarding attitude of the professional artist. In Eugene Delacroix's 1850 portrait of *Michelangelo in his Studio*, in which the renowned Italian Renaissance sculptor is depicted in an apparent state of melancholy, his chisel lying on the floor unused, the French Romantic painter proposed that there was a link between mental illness and exceptional creativity. Although the Romantic artists and writers thereby created the circumstances for an appreciation of creative work by people with mental illness, they were not interested in the actual artistic products of such

people, and tended to mythologise marginality as the mark of the authentic artist (Bowler 1997, 14).

By the later nineteenth century, a new figure had emerged in contemporary scientific and literary discourse — the “mad genius”. With the invention of this concept, the art of people with experience of mental illness became the focus of scholarly attention. However, artworks by such individuals, along with their minds, were often viewed as evidence of “degeneration”, a return to a primitive stage of development as the Italian psychiatrist Cesare Lombroso maintained in *Genius and Madness* in 1864 (Gilman, 1985, 221-2; Foster, 2001, 2). In his book, *Degeneration* (1892), Hungarian writer Max Nordau, continued this argument, taking it to a new and sinister direction, asserting the moral sickness of modern artists. These ideas would ultimately lead to the defamation of avant-garde art and the art of people with mental illness in the Nazis' infamous “Degenerate Art” exhibition of 1937. Freud also made this connection between madness, creativity and regression, although he saw the tendency to regression as something inherent in all people, as a pathology that was, in its ubiquity, normal (Gilman 1992, 236-7).

Other early twentieth century writers took a less derogatory view of the connections between mental illness, art and creativity. Prinzhorn, for example, in his 1922 text *Artistry of the Mentally Ill*, which discussed works in the collection of the University of Heidelberg, was a pioneer in his refusal to read the works as the direct expression of illness. Nevertheless, by asserting that there were essential, identifiable features of art by people with mental illness, he presumed that the most relevant context for understanding the art was the distorted, inner world of the author's mind rather than other factors, such as a work's social or historical context. He argued:

The schizophrenic... is detached from humanity, and by definition is neither willing nor able to re-establish contact with it... We sense in our pictures the complete autistic isolation and the gruesome solipsism that far exceeds the limits of psychopathic alienation (Prinzhorn 1972, 266).

This approach, which saw the art as evidence of a deficiency in the creator, also went against any interpretation that such works possessed artistic value (Gisbourne 1994, 236; Jodi 1996, 31). Although some medical professionals put forward alternatives to this approach, such ideas continued to inform many psychiatric discussions of art after the Second World War.

For example, in his 1953 book *Experimental Studies in Psychiatric Art*, Dr Cunningham Dax maintained that “the same syndromes are seen in the paintings as in the clinical examinations, as for instance... the characteristic disorder of thought in schizophrenia” (Dax 1953, 92). Dax’s attitude was manifest in the way in which the works in his own collection were exhibited essentially as medical records according to diagnostic categories. As Dax argued, he was interested “merely in the painting as an expression of the particular sort of illness”, a perspective which has only been modified during the last five years (Robson 1999, 344).

Well before the 1950s, however, European avant-garde artists, such as Paul Klee and the Surrealist Max Ernst, had already repudiated the medical model and directly valorised the creative work of those experiencing mental illness. Beginning in the 1920s, such artists borrowed motifs and techniques from such art to reinforce the “otherness” of their own painting practice, using the supposed isolation and exoticness of the mentally ill to reinforce their own sense of exclusion from, and opposition to, the rational values of bourgeois society (Cardinal 1992, 94). The Surrealists, moreover, saw creative works by people with mental illness as art to be praised and imitated. In 1924, Max Morise argued: “Let us admire the lunatics... who manage to impart fixity to their most fleeting visions, in the same way the man dedicated to Surrealism tends to do” (Morise 1924, 27). Certain artists within the Surrealist group appropriated the work of those with mental illness. Max Ernst knew the Prinzhorn Collection and brought a copy of Prinzhorn’s book to Paris as a present for Paul Eluard in 1922. His *Oedipus* of 1924 shows evidence of borrowings from August Natterer’s *Miraculous Shepherd*, a work dated prior to 1919, and held in the Prinzhorn Collection (Cardinal 1992, 105). Through such efforts, the Surrealists were entering into a debate with the psychiatric establishment in France. As Adam Jolles argues, the Surrealists opposed the “constitutionalist” paradigm in contemporary psychiatry, which saw irrational behaviour as irrefutable proof of illness, by positing madness as “a nexus of symbols” (Jolles 1998, 47). By simulating observable symptoms of illness in their own work through the use of chemicals or sleep deprivation, the Surrealists challenged the link between madness and psychological deficiency. Some Surrealists even argued that art and literature by people with mental illness has an element of deliberate refusal within it. Antonin Artaud argued as follows: “[W]hat is an authentic madman? It is a man who preferred to become mad, in the

socially accepted sense of the word, rather than forfeit a certain superior idea of human honour.” (Artaud, 1976, 485)

The value of the Surrealist experiment, which can be counted among those efforts to de-medicalise understanding of art by people with mental illness, was in breaking down the absolute boundary between the mentally ill and the non-mentally ill in several ways. Within the Surrealist group itself the talented Artaud was later diagnosed with a mental illness, and the Surrealists’ work more broadly has helped us to acknowledge that, among the work of individuals suffering from various forms of mental illness, most deploy skills familiar to those judged sane. A corollary of this, and a factor rarely considered in the literature on this subject, is the influence artistic movements such as Surrealism have had on the work produced by individuals experiencing mental illness. Furthermore, the work of the Surrealists, and those who followed in their wake, such as Jean Dubuffet, helped to popularise the category of Art Brut. These historical developments have enabled a fuller acceptance and appreciation of creative work by those with mental illness.

The position adopted toward mental illness by certain individuals among the Surrealists and those influenced by the movement, however, was problematic. As Roger Cardinal argues, although the leader of the French Surrealists André Breton encouraged artists to imitate the irrationality he saw in the work of people with mental illness, he also believed that “the Surrealist creator was expected not to flounder about as an object of delirium but to retain the poise of the stable subject” (Cardinal 1992, 97). In other words, Breton looked at the experience of madness from a safe distance. Furthermore, as psychiatric studies and personal accounts of people with mental illness demonstrate, an individual experiencing psychosis is rarely in a position to freely choose their delusions and hallucinations.

In reviewing the history of attitudes to art by people with experience of mental illness, it emerges that even more recent, positive valorisations of the work of people with such illnesses, such as that put forward by the Surrealists, have tended to argue that there is a metaphysical “otherness” to such art. Modern artists and writers, for example, have argued that art by people with mental illness are examples of wild expression, inspired vision or transgression (Foster 2001, 17). As a result, the works of such individuals have been interpreted as illustrating something utterly beyond the

pale, transcendent and out of reach of normal, everyday experience. People living with mental illness — whether viewed as degenerates or Romantic outsiders — have been defined by art discourse as completely separate from those defined as normal individuals. But, we may ask, is this characterisation correct?

New research suggests that it is not. To begin with, as Mark Gisbourne has argued, it is clear that institutionalisation of the mentally ill — which led to their social invisibility in the nineteenth century — is what gave rise to fascination with and speculation about them (Gisbourne 1994, 229-230). In other words, the social meaning of art by people with mental illness was related to its institutionalised social “otherness”. Moreover, as many authors have argued, art created by people with mental illness is strongly connected to relatively common or universal human skills and experiences. According to David Maclagan, the works of such artists are not “solitary monologues” but, as in the example of Swiss artist Adolf Wolfli, often elaborate systems that relate to existing social and scientific structures (Maclagan 1999, 21). Such works, therefore, are not the product of completely unique, transcendent states of mind, but rather express an ordering, system-making tendency that has much in common with the products of those judged to be sane. Another example to consider is the case of the Norwegian-born painter Edvard Munch, author of *The Scream* (1893). In this work, Munch, a professionally-trained artist who, at various times in his life, suffered from depression and psychosis, created an image which has become a modern icon of mental anguish. However, at the same time, throughout his career Munch produced a broad range of artworks, including an extraordinary and compelling series of full-length portraits in which the artist’s experience of mental illness plays no part. Although these latter works are rarely noted in the literature on Munch, they highlight an important point about the relationship between art and mental health: not everything produced by artists who have experienced mental illness can be related to their medical condition. Furthermore, not even every aspect of a work such as *The Scream* can be attributed to the creator’s inner psychological state. Yet another critique of the sequestering of art by people with mental illness as irreducibly other is the fact that researchers such as Susan Spaniol have emphasised the cognitive dimension of art by people with mental illness, and argued that it is more closely related to wellness than illness (Spaniol 2001, 228; Foster 2001, 18, 28).

A further argument against the “otherness” thesis is the undeniable historical dimension to the artwork of those living with mental illness. Maclagan has noted that there is a historical component in the art of those with experience of mental illness. He draws attention to the fact that the crisis of representation that takes place in art at the beginning of the nineteenth century is also a feature of art by people with mental illness in the same period (Maclagan 1997, 138). In a similar vein, Allan Beveridge points out that Hans Prinzhorn, in *Artistry of the Mentally Ill* (1922), ignored the fact that some patients working in the psychiatric hospital had previous art training, failed to consider the artists’ awareness of how their work was received, and tended to downplay the social context of the institution as a factor in the arts’ creation (Beveridge 2001, 596-7). These omissions promoted the idea that work by people with mental illness is the product of a totally other, transcendent state of mind. As a corrective to this view, several authors have demonstrated that such work, rather than a pure product of illness, is often a response to, or evidence of, the historical and cultural circumstances under which the individual is living, such as the conditions of the asylum itself. In the case of Van Gogh, for example, we can look at his work as having something to say about the conditions of life in the Saint-Paul asylum in Provence rather than only a reflection on the interior of his mind. The most extreme formulation of this relationship between mental illness and its socio-historical context is the argument by the British psychiatrist R. D. Laing, that mental illness was a creative response to the untenable situation of living in an insane world.

This latter perspective has not taken hold as an interpretive frame for exhibitions held by institutions dedicated to the display of people with experience of mental illness. However, as discussed in the preceding section of this chapter, since 2002, the Cunningham Dax Collection has responded to more recent thinking about the display of this art and has repudiated an exclusive focus on psychiatric interpretation, making efforts to mount temporary exhibitions of individual artists and exhibit the multiple dimensions of creative work. This latter perspective was reflected in the exhibition space in 2006, where the collection was physically divided into two separate groups: one emphasising the medical interpretation, the other highlighting the aesthetic. As a note on the Collection’s website from that period explained:

The Cunningham Dax Collection considers the first group as “therapeutic art” and views them with a primarily clinical emphasis. Artistic merit may be considered with other aspects of the work. The second group of works is viewed primarily as art with clinical considerations being considered with other aspects of the work.

Given the special circumstances under which the works in the Cunningham Dax Collection were produced, and the fact that the Collection was originally intended to educate medical students and the general public about the affective qualities of psychiatric disorders, it is not surprising that for many years the images were interpreted almost exclusively as evidence of disturbed states of mind. Nevertheless, as the staff at the Collection have been aware, these works were created by people who, no matter how debilitating or painful their illness, participated in a world outside their afflictions. Technical, stylistic, historical, social, and institutional factors necessarily informed the creation of these works. As evidence of this, we can cite for example the repetition of visual motifs in works within the Collection, including waves, volcanoes, and tunnels. These subjects, far from being exclusive to images produced by psychiatric patients, are common subjects of visual representation, and frequently appear within commonly available book illustrations, artworks, and other visual representations. When an individual chooses such an image, even in the context of medical therapy or treatment, the result is not simply a spontaneous outburst of the creator’s inner world. Rather, as David Maclagan has argued “[n]o picture, however vivid or illusionistic, is ever a direct image of whatever was going on in the artist’s mind. Far from being a kind of mental photograph, it is a translation” (Maclagan 1999, 22). That is to say, such images translate feelings, sensations and impressions into a visual language. This language, which is necessarily adopted from pre-existing models, has its own social component. We understand, for example, that a tunnel can stand for feelings of despair, or a wave for being overwhelmed, because of a shared cultural history within which such motifs have come to be associated with those emotions. From the existing cultural “image bank”, the creators of such works have created an effective means of communicating their state of mind, an effectiveness which has as much to do with the social character of representation as it does the inner dimension of the artist’s experience.

To analyse a more specific social dimension of the creation of the works in the Cunningham

Dax Collection, it is important to take note of the precise circumstances under which they were produced. As an occupational therapist who worked over many years at Larundel Hospital has explained, many of these pieces were created in a group setting where patients created work side by side. In this context, unlike the conventional model of a lone artist in the studio, individual creators were affected by the state of mind of those working alongside them. In this sense, the images give evidence not only of an individual experience, but of one shared between people. Similarly, in images covered all-over with frenetically executed marks — works which have been interpreted as giving evidence of the excitement and mental disorganisation associated with “mania” — in some cases, the all-over quality was motivated by a desire to obliterate a pre-existing image, and thereby conceal it from view. In other words, the individuals who created such works had an awareness of the fact that they were to be viewed and altered them accordingly. In both cases, we are not dealing with pure expressions of an individual mind, but with a socially mediated image that belongs to a specific interpersonal context, no matter how unusual or atypical that context may be. For all these reasons, it made sense for the Cunningham Dax Collection to add an aesthetic interpretation of the works to complement the psychiatric reading. However, a remaining difficulty with the 2006 division of the permanent collection display at the Cunningham Dax Collection is the suggestion that, while the artistic and the clinical do overlap, ideally they are best kept separate.

To summarise the history of attitudes to the work of people with experience of mental illness, approaches to this art can be divided into three broad categories. First, there are studies that examine the work for evidence of individual human experience that is completely “other” to the norm. Many psychiatric analyses of art fall into this category, but so too do certain artistic valorisations, whether in the judgement that a given work is evidence of an artist’s genius, or in the designation of “Outsider Art” status. Second, we have approaches that examine artworks for the way in which they relate to relatively common human experiences, consciousness, and skills, as in cognitive studies of the art, or those that stress artistic abilities and creativity which are relatively common features of human activity. Third, we have those studies that examine the work for its social and historical meaning, relating it not so much to the interior world of the individual, but rather to the context from where it emerges.

Rather than select one approach, or present two or three of the approaches separately, a synthesis of all three outlooks gives the most complete picture of artwork by people with mental illnesses. In this way, the complexity of individual artists and artworks can be emphasised. In spite of the potential problems associated with seeing the work as “other” to normal experience, it is important to identify what is unique about each work and its creator, including what the work may reveal, if anything, about the author’s experience of illness. At the same time, it is essential to acknowledge that the skills involved in the creation of such art, and the vision it reveals to us, are not entirely foreign to common human experience, and that they share historical and cultural features with work by those not living with mental illness. The future for research in this area is, therefore, an approach that is able to meaningfully combine these outlooks into a more synthetised union that reflects the complexity not only of the artwork itself, but which acknowledges the diversity of approaches that can be taken to this art

Future Directions in Exhibiting Art by People with Experience of Mental Illness

Various developments across the fields of psychiatry, public health, consumer advocacy, art history, and museology have prepared the ground for a new approach to the display and interpretation of art by people living with mental illness. A new system of exhibiting artworks by people who experience mental illness should have the goal of respecting authors, educating the broader community, and lessening stigma. In such an approach, viewers should be made aware of their ethical responsibility toward the creators of such works, of the different meanings that can attach to the works, and of the pressing need to ameliorate the often difficult circumstances of a vulnerable population with modern society.

A recent trend in exhibitions of art by people with mental illness is to show the work of people, both with and without an experience of mental illness, side by side. One example is the exhibition “Parallel Visions: Modern Artist and Outsider Art” held in California in the early 1990s, which contained several works by relatively unknown artists with experience of mental illness alongside works by more famous modernist artists without any documented history of such illnesses. The exhibition, which stressed the connections between the psychological, artistic,

and socio-historical, was not primarily motivated by a determined effort to destigmatise mental illness, exploring the work as psychological, artistic, and historical artefact. Moreover, as the exhibition title itself suggested, the real subjects of the exhibition were the modern artists, and not those with mental illness, prompting Robert Hughes to suggest that:

This relationship between insider and outsider, amateur and pro ... one of the main themes of this extremely interesting show... [is] a one-way flow — the outsiders were less interested in the pros than artists like Paul Klee or Jean Dubuffet were in them (Hughes 2001).

In spite of the equality between those with and those without documented experience of mental illness suggested by the word “parallel” in the title, the exhibition could still prompt these rather broad generalisations about the art without solid evidential basis.

Another approach was trialled by the exhibition “For Matthew and Others” held in Sydney in 2006. By breaking down the hard and fast division between the work of people with experience of mental illness and those who took mental illness as their subject, the exhibition questioned the categorisation of individuals into the strict compartments of sane on the one hand and mentally ill on the other. One of the most striking aspects of the exhibition was the way in which work by artists presented in both categories could be seen to share certain characteristics. A common explanation of this feature in the literature on art and mental illness notes that modern and avant-garde artists have deliberately borrowed techniques and styles from the work of people with mental illness. However, it must be remembered that, for the artists with experience of mental illness exhibited in this show, formal art training or awareness of broader art trends has meant that they too have borrowed from the visual image bank accumulated in art history to express their experiences. In other words, this is a two-way relationship, an acknowledgement of which creates the conditions for identification and its corollary, empathy, one of the most important pre-conditions for an ethical approach to both the work and the creators.

Showing art by people with an experience of mental illness alongside that of those who have no such experience has its risks. It may be implied that there are no differences between the experience of those with and without such illnesses. While there is merit in asserting that

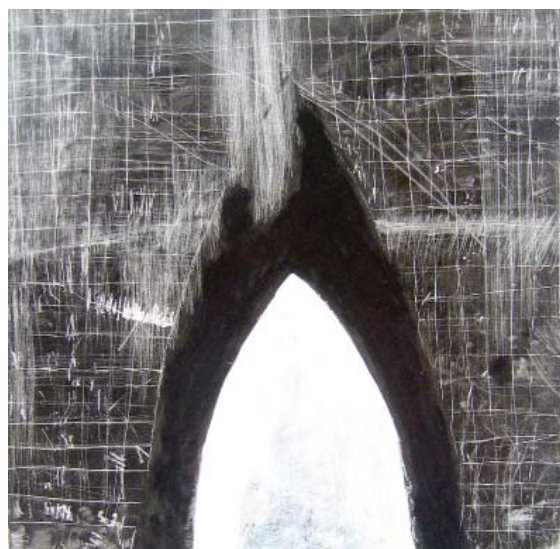
both kinds of works are equally worthy of our attention, there is a risk that the very real and important differences between the experience of those with and without mental illness are erased. This criticism has been raised by art critics in recent years. For example, in his review of another recent exhibition showing work by people both with and without a documented experience of mental illness, Richard Dorment commented that “Inner Worlds Outside” was:

a wicked, pernicious exhibition based on a false premise and proselytising for an evil idea... What is objectionable is to present the art of people with severe mental illness alongside the work of Francis Bacon, Joan Miró or Francis Picabia, and then to propose that there is no essential difference between the two, that both are simply different manifestations of modernity... To hang works by the two utterly different kinds of artists side by side without drawing distinctions between them is utterly ridiculous (Dorment 2006).

Although there are serious problems with asserting that there is no difference at all between art by people with and without experience of mental illness, the vehemence of Dorment’s attack and his comment that the work of people with experience of mental illness fills him “not with admiration but with dread” suggests that the mere suggestion of equality rocks some deep prejudices. The Australian art critic Sebastian Smee’s 2006 review of “For Matthew” in *The Australian* followed similar lines (Smee 2006). He was determined to maintain precisely this barrier, insisting that art may be the product of neurosis but never of psychosis, effectively discounting at an aesthetic level the work of artists in the exhibition. Even the most well thought through exhibition of art by people

with experience of mental illness, it seems, will not necessarily achieve the objective it sets as a goal.

One of the problems that interferes with these critics’ understanding of the fluidity between the classifications of sane and mentally ill is the concept of art itself. A new language of criticism and appreciation, in which the idea of art and creativity takes second place, is required to overcome this kind of reaction. It is important to create an appreciation in the mind of the viewer that the experiences of individual artists have sometimes meant their marginalisation from society, and that this marginalisation can be overcome through having the work of these artists accepted as the products of people who have full, creative, three-dimensional lives outside the accepted parameters of the social definition of mental illness. By accompanying the exhibition with narratives, documents, and archives telling the story of the individual’s lives, their relationship with institutions, and the experiences of their friends and relatives, the curators of “For Matthew and Others” made viewers aware of the living reality of the artists and what they have experienced in historical terms, rather than allowing romanticised conceptions of the links between mental illness and creativity to cloud perception. However, if otherwise intelligent critics continue to apply fundamentally discriminatory criteria to the work of people with experience of mental illness, it seems that there is still a lot of work to do. Simply exhibiting this work as art and thereby de-medicalising the discussion and exhibition of art by people with such illnesses clearly isn’t enough to bridge the gap between our current tendency to stigmatise mental illness and the equality that such artists deserve.



Sally Flynn
The Grid, 2004
oil on masonite
90.9 x 90 cm

3. A Museology Perspective: Lessons from the Display of Medical Collections — Issues and Ethical Concerns

Although this research project has restricted its focus to the ethical issues associated with the display of artworks created by people who have an experience of mental illness and trauma, its findings can be applied to the display of medical collections in general. The relation is two-way: just as thinking about the problems associated with displaying this artwork has implications for medical collections, thinking about the problems associated with the display of medical collections can illuminate the issues faced by curators of this kind of artwork.

This section will examine the variety of ethical issues that confront curators when exhibiting medical collections by examining, in particular, the display of human remains, psychiatric collections, as well as collections relating to disability.

The wonder of medical collections

Medical collections are often weird and confronting yet most people find aspects of them intriguingly compelling. Essentially, medical collections consist of objects that range from anatomical specimens, professional instruments used in the practice of medicine and medical research, as well as artefacts of domestic medicine and public health education. They have the potential to tell stories from different cultures as well as different eras.

Visitors are captivated by the gothic theatricality evoked by medical collection displays (Arnold 1996). There is a fascination of the unknown and even, at times, the forbidden. Dramatic experiences of high emotion range from portrayals of pain, stigma, respite, revelation, and intrigue.

Medicine interconnects with the worlds of science, technology, culture and ethics. As a consequence, medicine, and its associated collections, questions our values. Medicine has the capacity to touch on many areas of public dialogue with subjects such as gender, normality, health and wellbeing, life and death. In all parts of the world there are impassioned debates surrounding the topics of contraception, abortion, and euthanasia.

What are the intentions of medical collection displays?

Exhibitions that display medical collections can be staged in a variety of settings. They are traditionally seen as being housed in museums, but can also be viewed in hospitals, schools, trade centres, art galleries, and shopping malls.

Medical exhibitions have traditionally been confined to an educational role. They have primarily told stories of science and medicine that aim to inform the visitor about ways to improve their health and wellbeing. They have also traditionally told stories of medical history, raising issues of past medical practice and how that might inform what we do in the future. Medical exhibitions are often aimed at the broad general public, but they have also been directed at specialist education audiences.

More recently, however, medical collection objects have been taken out of the realm of science and history and used to tell stories from wider fields. Contemporary displays have covered the themes of fine art, museology, philosophy, and ethics. They often explore the multitude of issues concerning the body, the mind, and medicine — examining the past as well as projecting into the future.

Successful medical exhibitions strive to achieve a strong emotional and intellectual connection with the visitor. An intellectually engaging exhibition may momentarily intrigue the visitor but fails to make a lasting impression.

What do visitors expect of medical collection displays?

Visitors entering a medical collection exhibition expect scientific information that is communicated in a clear and concise way. Any contemporary medical content should be relevant to issues of personal health and assist visitors to make informed choices. Visitors to museums expect the information to be trustworthy and without bias. If a specific stance is taken, it should be stated upfront. They expect the information to be authoritative without being condescending and dictatorial.

Visitors demand respect. They bring with them rich life experience and are not empty vessels waiting to be filled with knowledge. They come with their own values and beliefs. Certain aspects of a medical exhibition may be too confronting or controversial to any individual on a particular day. The visitors' requirement to make a choice

must be valued. Appropriate signage at the entrance of a display should state upfront the content of the exhibition and flag areas that may cause distress to some. Information should be included on advertising fliers if the exhibition contains considerably confronting material. Themes that challenge many visitors include anatomical displays, sex, contraception, abortion, and depictions of pain, illness, surgery, and death.

Visitors anticipate that an exhibition will be a special and intriguing experience. An exhibition should engage intellectually, but more importantly, it should also engage emotionally. Without an emotional connection exhibitions can leave a visitor with nothing but cold information. They struggle to make a correlation between the exhibition experience and what is significant to them in everyday life.

Museum visitors expect to see real authentic objects and are disappointed if this is not the case. Reproductions and mock-ups must be clearly labelled as such and if possible completely avoided. The community expects museums to deliver genuine experiences. Any shortcomings in this area undermine the expectation that museums are places of legitimacy and professionalism.

Increasingly, visitors are looking for opportunities to express their personal opinions within an exhibition. Many exhibitions contain visitors' books or an online opportunity for contributing comments. The input may be feedback, but there now appears to be a greater need for visitors to make an obvious contribution of their opinions within an exhibition for all to see. This is particularly true of exhibitions that stir up memories or emotions, but also of those that stimulate discussion and debate.

The Ethical Issues in Displaying Medical Collections

Precisely because of its confronting and controversial nature, medical collection displays can create moral dilemmas for museums. Primary ethical areas to consider are consent, harm/benefit, exploitation, respect, and trust. In order to explore these areas and how they relate to medical displays, three specific areas are examined: the display of human remains, psychiatric collections, and disability collections.

Display of human remains

Within a medical context, the display of human remains have traditionally encompassed anatomy and pathology displays. They include wet, potted specimens of human organs and, more recently, specimens that have been preserved by a method called plastination. At times, these displays may contrast healthy and diseased tissues. They have conventionally been used to teach human anatomy and physiology to health professionals within educational institutions, such as universities. However, recently, this situation has changed and some museums may display anatomical exhibitions specifically aimed at a young education audience as well as the general public.

Human remains are also displayed in many other contexts besides medicine. They are used for telling stories of history, culture, anthropology, and sociology. Although these contexts are quite different to those in medicine, there is some overlap of issues that should be considered.

Importantly, there are legal requirements for the display of human remains. Within Australia the *Human Tissue Act 1982* allows for the use of human cadavers for post-mortem examination, therapeutic purposes, as well as medical education and research. Written consent is required from the person concerned while they are alive, before their body can be used for these purposes. In Australia, exhibitions of human anatomy can be displayed at museums that target the general public, as long as the obvious primary aim is that of medical education. Currently, these exhibitions can only display organs and, to date, cannot feature intact preserved human cadavers.

Historically human organs have been displayed as depersonalised specimens. There is rarely any information regarding the person they once came from, except perhaps a reference to an illness they may have experienced prior to death. Some have argued that depersonalisation is a negative practice. Depersonalisation has the capacity to divorce the visitor from the profundity of what they are witnessing — a once living person, rather than a diseased organ. Others, however, recommend that distance is indeed required if we want to reach a wider audience without causing difficult emotional distress. University departments of anatomy actually request that anonymity of the donor be preserved when displaying human remains out of due respect for the next of kin. Although no longer a human presence, the cadaver still reminds us of the

person that once was. Accordingly, there is a belief that a cadaver should be treated in a respectful manner. All that remains of the person is their body, and yet our respect for that person and their memory leads to respect for the person's remains. It therefore follows that, in displaying human remains, it is important to always treat all human tissue with dignity and respect (Campbell et al 2005).

In some countries, anatomical displays have used cadavers from unclaimed bodies. In general they come from people who are from disadvantaged sectors of society. This practice involves a fundamental lack of consent and poses the dilemma of possible exploitation of one community group by another. In this situation, greater emphasis is placed on the educational value of dissection and possible future medical benefits rather than on the autonomy of the disadvantaged within society (Campbell et al 2005).

Of course, the use of human material derived in an unethical fashion raises the matter of moral complicity. An interesting issue has emerged from the use of anatomical specimens obtained from the corpses of those executed under the Nazi regime during Second World War. An anatomical atlas created by Eduard Pernkopf is under particular scrutiny. There are those that make a case for having the atlas banned, stating that a profit should not be made from the cruel exploitation of human suffering. Others argue that the continued use of the atlas, with an outline of its history, is a fitting tribute to those that died and can be used, not only for the teaching of anatomy, but also ethics and history (Jones 2007). Questions remain as to whether the atlas is really of such a unique and high standard that it cannot be replaced by other anatomical atlases, and whether this particular atlas might now have a new role in the study of ethics and history. Therefore, a museum must carefully consider whether an exhibition of human remains, which have originally been obtained in an unethical fashion, will ultimately compromise an institution's credibility and professionalism.

This raises the question of why there is such a compulsion by museums to display human remains. Why are models, photographs, and illustrations not considered to be adequate enough for teaching anatomy and physiology? Quite simply, when one does view the parts of a person who was once living, it does more than communicate the exquisite complexity of physical structure and function. It immerses

the visitor in an experience that occurs at a more profound psychological, philosophical, and spiritual level. One hopes that this powerful reflective experience can occur in a morally safe and non-exploitative environment.

Unfortunately, we do see exhibitions of human anatomy that have fallen victim to sensationalism and exploitation. More contemporary examples of these are the suite of "Body World" exhibitions developed by Gunther von Hagens. The development of the technique of plastination of human tissue, initially for the purposes of teaching and research, has culminated in the ability to produce whole plastinated human specimens. Many blockbuster exhibitions of this kind have been seen worldwide with entire cadavers posed in a variety of ways — sitting, playing chess, using a mobile phone, or simply dissected to reveal internal organs. Considerable public debate has ensued and is likely to continue (Campbell et al 2005).

Educational, scientific, and clinical justifications are central to the ethical legitimacy of anatomical displays. One must question a situation where the intention is to create works of art; where the role of anatomical education is secondary to the interests of the artist (Jones 2007). Some feel that these specimens are used as an entertainment that demeans and exploits the human body. The transformation of humans into art displays is seen as jeopardising human dignity. It is particularly noted that von Hagens' need to present himself as the sole artist of the "Body World" exhibit breaches the issue of human respect (Burns 2007). Interestingly, medical professionals have questioned the actual anatomical learning that is achieved with such garishly posed specimens. Clearly, the issues of exploitation, profiteering, and self-aggrandisement require much consideration.

Visitors also question the educational value and motives behind the more sensationalistic anatomical displays. Research studies have found that visitors criticise the displays for not providing enough scientific information, and feel that the exhibits are primarily a business enterprise (Lieberich et al 2006).

Importantly, discussion has raised the role of the donor. Some suggest that anatomical displays need to be much more personalised and that due credence needs to be attributed to the donors without divulging too much private information (Burns 2007). Consideration must also be given to how an anatomical display might be viewed from the perspective of the next of kin, and what

this might imply as far as respect and trust are concerned (Preuss et al 2008).

Display of psychiatric collections

Collections concerning psychiatry can take a variety of forms. They can be psychiatric hospital archives, photographs of psychiatric institutions, artefacts from a psychiatrist's office, or artworks created by people with an experience of mental illness or trauma. These objects tell many different stories including those that are medical, historical, institutional, political, and personal.

A display of psychiatric artefacts has the capacity to explore past medical practice, encouraging discussion and debate about historical and contemporary issues of psychiatric diagnosis, treatment, and social stigma. There are a variety of ethical issues to examine however. These include bias, respect, consent, and exploitation.

In presenting narratives of psychiatric history, a curator must examine whether a particular story is being emphasised over others. One needs to consider if any one specific agenda is being significantly promoted at the expense of other possible points of view. There is sometimes a tendency in museum displays to perpetuate the concept of past grisly medical horrors in order to glorify the successes of modern psychiatric medicine and their medical practitioners. These practitioners are often awarded hero status, but, in doing so, many personal stories about individual patients and other staff are ignored (Coleborne 2003).

Consideration must also be given to how stories of mental illness and mental wellbeing are told. How is mental illness being portrayed within an exhibition? Is it adhering to clichés and enforcing stigma?

When we examine specifically the ways in which artworks from people that have experienced mental illness are displayed, we need to take into account many issues. Does such a display enhance our ability to empathise with those that have experience of mental illness? Should we display artworks that were created by patients in psychiatric therapy programs, and should these artists be credited? Should artworks be displayed only with the artists' consent? Who holds the power of interpreting the works and their "meaning"? Is a display of therapeutic artworks potentially exploiting an artist and their life experience?

Observations have been made about the Cunningham Dax Collection of artworks, many

pointing out the fact that it bears the name of the psychiatrist that originally collected the works. Some suggest that the Collection has historically run the risk of appearing to be more about preserving and accolading the work of a psychiatrist, Dr Cunningham Dax, than that of the work of artists who have experienced mental illness and trauma. It has been proposed that the professional identity of Dax has been enhanced by the collection which links his name and personal history with the art he once collected and displayed to the public. When the Cunningham Dax Collection was developed the private views, identity, and consent of the psychiatric patients were, in general, left unknown (Robson 1999). This historical practice has since changed.

It is important to note that some artefacts, such as medical records, contain private information, the details of which cannot be displayed due to legislation outlined in the *Health Records Act*, and the *Privacy Act*. Restricted access to such records has unfortunately skewed historical interpretation of events in psychiatric history. Rigid adherence to patient confidentiality has resulted in limited access to psychiatric medical records. The consequence of these restrictions is that there is a lack of historical research into the changes that have occurred in human psychology and psychiatry over the twentieth century (Westmore 2003). Preserving patient confidentiality can also result in stories only being told about events rather than personal stories of people and their experience (Coleborne 2001).

Display of disability collections

Collections concerning disability can be very diverse and can encompass both physical and mental disabilities. They may concern objects that relate to the medical research, diagnosis, and treatment of disabilities. They also cover items that act as aids for people that experience disability, or they may be creative works made by people that experience disability. Additional collection artefacts may also refer to the stigma that can be associated with disability.

Exhibitions relating to stories of disability are often fraught with problems. For some curators it is a proverbial minefield. Exhibitions concerning disability have been side-stepped in the past, as museums are anxious not to be seen to be supporting freak show approaches which might encourage voyeurism and disrespect, or be seen to be exploitative and sensationalistic (Sandell et al 2005).

Dilemmas exist about how to tell the difficult stories in psychiatric institution history, war injury, disability history, as well as the personal experience of pain and distress. In what circumstances should a link with disability be made explicit (for example, an artist's disability) where it might not otherwise be obvious to the visitor? How can the material be interpreted in ways that reflect and incorporate perspectives and insights from disabled people (Sandell et al 2005)?

It is argued by Sandell et al (2005) that, by contesting reductive stereotypes, addressing the difficult stories surrounding disability history and presenting the diversity of disability experience, museums have the capacity to challenge our understanding of what disability has meant to society in the past and could mean in the future.

So how exactly do we tell the stories of disability? Should people be described as victims that suffer or are they part of the rich diversity within human society? Are we dissipating or enforcing the stigma of disability? Have stories been told from a personal perspective? In developing the exhibition, have we consulted with individuals and communities? Are stories about a particular disability focussing on the sensational heroes at the expense of a broader, quieter community? These questions touch on the broader ethical issues of exploitation, consent, bias, and respect.

Conclusion

Visitors expect contemporary museums to be visionary and to conduct themselves at the highest level of professional practice. Implicit within this is that museums are expected to be categorically ethical in their approach. This is particularly true of museums that are financed, partially or totally, by government-awarded taxpayers' funds. Privately developed exhibitions, particularly those that are run as profit-making enterprises, have less community pressure to conduct their business in a strictly ethical manner.

The confronting and controversial nature of exhibitions that feature medical collections has the capacity to seduce, connect and captivate the visitor. At the same time they also have the capacity to alienate, revolt and distress. The display of medical collections can create many moral dilemmas which must be considered carefully on a case-by-case scenario. The main ethical areas that require meticulous consideration are consent, harm/benefit, exploitation, respect, and trust.



Carla Krijt
Starry starry night dedication, 1999
oil on paper
30.5 x 23 cm

4. A Philosophical Perspective: Ethics in Focus

Exhibiting work created by those who have experienced mental illness takes you into morally dangerous territory. The moral danger zones overlap with those encountered in exhibiting human remains and medical collections more generally, as discussed in Section 3. This section explores the ethical risks already identified in greater depth.

Not all works in collections of creative works by people who have experienced mental illness have been acquired with the consent of their creators. Typically, at least some, if not the greater part, of the art objects that these collections house were produced in a therapeutic context, for therapeutic purposes, and with the probable presumption that the work would remain within that context. Many were acquired without the knowledge or consent of their creators, nor can we assume that they would have consented to their exhibition had they been asked. In some respects, those works produced in the context of art therapy programs in residential psychiatric institutions are analogous to medical records since they document a therapeutic process. Displaying them would seem as morally inappropriate as displaying personal medical records without permission. In addition, the mentally ill continue to be among the most marginalised and stigmatised groups in our society and, no matter what the intentions of well-meaning curators, there is no way to control the response of audiences to the presentation of this often confronting and emotionally charged work. This forces us to confront the question, “Why exhibit them at all?” Why not either archive them for the use of a handful of researchers or belatedly consign them to the bin from which so many were rescued in the first place? The answer must surely be because, if done well, such exhibitions can bring enormous social and cultural benefits. Engaging with these works can encourage us to see the humanity and creativity of their creators and to reflect on our assumptions about how art is demarcated from non-art and mental health from mental illness. Many of the works reflect the social contexts of their production and so are valuable historical records of our changing understanding of and responses to mental illness. They are at once personal, local, and universal.

We believe that, with care and thoughtfulness, it is possible to exhibit this work in ethically responsive ways. The following section aims to

provide a map of this ethically fraught territory using as a compass the key moral concepts of consent, harm and benefit, exploitation, respect, and trust.

Consent

Why consent matters

The ethical importance given to meaningful consent — that is free and informed consent — stems from the value of autonomy or self-determination. As reflective creatures, human beings have the capacity to choose how to live our lives, including what goals to set for ourselves and what values to try to realise. We are capable of being the authors of our own lives and this capacity is of great value to us; philosophers call it the capacity for autonomy or self-determination and believe that it grounds the distinctive respect owed to human beings.

Self-determination has both internal and external conditions: you cannot choose the course of your life without an adequate range of options to choose from; nor can you be the author of your life if you are not permitted to act on those choices. Internal constraints can likewise diminish one’s capacity to be self-determining. Temporary or permanent loss of the capacity for practical rationality including, for example, the ability to understand information, evaluate outcomes and engage in deliberation, makes self-determination impossible, while lack of information and manipulation undermine it. Mental illness poses a special threat to self-determination since it may, at times, make someone incapable of effective deliberation; such people are said to be incompetent.

When someone consents to an outcome, whether it be significant or everyday, that outcome becomes an expression of her ability to be self-determining. Without consent, an outcome is something that merely happens to them, for good or for ill. For consent to have this role, it must itself be an expression of the person’s ability to be self-determining and so be given after reflection, without manipulation, and in knowledge of relevant information. Not just any sort of consent will do: consent must be free and informed.

Voluntary, non-voluntary and involuntary

Participation in a project against a competent person’s express wishes is *involuntary*. Involuntary participation fails to respect the

person's capacity for self-determination and is almost invariably morally wrong. Involuntary participation should not be confused with *non-voluntary* participation. Non-voluntary participation is participation without meaningful consent, perhaps because the person is unawares, or perhaps because the person lacks the ability to consent. While involuntary participation violates autonomy, non-voluntary participation ignores it, or assumes the person is unable to meet relevant standards of competence. With involuntary participation, it is known that the person *would not* consent, because she *does not* consent; but with non-voluntary participation the person might have consented had she been competent to do so, or had she known of her unwitting involvement. Though not as clearly problematic as involuntary participation, non-voluntary participation remains morally problematic for three reasons: no actual meaningful consent is given; it is hard to determine whether someone would have consented, had they been given the opportunity, without having a great deal of knowledge about them, their values, and inclinations; and even if we can make a reasonable determination that they would have consented if knowledgeable and competent, this merely hypothetical consent does not have the moral standing of actual free and informed consent.

Like many similar collections, works held by the Cunningham Dax Collection fall into two categories: those works that were voluntarily given to the Collection by the artist, and those that were given to the Collection by mental health professionals and others, most having been produced by clients for therapeutic purposes. The artists in this second group cannot be presumed to know that their work is in the Collection, or to have consented to its inclusion. Works produced in a therapeutic context are quite unlike works produced by self-identified practising artists, or produced by art students in art classes. In these latter contexts, we can assume the person made an object with the intention of producing a work of art that might be viewed by others. It is thus likely, though by no means certain, that they would consent to their work being displayed, provided that display met relevant standards of sensitivity and respect. Not so with works where the context does not help us identify the intention of the maker or where the context suggests the intention may have been therapeutic or personal rather than communicative. Here it cannot be assumed that they would consent to these works being displayed if they were asked, even if that display were done with sensitivity and

respect. They might, of course, but the context does not provide enough information to make a reasonable assumption about this.

Many of these works were gathered at a time when there were broad-brush assumptions that consumers of mental health services are incapable of meaningful consent, which may explain why consent was not secured. (See Section 1 for a brief history of the emergence of the mental health consumer movement.) In the case of unsigned work that was gathered from storage when residential psychiatric programs were closing down, it was simply impossible to get consent, since the creators of individual works were — and are — unknown. However, as forcefully argued by consumer rights advocates, just because we are talking about a mental health context, it does not mean that a broad-brush assumption of incapacity is legitimate: different mental illnesses have different effects on capacity, at different times. Even where capacity is episodic, consent can be sought when it is present. Nor does the impracticality of obtaining consent make its lack any less of a moral loss. None of these concerns about exhibiting extend to those works that have been voluntarily gifted or loaned, though in receiving such works it is important that any collection take due care to ensure that consent is free and informed and a genuine expression of the donor's capacity for self-determination. Similarly, when borrowing works from other collections for exhibitions it is important to know their policies regarding acquisition of work.

Harm and benefit

What counts as harming?

The notion of harm is harder to pin down than it initially appears. There is philosophical consensus that it must be understood counterfactually: A is harmed by B's action, only if that action leaves A significantly worse off than she otherwise would have been. This means that in making a claim that someone is harmed, we implicitly appeal to a hard-to-define baseline against which to compare how things are now with how they might have been instead. But if we do not appeal to such a baseline, then any failure to benefit someone could count as harming them — an intolerable result, given that it is always morally problematic to harm someone but not always morally problematic merely to fail to benefit them!

We cannot understand what harm is without understanding what wellbeing is, for to suffer harm is to suffer a loss of wellbeing. Some accounts of wellbeing (eg hedonism) claim that wellbeing consists entirely of having positive psychological states such as happiness or pleasure, and the absence of negative ones, such as pain or distress. These accounts make wellbeing subjective, which means that what you don't know can't hurt you. There is a rich strand of both philosophical and commonsense thinking that rejects this assumption: you can be harmed by being subject to ridicule, say, even when it goes on behind your back and you remain unaware of it. Other things being equal, being an object of ridicule makes your life go less well than the same life lived without ridicule. On the positive side, it follows that if one can be harmed unawares, one can also be benefited whilst being unaware of that benefit. That harms and benefits are not exclusively subjective is important in understanding the ethical risks of exhibiting the work of those artists whose work was acquired without their knowledge. We return to this in the sections that follow, which discuss the prospect of harms and benefits accruing to different groups and individuals.

Who might be harmed and how?

Exhibiting the creative work of those who have experienced mental illness presents some risk of harm to them. It could be distressing to see your work displayed in an unexpected context, or in a way that you disapprove of. Curators can lessen the risk of such harms, but they cannot be entirely eliminated, since information about or images from an exhibit can be represented in the media in ways that ignore the contextual framing provided by seeing the exhibit as a whole. Even those who voluntarily gave work to a collection knowing that, for educational or other purposes, it could be exhibited in a range of contexts can experience distress when confronted with the exposure of unwanted media representations of their works. Mental illness may increase vulnerability to this kind of risk, both in itself and on account of the stigma attached to it. Any such distress must be multiplied many times over for those who first become aware that their creative works, produced during a time of their lives that they may wish to forget, and long since thought abandoned, have been appropriated without their knowledge or consent. It is true that someone who does not know their artwork is housed in a collection might be less likely to attend such exhibitions or track their reviews in the media than someone who knew their work was, or might be, represented there, so the probability

of experiencing distress is less for members of this group than for those who have voluntarily donated their work. However, they are also less likely to receive compensatory benefits from having their work exhibited, and may suffer non-subjective harms other than distress.

We value being able to control when, how, and to whom we disclose our innermost feelings and thoughts. We think it important to be able to negotiate for ourselves what is to count as public, what private, and so we take ourselves to be harmed when we lose this control and private information about us is spread abroad. Here the problem lies not just in the distress that comes from knowing this has happened but in the fact that it has happened, whether we know it or not. The value of being able to control who has access to what sorts of personal information about us is recognised in legislation requiring confidentiality in a wide range of contexts, not just medical ones. Some ways of exhibiting non-voluntarily acquired works increase the risk of the harm of loss of control over disclosure; others lessen it. Anonymity can be used to protect confidentiality, but, as noted in Section 3, it can also make it difficult to tell personal stories that recognise the unique subjectivity of individuals.

Viewers of these often emotionally charged and confronting works are at risk of being distressed or disturbed by the experience. People who have themselves experienced mental illness, are concerned about their own psychological wellbeing, or have relatives or friends who have experienced mental illness, may be especially vulnerable to distress from viewing these works. Young people are another especially vulnerable group, and some works are clearly not suitable for viewing by children. Any exhibiting institution has a duty of care to those who might be adversely affected by viewing sensitive material that they have made available to the public.

Who stands to benefit and how?

Benefits can be either direct or indirect. Direct benefits, whether large or small, accrue to those whose experience of the exhibition is overall positive; indirect benefits accrue to unidentifiable individuals who gain from the flow-on effects of the exhibition. These benefits are often incremental and result not from a single exhibition but from the kinds of cultural changes to which such exhibitions can contribute.

Artists who consent to participate in exhibitions stand to benefit directly as their creativity and experience is validated through recognition. If

we accept that it is possible to be benefited as well as harmed unawares, then it is possible to benefit even those who do not know their work is being exhibited. Such benefits might take the form of having had one's works be part of a broader movement that became instrumental in changing attitudes towards mental illness. It must be conceded, however, that such benefits are more speculative than those likely to be provided by active, consensual participation.

Viewers of exhibitions stand to benefit directly as their interest is engaged, their understanding broadened, and their thinking stimulated by their chosen mode of engaging with these creative works. For these benefits to be likely, despite differences in the interests and experiences of viewers, exhibition strategies must enable multiple modes of interaction with the works, so that diverse viewers can engage with them in their own way. If an exhibition is done well, viewers who have experienced mental illness can benefit in unique ways as they find validation for their experience in the works.

Indirect benefits include greater social understanding of mental illness and increased empathy for its sufferers, increased awareness of the humanity and creativity of people who have experienced mental illness, and thus a reduction in the stigma attached to it. We are, each of us, the beneficiary of these changes — those who have suffered mental illness, their family and friends, even more so. These are long-term goals, and no single strategy, let alone single event, can bring them about. But each successful event can contribute something to this larger project. In addition, institutions can target particular audiences, such as high school students, who might be especially effective in bringing about these kinds of cultural changes.

Exploitation

The concept of exploitation provides a bridge between the two central ethical themes of benefit/harm and respect. "Exploitation" has its conceptual home in theorising about unequal economic exchanges, but in non-Marxist uses, it has been enlisted to help us understand important ethical aspects of unequal exchanges outside the market. Whether an exhibition is exploitative in this sense is going to depend on how it handles the problem of benefits and harm. In popular culture the notion of exploitation is seen as closely related to sensationalism and voyeurism. Whether an exhibition is exploitative in this sense is going to depend on whether or not it treats works with respect.

Exploitation as unequal exchange

Philosopher Alan Wertheimer presents the most comprehensive account of exploitation, according to which an exploiter, by definition, is someone who intentionally appropriates an unfair share of benefit, typically at the cost of the one who is exploited (Wertheimer 1999). Exploitation often comes about through manipulation, where one party is made to consent to an exchange on terms that they would otherwise reject. Exploitation is not to be confused with altruism, although a cunning exploiter can manipulate someone to consenting to an unfair exchange by appealing to their sense of altruism. However, if someone voluntarily agrees to forgo their fair share of benefit, or to shoulder a disproportionate burden so that someone else may receive it, they are not being exploited.

These distinctions matter in thinking about the ethical risks of exhibiting works that were acquired by the voluntary gift of their creators and works that were acquired without the knowledge or consent of their makers. Given a not-for-profit context, works voluntarily donated by their creators escape any charge of exploitation. Even if the benefits of exhibiting accrue disproportionately to others — whether to the exhibiting institution through increased status, or to the broader community — the donor has expressed their support for the mission of the custodial institution by willingly gifting the work, recognising that they will not benefit directly by that gift. Provided works are not used for financial gain, the exchange is altruistic rather than exploitative.

The same cannot be said for those works that were acquired without the consent of their creators, who face possible harm from exposure or distress and who stand to gain only mediated or speculative benefit. The benefits of exhibiting their work will accrue disproportionately either to the custodial institution, or to the broader community. If those unwitting exhibitors are not themselves harmed by their participation, then the use of their works amounts to a kind of "harmless parasitism" (Wertheimer 1999, 31), which, though still satisfying the formal definition of "exploitation", does not seem morally problematic. This means that the problem of exploitation, in this sense, is closely related to the problem of harm and benefit, and is to be addressed by exhibition strategies that reduce the risk of harms to participants and increase the likelihood of compensatory benefits.

Exploitation as sensationalism

In popular culture, exploitation is closely allied to the concepts of voyeurism and sensationalism. The popular culture reference derives from pulp fiction, “true life” magazines, and exploitation film, but its original connection to unequal exchange has now been severed. Exploitation films, a cult cultural phenomenon of the late 1960s and 1970s, are typically cheaply made without regard to artistic merit. They rely on sensationalism to turn a quick profit (Schaefer 1999). Now, whether it is undertaken for profit or not, any sensationalistic or voyeuristic treatment of a topic invites the charge of being exploitative. Recent displays of human remains have been charged with doing just this (see Section 3).

Respect

Two senses of respect

Commonsense thinking about respect seems to present a paradox: we think that all human beings are entitled to respect, and we also think that some people deserve our respect while others do not. We also think that respect is something to be earned. Philosopher Stephen Darwall resolves this apparent paradox by distinguishing two different kinds of respect which he labels “recognition respect” and “appraisal respect” (Darwall, 1977). Recognition respect of human beings requires that we take their personhood into account in our deliberation. Recognising the humanity of another person consists in giving due weight to their capacity for self-determination or autonomy in our deliberation and action. Appraisal respect, in contrast, consists in a positive appraisal of a person on the basis of some trait of character that we take them to have, such as integrity or creativity. Both kinds of respect are at issue in exhibiting the work of those who have experienced mental illness, but they are different and need to be separately addressed in devising exhibition strategies, for conflating them will only lead to confusion.

Recognition respect is at issue when acquiring work and choosing what works to exhibit. People who have experienced mental illness often fail to be accorded appropriate recognition respect when broad-brush assumptions about competence make us overlook their capacity for agency. Design of exhibitions must also embed recognition respect for their potential viewers: people are entitled to the information they need to decide whether to view an exhibition that

they may find disturbing, but it is disrespectful to assume that they need protection from challenging images and information. Their capacity for choice and agency is also recognised in exhibition strategies that enable multiple modes of interacting with the work, so that each viewer may decide how to navigate among the work and supporting information.

In choosing to exhibit this work, appraisal respect is at issue in at least three different ways. First, sufferers of mental illness experience stigmatisation, which can be analysed as failure of appraisal respect. Stigmatisation happens when we refuse to recognise the individual creativity, talents, and virtues of those who belong to a stigmatised group, perceiving them instead only in terms of a single despised category. One of the central goals of exhibiting creative works by those who have experienced mental illness is to end stigmatisation. Second, appraisal respect can be accorded, or fail to be accorded, to the producers of the creative works. Third, appraisal respect can be accorded, or fail to be accorded, to the creative works themselves. There is a failure of appraisal respect of creators, when their works are presented reductively, as symptoms of psychopathology rather than as, or as also, expressions of creativity and resilience. The works themselves are treated with appraisal respect when they are recognised as complex creative works with a range of interesting properties, from aesthetic to historical, that merit serious engagement on the part of the viewer.

Treating a work with proper appraisal respect does nothing to compensate for the fact that there was a failure of recognition respect in its acquisition, if it was acquired without consent. Recognition respect and appraisal respect are simply two different values. However, treating works with respect will turn out to be key to balancing benefits against possible harms and so remains central to ethically responsive exhibitions.

Trust

We typically talk and write as if trust is a relationship between two parties, the truster and the trustee, but closer examination reveals that there is always some tacitly assumed domain, object, or action with which the trustee is entrusted. Trust thus has three-place structure: A trusts B to do Z (Baier 1986, Jones 1996). Museums and other institutions that house and display work are able to function properly only when they enjoy a rich network of trust relations

between them and their various constituencies. For example, donors must be able to trust that material they give will be appropriately cared for, and will be displayed respectfully, in accordance with any agreed upon statement of the values and goals of the institution that the gift is intended to support, and within any negotiated constraints. Groups whose history, culture, or identity is represented in a collection must be able to trust that that representation is culturally and historically sensitive, recognises their personhood, and does not foster stereotype or stigmatisation. Visitors must be able to trust that the institution sources its materials ethically and can be relied on to provide accurate and up-to-date information, as well as to display objects in a way that is not biased; that is to say, in a way that encourages reflective engagement, enables multiple perspectives, and does not force a single framing on complex objects whose meaning is contestable.

To earn this trust, the institution must show itself to be *trustworthy* in the acquisition, preservation, and display of work. Mental healthcare consumers have not always found collections that house their work trustworthy. Historically, a psychiatric model prevailed in which work was displayed according to a narrow “pathology of expression” model (see Sections 1 and 2) that reduced the work and the persons who produced it to a single dimension. Mental healthcare consumers felt stigmatised by and alienated from this way of representing their lived experience.

There is a conception of trustworthiness that ties the notion to being authoritative. This conception was perhaps embodied in old style pathology of expression exhibition strategies. An authoritative figure — whether psychiatrist or curator — tells the audience how to read the work, for example, as evidence of distorted thought processes that are symptomatic of schizophrenia. This conception of trustworthiness was also applied to physician-patient relations, where it was seen as the job of the doctor to decide for the patient how best to respond to their illness. In physician-patient relations, trustworthiness-as-authoritativeness has been subject to extensive critique as part of the emergence of the patient rights movement and of the emergence of bioethics more generally.

In the context of institutions with a role in educating the public, such as museums, the old notion of trustworthiness-as-authoritativeness can be replaced with a conception of trustworthiness as responsiveness, including

responsiveness to ethical concerns and to the needs and expectations of those who rely on an institution. Trustworthiness as responsiveness can sometimes require forgoing entitlement to authority, as revealed in a willingness to present things in an exploratory fashion. For example, when a situation presents a genuine moral dilemma, which is called in one way when it might have been called in another, the trustworthy will acknowledge that ethical ambiguity.

5. Conclusion

This chapter used the perspectives of four disciplines — psychiatry, art history, museology, and philosophy — to examine the historical background, social context, and potential problems in exhibiting the work of those who have experienced mental illness or trauma. Themes emerge. Of central interest to our project are the following:

- (1) The objects are complex and unique, bearing comparison with many other kinds of objects including mainstream artworks, medical records, and culturally sensitive objects such as human remains and medical collections.
- (2) The history of their display has been a history of dichotomy: *either* art *or* expression of mental illness. Attempts to get beyond this dichotomy have not been fully successful because of assumptions about both art and mental illness.
- (3) The history of their display is morally fraught with mental health consumer groups charging that they have been displayed in ways that diminished and pathologised their creators.
- (4) These works, and others like them, are ethically charged objects because they can be disturbing to view and because they are produced by members of a socially stigmatised group.

These four themes are taken up in developing the multidimensional and ethical model for their display. We outline the model and its origins in the next chapter.



Graeme Doyle
No title, 1990
oil on masonite
50.5 x 40.5 cm

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chapter 2:
methodology - developing and
testing the multidimensional and
ethical model

In the previous chapter we looked at the challenges of exhibiting creative works by people who have experienced mental illness from the perspectives of mental health, art history, museology, and philosophy. Each of these perspectives brought new understandings of the nature of the works, suggested ways of thinking about the work and strategies for its exhibition. It is a sign of the complexity of these works that they can be viewed and illuminated from multiple disciplinary perspectives. The works themselves resist classification into any single available category such as artwork, medical record, historical artefact, or expression of subjective experience. Because they resist single-stranded classification, no single discipline is adequate to theorise their meaning and significance, or to determine the best way to display them. In framing our approach to this project, therefore, we let ourselves be guided by the complex, category-defying nature of the works. The complexity of the objects themselves demands a multidisciplinary, multidimensional approach.

This chapter outlines the methodology that guided the project as a whole and begins with the operational assumptions we used in developing a multidimensional and ethical model for their exhibition. It also addresses questions of methodology more broadly: why was the Cunningham Dax Collection chosen as a site to implement and test the model? How was the model put into practice in the form of an actual exhibition, and how was it developed? What works were chosen and why? What contextual information was provided and why? How was the exhibition evaluated to see whether we had succeeded in creating a multidimensional and ethically responsive way of exhibiting them?

1. Operational Assumptions of the Project

The operational assumptions of the project emerged from a series of discussions among the project's four principal investigators and went on to inform, though not determine, the shape of the multidimensional and ethical model. Whatever we did would need to be compatible with these most basic, ground-level, commitments to how the project was to operate. They would not only guide interaction among the project's participants, they would also govern the project team's interactions with those groups with a significant investment in the outcome of the project, including creators, consumers of mental health, educators, and the general public.

First, the project had to be interdisciplinary and conducted collaboratively. Work can be multidisciplinary without being interdisciplinary. For example, a multidisciplinary project might juxtapose perspectives from a plurality of disciplines, much as we have done in Chapter One of this report, which outlines the starting point of our project. In contrast, an interdisciplinary project seeks to integrate the insights from a plurality of disciplines, recognising expertise, but also recognising the limitations of expertise which remains embedded in a discipline, at least when it comes to understanding discipline-resisting objects. An interdisciplinary and collaborative methodology that brought together both scientific and humanistic perspectives was dictated by the nature of the objects themselves.

Second, in the light of criticisms of previous attempts at displaying this work, we would resist an either/or approach. We would reject a choice between an art historical or medical mode of approach as forced and artificial. We would tackle the science and medicine of mental illness and wellbeing, as well as the social and cultural history that contextualises any works displayed.

Third, any exhibition strategy and objectives had to be both richly informed and constrained by ethical concerns, as would be the process of exhibition development. We recognise that, in choosing to exhibit potentially confronting work produced by people who are members of what remains a stigmatised group, we walk on morally dangerous ground, most especially regarding work obtained without the consent of its creators. We recognise that exhibiting raises multiple ethical issues. Moreover, ethical responsiveness is especially pressing in a



Interior, Room 1, *The Art of Making Sense*, The Cunningham Dax Collection



Interior, Room 1, Section: "The Inner World" *The Art of Making Sense*, The Cunningham Dax Collection

context of perceived historical failure; that is, in a context where there are vigorous critiques from consumer rights groups who claim that past exhibition strategies have been exploitative and reductive. We are answerable to ethical challenge, whether historical, contemporary, or anticipated.

Fourth, being answerable to ethical challenge pushed us towards a dialogical model of inquiry and interaction rather than a top-down one. That is, we undertook to actively elicit and be responsive to the input of major stakeholder groups in both the development and assessment of the exhibition.

Fifth, and relatedly, we committed to making any exhibition accessible to a broad audience who expect information to be accurate, to come from an informed source, and to be engaging, simple, clear, contextualised, and uplifting.

Sixth, and finally, although the research focuses on the Cunningham Dax Collection, where relevant, the outcomes of the research would be interpreted in a way that they can be applied to artworks created by people who experience mental illness and/or trauma in general. Moreover, we would look for lessons that can be applied outside of this context to similar curatorial problems, such as medical collections and to outstanding theoretical problems in the home disciplines of the project's researchers.

2. Why Choose the Cunningham Dax Collection?

Opportunity and need combined to make the Cunningham Dax Collection the ideal site for developing and testing a multidimensional and ethical approach to the exhibition of works by people with experience of mental illness. In 1999, one of the authors of this report, Dr Eugen Koh, a psychiatrist and artist, joined the Cunningham Dax Collection and began to examine the issues facing the Collection. In 2002, the founder of the Collection, Dr Eric Cunningham Dax, retired and just prior to taking up the position of Director, Koh prepared two discussion papers. The first, "*A Proposal to Reframe*" (Koh 2002a) outlined the need to address the complex legal and ethical issues relating to the ownership of the works and their use for public education. The paper also considered the long-term sustainability of the Collection with regard to its funding, utility, and audience. The second discussion paper, "*On Using the Art of People with Mental Illness*" (Koh 2002b), proposed a multidimensional approach to the exhibition of works by people with an experience of mental illness, one that integrated the aesthetic and psychological dimensions of the works. The paper also considered some of the legal and ethical ramifications of such an integrative approach.

At the time, the Collection was developing from being a specialised medical museum with restricted access into a community educational resource, a move which attracted the interest of the philanthropic sector. In 2003, the Collection received financial support to assemble a group of academics, professionals, and stakeholders from different backgrounds and disciplines to address some of the ethical and legal issues raised. This group of ethicists, philosophers, lawyers, art historians, arts administrators, museum curators, mental health clinicians, artists, people with experience of mental illness, and representatives of mental health consumer advocacy groups, participated in a series of three workshops, within which the multidimensional approach to exhibiting works was debated.

Accompanying this series of workshops was an extensive process of community consultation. The familiar division between approaches that favoured either the aesthetic or psychological dimensions re-emerged. The tension between the agenda of representatives of mental health institutions (in particular, psychiatrists) and some community-based mental health advocacy

groups was palpable. The experience of that broad community consultation highlighted how the exhibition of works by people with experience of mental illness is not a simple, benign event, but one that arouses significant emotion and is complicated by a background of unresolved conflict and disempowerment. The Cunningham Dax Collection came to the view that a unidimensional approach, which focuses on either the artistic or the psychological, is reductive and simply diminishes a creative work. It therefore sought to develop an integrative, multidimensional approach. It also sought to embrace an approach that takes seriously the ethical dimension of exhibiting these works.

Given that the Collection is a very significant collection of artworks by people with experience of mental illness, and one which had already commenced the process of developing a multidimensional and ethical approach to the exhibition of such art, it was the ideal venue for further developing and testing this approach.

3. The Multidimensional and Ethical Model

The creative works of people with mental illness and/or trauma have been, and continue to be, approached in a unidimensional manner. As discussed in Chapter One, some people approach the works as art and treat them almost exclusively from an aesthetic perspective, without any meaningful consideration of the relevance of the creators' experience of mental illness or trauma. Others approach these works as if they were clinical material and, accordingly, focus on the significance of any underlying mental illness and trauma, with little attention given to the aesthetic dimension. Beginning in 2002, staff at the Cunningham Dax Collection began to argue that such single-dimension approaches are reductionist and deprive the works of their complexity and richness, and embarked on the development of a multidimensional model for exhibiting the creative works of people with experience of mental illness and trauma. The work involved in developing this model was continued by the authors of the current project. In what follows, the basic principles of the multidimensional and ethical model are stated and the reasoning behind those principles is explained.

The Multidimensional and Ethical Model — Five Principles

1. There are many different dimensions to creative works by people with an experience of mental illness. These dimensions include, but are not limited to, the medical, scientific, philosophical, ethical, social, and aesthetic.
2. In theory, each of these multiple dimensions are equally significant and none should be given greater prominence than another.
3. Because of the different contexts in which exhibitions are presented, curators will tend to privilege some dimensions over others in any particular exhibition. However, the viewer should, as far as possible, be offered a multiple number of dimensions and be allowed the freedom to decide which of these dimensions they wish to engage with.
4. The one limitation to this freedom is that from an ethical perspective that respects the rights and sensitivities of the creator. The exhibition should take into careful consideration the wishes of the creator.

5. The various dimensions presented in any particular exhibition should, in one way or another, be integrated to form a coherent whole.

Rationale for the model

The multiple nature of created works

The proposed multidimensional and ethical model rests on the tenet that the created object is multifaceted and also multi-determined. There is strong support in certain philosophical and psychoanalytic schools of thought for the view that the creative work is a multiple object. For example, in post-structuralism, particularly from the perspective of deconstruction, the notion of singular meaning is rejected. Moreover, just as Sigmund Freud viewed dream elements as multi-determined, current psychoanalytic understandings of the process of symbolisation regards symbols (and their corollary in language) as multi-determined.

Equal importance and prominence of each dimension

There is a popular view that a created object possesses intrinsic properties that render it an art object, a view regularly propagated by the “cult of connoisseurship”. However, attempts to specify what this intrinsic property could be — beauty, for example — fail to identify any one thing common to all works that are recognised as art. For this reason, the project of trying to find a property that all artworks have in common has been abandoned. Philosophers, art historians and artists alike now recognise that whether a work counts as a work of art depends on its social context and social practice. An artwork, thus, has many properties, no one of which can be seen as being privileged as being *the* one that makes it an artwork. Thus, while a viewer or curator may give greater attention to one dimension, it does not necessarily follow that one dimension is inherently more important or has greater value than another. The model being described here assumes, therefore, that in the first instance, any dimension to a created object could be of importance, and that there are many dimensions with claim to equal importance.

Balancing curatorial choice with the viewer’s freedom of interpretation

For the purposes of comprehensiveness, in displaying art by people with an experience of mental illness, all the major dimensions of the work, including but not limited to psychological, historical, medical, aesthetic,

social, should be given equal consideration in an exhibition. Nevertheless, some dimensions may, from time to time, be thought to possess greater significance than others. Indeed, in certain contexts it may not be possible or advisable to avoid giving certain dimensions more prominence than others. There are several factors that may influence the relative prominence of each dimension in any particular exhibition. One of these factors is the context in which a work is exhibited, including the influence of the curator, the purpose and space of the exhibition, and the nature of its audience. The organisation of selected works by curators around a theme often provides the necessary structure and cohesion to an exhibition. Moreover, curators may assume that the audience of their exhibition wishes to engage mainly with a particular dimension of a work, be that aesthetic, social, psychological, and so on. This assumption may lead them to include or exclude certain information for the audience.

Selection is a necessary process of curating an exhibition, as it is neither practical nor possible to provide all the information that is available on every dimension of a work. Moreover, some assumptions about audiences are necessary to begin the process of developing an exhibition. Although these curatorial processes are unavoidable, the process of selection and the making of assumptions may actually diminish the viewer’s freedom to decide how they will engage with a work. Therefore, the present model recommends presenting several dimensions of the creative work simultaneously. This approach gives the viewer the freedom to decide which dimension(s) of the work they wish to engage with.

Pre-eminence of the ethical dimension

Another factor that influences the relative prominence of the various dimensions at any particular time is the existence of the creator, which includes an experience of mental illness or trauma. Because of the historical and continuing marginalisation of the experience of people with mental illness, there is a powerful impulse to give the experience of the creator a special prominence in the display of their works. Moreover, because of the often painful nature of the experience, it is argued that works created in therapy by those with, for example, experience of sexual abuse should be treated completely differently from those created by people without such an experience. Further, there is a strong argument for saying that the intention of the creator with regard to the created object should influence the way it is exhibited. For instance,

knowing that a created object has special emotional and spiritual significance to its creator may be thought to necessitate a display which treats the object with respect and reverence.

As a counter to these ideas, it is a well established fact that the creator is usually unable to control the response of the viewer. Regardless of how the creator wants their creative efforts to be received, their efforts may be frustrated by the curator or viewer of the work who will impose their own viewpoint on it. Moreover, there is an argument for saying that there is no “moral” dimension to a created object, as once it leaves the creator’s hands it becomes an autonomous, inanimate thing.

Nevertheless, the “presence” of a creator, who is a moral being, must be acknowledged; the management of a created work must consider not only the physicality of the object but also the feelings, thoughts, and agenda of the person who created it. Meaningful consideration of the relationship between the creator and their works may cause one not just to treat these created objects as material products to be collected or traded, but to appreciate that they may embody certain experiences or a life lived; in other words, a work may be perceived as an extension of its creator. Accordingly, the display of such works

requires consideration of the wishes and the perspective of the creator. Consideration of the wishes of the creator raises ethical issues, such as informed consent, privacy, confidentiality, moral rights, and trust.

Integration of the various dimensions

Although there is great merit in allowing the various dimensions of creative work by people with experience of mental illness to be presented in exhibitions, it is also important that those various dimensions be integrated. There are several risks attached to not integrating the dimensions. The exhibition may appear incoherent, thereby suggesting that the work of people with experience of mental illness is confused and fragmented. To simply present various dimensions of the work in parallel may also run the risk of making the work difficult to understand for the viewer. Also, if the various dimensions are not integrated within the exhibition, one dimension will be more likely to stand out as the viewer strains to grasp what the point of the exhibition is. For all these reasons the multidimensional model aims to produce a synthesis that allows the dimensions to coexist in a way that is not simply a series of disparate aspects but fits together in an understandable way.



Interior, Room 1, Section: “The Outer World” *The Art of Making Sense*, The Cunningham Dax Collection

4. “The Art of Making Sense”: Putting the Multidimensional and Ethical Model into Practice

After developing the multidimensional and ethical framework for exhibiting, viewing, and understanding the art of people with mental illness and/or psychological trauma, the project investigators sought to apply the model to an actual exhibition. Entitled “The Art of Making Sense”, this exhibition, mounted at the Cunningham Dax Collection in 2009, aimed to address and overcome the many problematic and questionable approaches to the display of creative works by people who experience mental illness and/or psychological trauma. In particular, the exhibition sought to move beyond the limitations of standpoints that solely emphasise either clinical or aesthetic aspects, and to draw attention to the multifaceted nature of the works.

To achieve this task, two of the investigators, Anthony White and Eugen Koh, assisted by Anthony Fitzpatrick, Tracy Spinks, Hasannah Briedis, and Gillian Nikakis, created an exhibition at the Cunningham Dax Collection in Parkville. The works in the exhibition, over seventy in all, were selected from the Collection, and included paintings, drawings, collages, textiles, and sculptures, dating from the 1950s to the current day. In addition, historic photographs, archival documents, and other writings were displayed. The central idea behind the multidimensional framework that was applied to the design of the exhibition is that creative work by people with experience of mental illness and/or psychological trauma cannot be understood through only one or two perspectives. The exhibition proposed that such work can be viewed, rather, through several different interpretive frameworks including, but not limited to, the personal, the medical, the ethical, the historical, and the creative. In what follows, the description of the exhibition is broken up into two parts. The first part concerns the ethical issues relating to the selection and presentation of certain works in the exhibition; the second part relates the reasoning behind the overall presentation and layout of the exhibition design.

Ethical Issues Relating to the Selection and Presentation of Works

In “The Art of Making Sense” we moved ethics from its usual background role to become one of the focal points through which we invited viewers to explore the exhibition. The most serious moral dilemma faced by institutions that house works by people who have experienced mental illness concerns what to do with the sub-set of works that were acquired without the consent of their makers, so it is now impractical or even entirely impossible to secure consent for their inclusion and exhibition. These works were acquired without regard for the self-determination of their producers; exhibiting them raises greater risk of harm to their producers, with fewer compensatory benefits. Also, their use may be exploitative, in the sense that it may distribute benefits and risks unfairly. This puts in place a strong presumption against display, a presumption that takes considerable rebuttal. Nevertheless, we decided to include some works in this category in “The Art of Making Sense”. That choice requires explanation and defence.

As a moral baseline in making this decision, we considered whether some other work that was acquired with consent was available to us and could serve the same curatorial purpose as those works acquired without consent. In addition, we considered whether that curatorial purpose was itself indispensable to the broader goals of exhibiting. Since one of the purposes of the exhibition was to explore the social and historical context of art therapy in residential psychiatric institutions, only work produced in that context could be used, even though much of it was acquired without consent.

This choice brings with it risk of harm to the creator of these works: they might experience the subjective harm of distress if they were to discover that their long abandoned work was being displayed without their knowledge. Realistically, this risk is relatively low, but there is nothing a curator can do to moderate it short of not exhibiting the work at all. In contrast, the risk of the non-subjective harm of losing control over what is private and what is public can be moderated by taking steps to ensure anonymity. Unless a creator gives explicit permission for their identity to be disclosed, that work must be displayed anonymously. This is not simply a matter of leaving off a name in a text plaque. Works and supporting contextual materials must be placed in such a way as to preserve the privacy of those whose work is displayed.

Contextual materials can make works “come alive” along dimensions that are not available when they are presented standing alone. But, to those with relevant additional background information, they can also enable inferences — correct or otherwise — about the possible identities of their producers.

If it is to be defensible to exhibit work acquired without consent, there must be demonstrable benefits that will result from exhibiting. These benefits will not cancel out the moral loss of consent’s absence — whatever good may come, this is still a significant moral loss — but they do count in favour of exhibiting and, all things considered, exhibiting might yet be justified. Since these benefits do not cancel the need for consent or rebut its importance, the decision to exhibit is contestable. People may rank consent and benefit differently; some may judge that exhibiting this work is just too morally risky. Rather than hiding the moral nature of the choice that was made behind the product that became the final exhibition, we put it front and centre. We invited people to think about the fact that some works were presented anonymously because the person who gave them had requested their identity not be disclosed, and that others were being presented anonymously because their creators did not know their work had been collected and could not now be contacted to ask for permission. We also asked them if their viewing of the work was affected by knowing the reason for the creator’s anonymity. Revealing rather than hiding how this moral dilemma had been resolved, and inviting people to consider whether it had been resolved adequately, was a way to embody a new conception of trustworthiness-as-responsiveness instead of trustworthiness-as-authoritativeness.

Respect, benefit and the avoidance of harm are intimately linked in practice. Only an exhibition that treats the works — and so, by extension, those who made them — with appraisal respect, as good and worthwhile, is likely to bring benefit. In practice, we took this to mean many things. First, the works themselves are to be treated as valuable objects, worthy of the viewer’s attention and appreciation. Where appropriate, they are to be properly framed, and not treated differently on the assumption that only some — those produced by self-identified artists, for example — are worthy of aesthetic appreciation and that others can engage only social or historical interest. Second, the works and, by extension, those who produced them, are not to be reduced to a single dimension as pathology of expression models did. Rather, they are to be

recognised as complex works rooted in the life experience of the persons who made them, an experience which encompasses mental illness but is not exhausted by that identity. Third, any text and accompanying material is to avoid sensationalism, thereby closing the option of interacting with the work as “freak show”.

Presentation and Layout of Overall Exhibition

The multidimensional model was expressed in the design and layout of the exhibition in that the display was divided into five thematic sections, each of which sought to demonstrate how the works interrelate with a diverse range of issues, ideas, themes, and emotions. Each theme or dimension was physically demarcated within the exhibition by being given one or more walls of the gallery each, and a text panel or panels specifically dedicated to it. In addition, a brief catalogue in the form of a booklet made available to visitors to the gallery contained essays by the investigators and assisting staff that explained the rationale behind the exhibition design, listed the works included, and gave a brief account of the broader project of which the exhibition was a part.

The first section of the exhibition, “Questions”, aimed to help the viewer make sense of the complexities involved in viewing creative works by people with experience of mental illness and/or psychological trauma. A series of questions and answers were posed regarding particular works chosen from the Collection. These were presented to the visiting public in the form of text panels. The first set of questions and answers dealt with common assumptions about the relationship between art and mental illness. For example: can we understand works by people with experience of mental illness simply by looking at them? Are all works by people with mental illness and/or trauma in a particular style? Do all creative works by people with mental illness show traces of illness? The artworks exhibited in this part of the display, which were inherently ambivalent and open to interpretation, and some of which presented no obvious evidence of the creators’ experience of mental illness, demonstrated that there were no easy answers to the questions posed.

The second set of questions and answers relates to ethical issues raised by the display of such art. For example: is it ethical to show works without the artist’s consent? Should the creator’s name always be made public? The works chosen



Interior, Room 2, Section: "Personal Narrative" *The Art of Making Sense*, The Cunningham Dax Collection



Interior, Room 2, Section: "Creativity" *The Art of Making Sense*, The Cunningham Dax Collection

for this part of the exhibition — one of which was included without the explicit consent of the author, the other included anonymously — highlighted these particular ethical issues.

The second section of the exhibition, “The Inner World”, dealt with how the individual’s inner world influences the making of a creative work. The works chosen for this section of the exhibition demonstrated the sometimes distorted and disturbing thought processes experienced by artists with an experience of mental illness. The inner world of the creator consists of their thoughts and feelings about their past, present, and future. They may be aware of some of these thoughts and feelings; these are considered to be in the conscious mind. There are also thoughts and feelings that a person may not be aware of and these are considered to be in the unconscious. The processes that regulate these thoughts and feelings become impaired in mental illness; thinking may be disorganised and feelings may be thrown into turmoil. These disturbances in the functioning of the inner world may affect the making of a work. However, as the text panel for this section of the exhibition explained, the extent to which a creative work does reflect such disturbances depends on the degree of control a person still has over their creative processes, and whether they choose to portray the experience of their inner world or focus on their outer world.

The third section of the exhibition, “The Outer World”, displayed works by people with experience of mental illness and/or psychological trauma depicting historical events, the broader social sphere, or the more limited social context of the psychiatric hospital. They related, in other words, to the “outer world” which lies beyond the interior realm of the creator’s thoughts and feelings. The rationale for focusing on this aspect of works by people with an experience of mental illness is that creative works by people with such illness are sometimes exhibited and discussed as if their creators lived in a private world completely sealed off from historical events and cultural developments. The works in this part of the exhibition depicting historical events and the broader social sphere demonstrated that such art has a significant public dimension — it relates to experiences shared by all people whether or not they have experience of mental illness. The works depicted a wide range of subjects including global politics, sporting activities, and public transport. The works in this section which referred to life inside the hospital environment were also very diverse, and depicted living conditions, art classes, hospital

interiors, and sometimes comment on doctors or the use of medicine. Accompanying this part of the exhibition was a selection of documents and archival photographs giving a sense of what daily life inside a psychiatric hospital was like. The works in this part of the exhibition relate to a world shared with others, certainly a more limited world, but a social one nonetheless.

The fourth section of the exhibition, “Personal Narrative”, which occupied the greater part of the second room of the exhibition space, viewed the creative works through the lens of an individual’s life history. Three artists were shown here, with several works each, to give a sense of the richness and development of their work over time. Biographical readings of art traditionally emphasise the private life of the artist — the events which make up an individual’s life story. Through presenting selected details of the biography of each artist in text panels, both those connected to their experience of illness and those relating to other aspects of their lives, this section emphasised the life story of the artist, while also drawing attention to other dimensions, including psychological trauma, the artistic, the medical, and historical. In this exhibition biography was used to emphasise not only the private inner life of the artist, but also their connection to broader historical and cultural events, such as art movements. In this way the artists who created the works exhibited here were presented as individuals with rich inner lives who have deep connections to the world around them.

The fifth and last section of the exhibition, “Creativity”, dealt with the relationship between the experience of mental illness and the concept of creativity. As the text panel for this part of the exhibition explained, individuals with experience of mental illness are often thought to be especially creative. One thinks, for example, of Vincent Van Gogh. However, what is the definition of creativity in this sense? For some viewers, being creative means having artistic talent or skill — for example, having the ability to create a realistic portrait. For others, creativity means the ability to create something new, such as when a novel artistic style or material is invented. Accordingly, this section of the exhibition included works that satisfy both definitions of creativity. One artist, for example, who drew realistic depictions of faces and objects, also created drawings which are an astonishing and novel combination of abstract forms. Other works in this section employed unconventional styles and materials. One of the purposes behind this section of the

exhibition was to demonstrate that such creative experimentation may have little or no connection to mental illness, and simply reflect the artist's desire to invent something new.

The exhibition design and layout aimed to demonstrate the multi-faceted nature of creative works by people with experience of mental illness and/or psychological trauma by highlighting, in separate physical sections of the gallery, how certain works relate more closely or obviously to some dimensions than others. In most cases, however, individual works could be related to virtually all the issues raised throughout the exhibition. The exhibition aimed to persuade the viewer that no single way of looking at these works will suffice to give a full account of their meaning. The exhibition posed a number of questions to the viewer. One of the debates surrounding this art is whether such works, which often deal with intimate or personal subjects, or were created in private contexts such as therapy, should really be shown in public. Visitors to the exhibition had the opportunity to consider this question, as well as other debates about the nature of creativity, the relationship between art and emotion, and the most appropriate ways to display what is often sensitive material.



Mont Park Map, 1959, acrylic on masonite, Room 3, Section: "The Outer World", *The Art of Making Sense*, - Cunningham Dax Collection

5. Evaluating the Model: Objectives and Design

By Rosalind Hurworth, Brad Shrimpton and Johanna Bell

Having put the multidimensional and ethical model into practice in the form of an exhibition, the next stage of the project was to evaluate the outcome of that exhibition. The overall aim of the evaluation was to understand whether the multidimensional and ethical model constituted an appropriate framework for exhibiting artworks created by people experiencing mental illness. The evaluation focussed on the following key questions: to what extent was the exhibition a successful model for educating the public about the complex and diverse nature of mental illness? To what degree was the exhibition presented ethically? A multi-method approach to the evaluation was chosen in order to allow for confirmation of findings through triangulation; that is to say, comparison of results from different types of evaluation. There were two components: the quantitative component, which involved a survey administered to those visiting the exhibition, and a qualitative component which comprised seven focus groups.

Quantitative Visitor Survey

The visitor survey was developed during two workshops facilitated by the Centre for Program Evaluation at the University of Melbourne and attended by the authors of this report. An initial questionnaire was generated through these workshops and subsequent email correspondence. It was then piloted with a sample of 30 respondents. This led to minor revisions before the survey was subsequently administered during the exhibition by staff from the Cunningham Dax Collection.

Visitors attending the exhibition were presented with a series of seven statements, and respondents were asked to rate items (in terms of agreement/disagreement) using a five-point scale. The survey questions, designed to reflect questions planned for later focus groups, covered such topics as:

- the perceived effectiveness of the text and displays featured in the exhibition;
- the extent to which the exhibition had helped visitors to appreciate the multifaceted nature of the creative works;

- the degree to which viewers had found the exhibition overly disturbing;
- whether or not respondents judged the exhibition to have been exploitative; and
- the extent to which the exhibition had contributed to a respondent's understanding of mental illness.

All visitors to "The Art of Making Sense" were invited to complete the survey. While exact visitor numbers are not available, it is estimated that the sample size used for this report represents approximately 60% of all who attended the exhibition. Surveys were completed by the following groups:

- secondary school teachers and students studying such subjects as VCE Psychology and VCE Art;
- tertiary students from a wide range of health disciplines including Nursing and Occupational Therapy;
- professional groups associated with Child Psychiatry and Social Work;
- members of the general public.

Eventually, the visitor survey was completed by 2542 participants during the six month period of the exhibition.

Qualitative Approach

Focus groups were selected as the main way to collect data as they allow a range of attitudes and opinions to be determined and debated (Hurworth 1996, Krueger 2003) and lead to "a rich and detailed set of data about perceptions, thought, feelings and impressions of people in their own words" (Rice and Ezzy 1999). This method was also considered advantageous on the grounds that group interaction can also assist members to explore and clarify complex issues (Hansen 2006). In this instance, focus groups provided an opportunity to collect in-depth feedback from a range of stakeholders; permitted complex topics such as ethical considerations to be discussed at length; and, enabled evaluators to gather feedback from different groups, thereby making it possible to assess sector-based differences.

To answer the questions posed earlier, seven groups were chosen by Cunningham Dax Collection staff, in conjunction with the authors of this report. These groups were chosen to provide a variety of perspectives. They comprised

members of the public, representatives from the arts industry, philosophers and ethicists, mental health workers, educators, students, and those who have experienced mental illness. Participants were then recruited from a list of individuals that had visited the exhibition, as well as from the Collection's and researchers' networks and contact lists. Thirty-eight people took part and numbers in groups ranged from four to eight. There was also a good mixture of male and female participants who ranged in age from 20 to late 50s.

Participants viewed the exhibition in their own time, after which either telephone or face-to-face focus groups were held. In some instances, the focus group was conducted directly after the viewing and, for other groups, up to a week later. Group sessions lasted from an hour to an hour and a half.

The questions asked in the focus groups were designed to:

- gain an understanding of viewers' experiences and perceptions of the exhibition;
- discover any new information or insights gained;
- identify the merits of various aspects of the exhibition;
- find to what extent the exhibition persuaded visitors to look at the artworks from a range of viewpoints;
- reveal to what extent viewers felt the exhibition was ethical; and
- suggest improvements for the ethical display of artworks created by those who have experienced mental illness or psychological trauma.

All interviews were taped and transcribed. The 100 pages of resultant transcripts were then read several times and pertinent data displayed and analysed.

The results of this analysis are discussed in the next chapter.



Mont Park Hospital grounds, undated (Reproduced permission of Iliya Bircanin)

chapter three:
evaluating “the art of making
sense” exhibition

By Rosalind Hurworth, Johanna Bell and Brad Shrimpton

1. Introduction

This chapter presents an overview of the results of audience evaluations of the exhibition “The Art of Making Sense” (May-Nov 2008). The full report (Hurworth et al 2008) and tables are found in the appendix. As explained in Chapter Two, this exhibition was developed to test our multidimensional and ethical model. The findings of the evaluations are presented below under the following topics:

- Overall perceptions of the exhibition
- Perceptions of the venue, layout, and curation
- Key messages conveyed through the exhibition
- Changes in perceptions towards mental illness
- Level of disturbing content and its impact
- Ethical considerations.

In addition, a set of suggestions are put forward in regards to how to improve the exhibition generally.

2. Overall Perceptions of the Exhibition

Immediate reactions to the exhibition were overwhelmingly positive with people making comments that it was “fantastic”, “impressive”, “powerful” and “fascinating”. However, the exhibition also evoked a range of emotions so that participants found it “intense” and “sad” as well. In fact, an experienced arts industry focus group participant was moved to say that it was “quite an emotional experience which is not often the case when I visit art exhibitions” (AI).¹ Examining such work was also found to be “confronting because people actually reveal their deepest darkest thoughts, almost as if their soul was naked. That’s what it felt like.” (MI) Even so, feedback was generally positive with participants indicating that they gained a great deal from the exhibition. In particular, it increased understanding about various experiences of mental illness, gave a new appreciation of art, and fostered an increased empathy for people who have experienced mental illness. It also allowed those with mental illness to draw parallels.

Meanwhile, those who had seen previous Cunningham Dax Collection exhibitions (i.e. members of PU, PH, ED) frequently commented that “The Art of Making Sense” was better than previous exhibitions, as its focus moved beyond a medical/therapeutic presentation of the art to the conveyance of more educational and subtle messages.

Previously things were very much about a diagnostic view but the current exhibition is presented much more in a way that is open to interpretation to the people looking at it. But also they’re more gently steered through some of the ethical issues surrounding the presentation of the work. (PH)

Consequently, there was a feeling that the curation was much improved in relation to the amount and type of information provided, the consideration of the ethical stance, and in allowing the viewer to make their own interpretations of the artworks.

Another way of gauging the overall effectiveness of an exhibition is by determining whether

¹ The list of groups interviewed, followed by their abbreviation used throughout this chapter, were: members of the public (PU); representatives from the arts industry (AI); philosophers and ethicists (PH); mental health workers (MH); educators (ED); students (ST); and those who have experienced mental illness (MI).

viewers would recommend the exhibition to others. The evaluation found that the exhibition was very well received with almost all the participants indicated that they would recommend it to a range of audiences, including friends, family members, students, colleagues, professionals (eg doctors, health workers, and educators), and other people with mental illness. Recommendations to attend were articulated in the following ways:

I would recommend the exhibition to people as I did think it was an excellent educational initiative. It ultimately worked to destigmatise mental illness but also reminds people of its presence in the community. (PH)

People should go as it is an insight into the human condition that we do not always get an opportunity to see. (AI)

For those who don't work in mental health it would certainly add a very different dimension to how they perceive mental illness. (MH)

However, a couple of participants had hesitations about recommending the exhibition to those that might have experienced mental illness or trauma, as it was felt that there was some risk that the exhibition might trigger or exacerbate any mental health problems. (PU, AI)

3. Perceptions of the Venue, Layout, and Curation

Participants were asked about their impressions of the venue and layout of the exhibition. Overall the feedback was positive with many indicating that the four themes (inner world, outer world, individual's story, and creativity), the way the artworks were presented, and the text panels added value to the exhibition and assisted people in understanding the context of the artworks. However, there was mixed feedback about the amount of text provided and the impact of the venue used for the exhibition.

Location of the Gallery

Feedback about the venue was mixed. Some focus group participants indicated that housing the exhibition within the grounds of a mental health hospital had been appropriate because "it still smelt like a psychiatric hospital, which added to the general feeling that this was a very personal experience".(MH)

However, members of the Arts Industry group were not so keen:

It is a strange little odd place and there is an issue with the mood that it generates. It gave me a downcast mood as I walked into it. I know that it's a financial issue but I guess that's indicative isn't it — it's been marginalised. (AI)

There was also some concern, predominantly from Arts Industry participants, but also from one Mental Health worker, that exhibiting in the hospital could limit the exhibition's capacity to destigmatise mental illness. Therefore, there was consensus among such participants that the exhibition should tour other galleries across the state. As one person explained:

I think the problem with the exhibition is the placement of the museum in the hospital grounds. So I agree...that it is important for the work to be shown out of that context. (AI)

It was felt that such a decision would not only increase the exhibition's reach but also display the art in a new light.

Arrangement of the Exhibition

The exhibition was mounted in two main rooms with a smaller room in between. As a result, one person observed that “there was a change of mood from one room to the next which worked.” (MI) Pieces were arranged into four key sections: the inner world, the outer world, individuals’ experiences, and creativity. For some, this structure was thought to be essential:

I found the sections very useful, because when walking in, in the first instance, I needed direction. I needed to have some idea of what the paintings were about. (PH)

Other participants felt that the themes assisted them to navigate through the exhibition, gave greater meaning to their interpretations of the artworks, and highlighted particular elements which they may not have considered otherwise. Here are two such reactions:

I liked the way the curator had grouped the art. It was ordered and flowed so well. I find it difficult sometimes when you go to an exhibition and you don’t have that assistance or that bit of a story to understand in context. So, I found that really, really useful. (ST)

I like the way you went to the personal narrative after exposure to the inner world and outer world themes. I just thought it made a lot of sense. (ED)

Personal Preferences about Viewing Exhibitions

Participants demonstrated different preferences for how they liked to experience exhibitions, with some preferring to read background information before viewing the artwork, and others choosing to view the work as a standalone artwork, after which they read the text.

So, on the one hand, there were those who were particularly keen to be led by the text. For example, one person stated: “I’m the sort of person who reads everything and so it was very well set up for someone like me.” (ST) On the other hand, some of those who visited the exhibition felt that there was no need to be led in a particular direction and that this was a positive aspect:

I didn’t feel the need to be navigated through the exhibition. I felt that I could

just look at the work for what it was. I had read the big panel of dialogue before I entered the exhibition and I suppose that was enough for me. (PU)

Importantly, the layout of the exhibition catered for all preferences, allowing participants to choose how they progressed through the gallery. However, the direction that people chose sometimes appeared to be accidental and the curators may wish to consider the benefits of an upfront explanation that differentiates ways of approaching the exhibition.

The Dividing Room

As an aside, the small room in between the two main viewing rooms was a talking point among some participants. This room was seen to bring to life the experience of individuals who had been institutionalised through historic accounts. Furthermore, what struck one person was that “you were learning about being in a cell in a cell”. (ST) It was also felt to offer an historic lens through which to interpret the artworks. One group member described her reaction to this room in the following way:

I liked the link point between the two spaces which actually described some of the history of the institutions through the eyes of the people who had been in them. I hadn’t seen that before and I found that very interesting — and again it provided another dimension to the experience of looking at these different works. (ED)

How the Artworks were Displayed

Feedback about the display and presentation of the artworks was mostly positive. In particular, participants noted that the framing was very professional and the spacing of the artworks made it easy to view and digest each piece. Group members also commented that they appreciated that the space was “big”, “open” and “uncluttered”. (PU, AI, ED)

There was also feedback to suggest that the professional presentation of the artworks helped to communicate that each item, together with the artists who created them, were respected. Thus, mental health workers felt that the curators had:

...presented the works with a lot of respect, like it wasn’t just some school boy artwork which they are throwing around — that it was well framed, lots of good captions and stuff like that. (MH)

This finding is significant in that it suggests that investing in the presentation of the artworks can help to convey a sensitive and respectful exhibition culture, both of which underpin ethical practices.

Written Text

The catalogue

There were only a limited number of comments made in reference to the catalogue. Several reported that they did not realise that one existed at all or only read it after they had left the gallery (PU, MH, ED). For those who did read it, responses were mixed. Some found that it enhanced the experience:

I picked a catalogue up after I viewed the exhibition and found it quite enthralling. It was good in regards to the way it helped me think about what I'd just seen and how the exhibition has been put together. (PU)

Others were less impressed. Firstly, some interviewees were concerned that the purpose of the exhibition was not made clear. They described how:

I picked up the catalogue after I left and read it through and as I finished it I began to think that the aim of the ARC project seemed to be quite buried — or that the aims were confused. (ED)

One person also felt that the catalogue was “a bit too academic and more concerned with the research than about the work on the wall.” (ED) This person also felt that it was repetitive in places. Meanwhile, a member of the public noted that the structure of the catalogue did not correspond with the layout of the artworks. This was said to hinder navigation and made it difficult to link information in the catalogue with individual works.

Text panels at the entrance to the exhibition

A number of participants valued the information supplied at the entrance to the gallery. As a student explained:

[Y]ou go down the stairs and see what the purpose is before you set your eyes on anything. There was already some key stuff about what the exhibition was trying to achieve and some of the issues

about ethics. So, before you've even seen anything, you've got the opportunity to pick up on some of the context. (ST)

Also near the entrance, a series of questions were posed on the text boards and this was perceived to be particularly useful as it helped to challenge assumptions associated with the relationship between art and mental illness. The questions were also said to encourage visitors to begin to reflect on the artworks and other items displayed through a multithematic framework, with one participant commenting: “I thought those first questions on the first wall actually really did say: ‘Look at this exhibition through these lenses.’” (PU)

Several participants even went so far as to suggest that this introductory text alone would have been sufficient for viewing the exhibition:

I found it interesting to have that introductory wall asking six or seven questions. That was really useful. But perhaps there didn't need to be so much information after that. (AI)

More on text generally

In the general survey, the vast majority of visitors (92%) indicated that the textual material was useful. This was echoed in focus group discussions with many participants indicating that the text promoted reflection, challenged assumptions, deepened understanding of the artwork and the artist's experience, encouraged works to be viewed multiple times, and communicated respect for the artist. In addition, the captions:

anchored me in front of the art (MH)... They were very helpful, and it also added to the painting itself. It made a lot more sense of the piece, that description on the side and the little captions, and they were very respectful to the artist I thought. (MH)

Interestingly, two participants from the Arts Industry group also found the information supplied was more interesting than the art itself:

I preferred reading the panels to looking at the art as I found some of the questions they raised very interesting. (AI)

However, there was some criticism that there could have been more information. For instance,

one participant felt that the lack of personal details on the captions for each artwork could create a disconnection between the viewer and the artist, and to some extent depersonalised the exhibition. While it was understood that this was because details were either not available or not displayed for ethical reasons, there was a suggestion that more personal details would bring the exhibition to life and help close the gap between past experiences and the present. Associated thoughts were that:

[T]he Collection relates to something started many years ago and it is not a living Collection...it lacks that connection with real people — real artists. The labels often don't have names on them so there is a lack of connection with "the now" which I found was an issue that affected the exhibition. (AI)

Meanwhile, some participants indicated that the exhibition had left them wanting to know more about the artists and what happened in their lives, such as what illness they were experiencing at the time (ST), whether or not they had been institutionalised (AI), and if they had recovered from their illness (PH). Therefore, Cunningham Dax Collection staff and the ARC researchers may wish to consider the value of including more background information about each artist.

At the same time, in some instances, participants felt that the written text detracted from the artworks, infringed on personal connection with — or interpretation of — the work, gave the exhibition an overly instructional tone, and risked overwhelming viewers. This resulted in a feeling that "[s]ometimes there was too much dialogue actually" (PU), and (perhaps not unsurprisingly) by those from the arts industry that "a response to the art is the most important thing for me". (AI)

Other participants agreed with such sentiments saying:

Although I felt very informed by the contextual material I was almost overwhelmed by it as well. I wonder if there is a way to present the work outlining it (contextualising it) but not in such a text-based way. It takes a long time to go around the exhibition and

read all of the text and that distracts from the impact of the work. (AI)

Interestingly, these reactions were most apparent among arts industry participants and members of the general public (two of whom were artists). It could be the case that those who are motivated to view the exhibition from an art/creative perspective are more likely to object to the written text. The opposite was true for participants from the educator and philosopher groups, who felt that the amount of written text was just right:

I liked the way that the text panels were very well considered and were not too lengthy so that you didn't become totally absorbed in reading and that you did have time to actually look at the work. So I thought that worked well. (ED)

Mental health workers also indicated that one of the strengths of the text was that it was accessible to a range of audiences.

However, one participant was concerned with the accuracy of the written information on the captions after noticing a discrepancy in the date of death of one of the participants. While minor, this inaccuracy could affect viewers' trust of the information, and also had the potential to be perceived as a lack of respect or sensitivity for the artist and their family.

Need for additional types of information

While many were satisfied with the amount and type of information provided, or thought there was more than enough, some would have liked even more. Ideas were put forward requesting more information about the historic context and mental illnesses and their treatment. In addition, some visitors requested more information about individual artists such as their specific illness and whether they recovered because "at the moment you have to guess what they had." (MI) This person added:

I would have liked to have seen the diagnoses for each of the artists so you can walk in their shoes and see what kind of symptoms they might have had when they were painting those pictures...as we can relate. (MI)

Some people also suggested that an audiovisual presentation would add to the variety of information sources and appeal to non-readers or people who have a visual learning style.

4. Key Messages and Themes Emerging From the Exhibition

Having addressed the above topics, focus group participants were next asked what messages were being conveyed by the exhibition. The following section outlines what messages and themes emerged from the exhibition:

Educating People about Mental Illness

A recurring theme was said to be education as “obviously this was an educational project about destigmatising mental illness”. (PH) Associated messages were:

- There is no single version of mental illness. Rather, experiences of mental illness are broad and complex, with one participant explaining:

It showed that there are many ways to experience an illness or dysfunctional state and this is expressed throughout the exhibition. It also shows that we all cope and think and feel in different ways and that we are all unique. (MI)

- Mental illness is indiscriminate and can affect anybody:

[T]hat it isn't necessarily all women or all men and it certainly was not a consideration of walk of life or status in life. (MH)

- Art provides a voice for people with mental illness and is a powerful therapeutic tool:

People got a feel for the creativity of others and of celebrating these people's part in society. (ST)

- Mental illness is not without hope as people can manage, survive and recover from mental ill health.

History

The exhibition was also said to provide insights into the history and experiences of people who have been institutionalised. For example, it conveyed “the bleakness of a particular time in institutional history”. (AI) Several participants also felt the exhibition demonstrated how treatment practices have changed over time:

I thought it was interesting when you looked at some of the pictures of

hospitals of those days and there was one where I looked at the medications. I discussed with my friend that those types of medications aren't around anymore... because I don't think the medication was working that well then. So, it just gives you an insight into what it was like back then and how bad it was for people with mental illness. (MI)

Other focus group participants suggested that the way in which the works had been displayed highlighted a new way of recording and representing history.

Art, Artists, and Creativity

Some participants also considered that there were messages about art and artists and how art connects humanity generally. As a student noted:

Here is a formally trained artist and here's someone doing art therapy and they are both expressing what they are feeling inside. I found that really interesting. (ST)

It also raised certain questions about art, such as:

What is art? And if it is produced in a mental health context is that any less valuable as an art piece than one produced in an art school or by a known artist? (ED)

In answer to this, a participant in another group felt that:

Exhibitions like this are very important for breaking down the idea that art only exists in major institutions or major galleries. It introduces the idea that art has various functions for a lot of people and that art is a very strong vehicle for expressing emotion, involvement, and engagement. (AI)

Multidimensionality

Even having made the above statements, participants often struggled to condense what they got out of the exhibition to a single key message. Consequently, there was a lack of consensus about which messages had been emphasised over others. In fact, it was found that a central focus on “multidimensionality” helped to challenge people's tendency to seize upon one aspect of an experience:

The nature of experience is multidimensional. It's a truism and it's not very interesting but sometimes when this exhibition gets it right, it shows that the substance of different artworks can have different themes — can resist being fixed and pinned down. (PH)

This suggested that the exhibition succeeded in its aim to raise awareness of a range of issues. Consequently, many visitors had recognised the complexity of what was presented and so the exhibition's intention of depicting multidimensions appears to have been successful. This is reinforced by the survey results which reveal that 94% of attendees felt that the exhibition had helped them recognise the multidimensions associated with the art displayed.

Here are other reflections from various focus groups which interpret the idea of multidimensionality in different ways — through the exhibition, art, or the self:

It's just made me more aware of how art is not just one thing. It's obviously a creative expression but it's also an expression of internal experience, a form of self-identification or it can be an occupation — so it adds meaning to people's lives in different ways. For me it's becoming clearer that it's not just one thing. It can have many meanings. (MH)

I thought this exhibition emphasised the idea that there is an inner world, and an outer self — with the emphasis on each person being multidimensional. (ED)

However, the complexity of it all sometimes left people confused and wanting more direction. For example, one of the philosophers admitted that he wasn't sure "if it was showcasing talent or the last stage of therapy or exactly what the intent was." While another asked: "Is it to show us some art? Or is it to give us a bit of a history of art therapy? I mean what's the point?" (PH)

5. Changes in Perceptions Toward Mental Illness

To assess the success of the "educational" messages suggested above, people in both the survey and focus groups were asked directly about how the exhibition had changed their perspective of mental illness.

The majority of survey respondents (84%) agreed the exhibition increased their understanding of mental illness while 16% were undecided or disagreed. During focus groups reasons for disagreement emerged and appeared to relate to the extent of prior exposure to mental health issues and to the Cunningham Dax Collection itself. Thus, some participants (eg mental health workers, those with relatives who had experienced mental illness, and those experiencing mental health issues themselves) already had a strong awareness and understanding of the complex nature of mental illness before entering this particular exhibition. So, for these people, the exhibition had reinforced rather than changed their perceptions — as one person went on to explain:

I didn't feel that my attitudes towards mental illness changed, I guess in part because I have friends and relatives suffering mental illness, so I am pretty conscious of that stuff and then I guess there was that element of being reminded, touching...things that I already knew. (PH)

Mental health workers (a group with a strong existing understanding of mental health) tended to mention changes in their perceptions of art, the role of art as a therapeutic tool, or how far mental health care has progressed, as opposed to actual changes in their perception of mental illness. Meanwhile, a participant in the mental illness group felt that it made him "think that possibly my diagnosis is correct". (MI)

Another viewer whose sister was experiencing mental illness felt that the exhibition had been very illuminating and had helped her to understand her sister's experience better:

Well my sister suffers from paranoid schizophrenia and she's got a degree in fine arts...looking at the paintings in the gallery it made sense — you know, bits of the puzzle — 'Ah! That's what she's going through!' (ST)

These findings suggest that, for viewers who have a high level of experience or contact with people who experience mental illness, the exhibition is likely to be a reminder about the multidimensional experiences of mental illness rather than revealing new information.

Among participants that felt the exhibition had impacted on their perception of mental illness, the main areas of change were:

- an enriched understanding of the experiences of the mentally ill (PH)
- a better sense of how treatment has changed over time (MH)
- increased empathy for people experiencing mental illness (ST)
- increased awareness of the similarities between people with mental illness and the wider population (MI)
- increased respect for people experiencing mental illness (eg their intelligence, their resilience, their commitment to see through long-term artworks, their artistic skills).

The result was that people came to realise several things about people with mental illness:

It was the strength that some people had. They're not hopeless cases. (ST)

There was enormous cleverness in some of those artworks — you tend to think that mental illness equals not clever — but the art wipes out that idea. Going to an exhibition like this stops you going down that track. (PH)

An increased faith that mental illness is manageable and people experiencing mental illness can heal and live their lives. (MI)

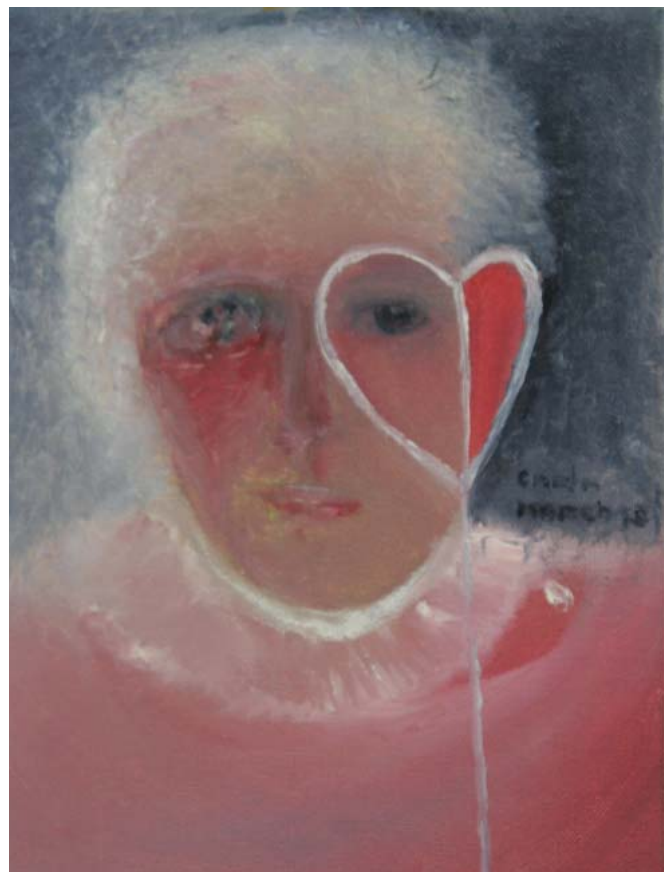
For some, though, the exhibition was a real “eye-opener”. This was particularly so for the postgraduate student group in which several interviewees were from countries

where the subject of mental illness is still taboo and where there is little education provided about it. One student from Malaysia was prompted to say:

When I looked at the pictures I thought, ‘OK. Maybe this way of treating mental illness is very good’, and I think the doctors from my country should come here to see these pictures. (ST)

Another from Vanuatu added: “Yes, I’m impressed because back in my country there is no such thing as appreciating things from mentally ill people.” (ST)

In summary, while the exhibition was unlikely to change the perceptions of those who had an existing awareness of mental illness experiences, the exhibition provided an effective vehicle for communicating about the multidimensional nature of both art and mental health, and had the potential to influence how viewers perceive mental illness. In addition, for those for whom the topic of mental illness was totally new, it provided a thought-provoking introduction.



Carla Krijt, No title, 1998, oil on canvas, 30 x 22.5 cm

6. Level of Disturbing Content and its Impact

An important part of the evaluation involved gauging whether there was a risk of adverse reactions to the exhibition framework and content. To explore this, participants were asked whether they had been disturbed by any of the content and what the impact of this had been on their viewing experience. Such a question was posed in both the survey and the focus groups.

While a clear majority of visitors did not find the works too disturbing, 14% were unsure or agreed that viewing did affect them. For many viewers it wasn't the image itself that was disturbing, but the symbol of what it represented which, in this case, was the past mistreatment of people with mental illness. One viewer added:

What is more disturbing is that it happened in the first place, that people were so far from being able to communicate with someone that [they've] had to respond like that. (PU)

Positive Aspects of Being Disturbed

Generally, viewers felt that while the disturbing content caused viewers discomfort, this was said to be positive in some ways (AI, PU, PH, MH, MI) as it played an important role in increasing empathy between the viewers and the artists and, in doing so, assisted in destigmatising mental illness. As a philosopher remarked:

I think disturbing, yes, but I don't see why that's a negative thing. I think [it's] very positive in that you would feel far more understanding and far more connection with people. (PH)

A participant in the mentally ill group added:

It's good to be disturbing — to go through it so that people can walk in our shoes... Because mental illness is real and hurts those of us who have it. And if that means that for a few minutes these so-called normal people can get to spend a few minutes in our brains and find it difficult, find it horrible then good! ...It needs to be confronting to elicit a change in people's attitudes towards mental illness. (MI)

The disturbing content was also felt to create an opportunity for dialogue about mental health, for example, between teachers and students, or among peers. For instance, one teacher thought that such confrontation provides an opportunity for secondary students, many of whom are in a period of tumult themselves, to become more enlightened about their own condition. For instance, she talked about how:

My students in the past have connected particularly to Laura [a teenage artist featured in the exhibition] and I guess they've been disturbed. I guess they identify with her age and they identify with the pressures that Laura was experiencing at that time in her life, but it opens up a great deal of discussion. (ED)

This was perceived to be helpful in demystifying mental illness and could develop help-seeking behaviour. Another teacher added, "I take secondary students through and most of them have a good level of connectedness with each other and they often talk and share their experiences with each other and that can only be a good thing." (ED)

The Effect on Vulnerable Groups

However, there were some viewers who felt that disturbing content had the potential to cause harm for people, such as those who have experienced mental health difficulties, or perhaps young children. Indeed, some questioned the wisdom of taking young people to see such an exhibition when some may have mental health issues and lack the maturity to know how to deal with them.

Still, in relation to children and young people, teachers indicated that the potential of the exhibition to cause harm was minimal as long as group leaders are equipped with the skills to refer students effectively, can provide adequate supervision while young people are viewing such work, and can provide opportunities for students to debrief after viewing. As an educator pointed out:

I think it's important if anyone is bringing people through the space, especially with secondary school children, that there is a follow-up afterwards, because you don't know ... whether some of them may be suffering from certain things or whether they are a carer within a family where there is a mental illness. (ED)

In relation to people who may be experiencing mental health difficulties viewing the exhibition, this seemed to be more of a concern among those who did not work in the mental health sector. Mental health workers, by contrast, said that they would have no hesitation in taking their patients to the exhibition with the proviso that their charges were not experiencing serious illness at the time, and that there was adequate staffing on the day to support clients effectively should they react negatively to the content. As illustrated by the following comments, the benefits of viewing the exhibition were felt to outweigh the risks:

I would have no problems with any of my clients seeing the exhibition. I think it resonates very much with their own experience and it provides... understanding that other people have been there and have used art in a way to articulate what is going on for them. (MH)

In summary, it is clear that while some people may find some content disturbing, it generally serves a positive outcome and helps to strengthen the aims of the exhibition. However, there is some risk that content could be overly confronting for some children, young people, and those who have experienced mental health difficulties. Therefore, adequate precautions need to be taken with respect to these audiences. Recommended safeguards include:

- adequate briefing and debriefing with students;
- ensuring teachers are mindful of reactions of their students and know how to refer students to appropriate support;
- timing visits by mental health clients appropriately to avoid viewing at a time when they are experiencing instability or acute illness;
- ensuring that adequate support is available on the day;
- making sure that a range of help-seeking information is visible at the exhibition.

Regarding the last point, a student noticed that Beyond Blue material was available and believed that “that is what they need — to make sure that there is a range of information available if the art does kick in and resonate.” (ST)

Could the Exhibition be Considered a Freak Show?

Group members were asked what their reaction would be if someone described the exhibition as a “freak show”. An immediate reaction was one of disbelief (PH, MH), offence (PU, MH, ST), and even anger (ST). One interviewee responded by stating that “I would doubt the person’s capacity for human empathy. It just manifestly isn’t a freak show.” (PH) One person even exclaimed that “you could argue that all art is a ‘freak show!’” (AI). A more common response, though, was that most doubted that such a statement was likely to occur. In fact one teacher reported that “I have taken several groups of teenagers through over the years and never heard anyone respond in that way.” (ED)

7. Ethical Considerations

The evaluation also explored the extent to which viewers felt the exhibition was ethical, with the aim of identifying guidelines that would assist to ensure future exhibitions are presented ethically.

Encouragingly, there was much discussion among participants about ethical considerations and a general acknowledgement of the complex nature of ethics in relation to exhibiting art created by people with mental illness. This ability to reflect on ethics from a range of viewpoints suggests that the exhibition provided an effective mechanism for encouraging people to consider the complexities of the issue.

The Issue of Consent

Overall, the main ethical issue identified by participants, as well as being the one they were most passionate about, was consent. They raised questions such as:

- Should artworks be displayed without the artist's consent?
- What constitutes informed consent?
- What lengths does/should the Cunningham Dax Collection go to, to secure consent?
- If the artist consents, who owns the artwork — the artist or the Collection?

In fact, the issue of consent was one that caused the most division among, survey respondents, with 57% feeling that it is acceptable to display works without consent, 28% being undecided, and 14% disagreeing with such an action.

Other associated and significant ethical considerations that focus group participants identified were:

a) Authorship/accreditation

- If consent is not possible, should the artworks be displayed anonymously?
- To what extent does anonymity bridge the ethical divide left by a lack of consent?

b) Altering the intent of the artist or the context in which the work was created

- Does the context in which the artwork was created determine the level of ethical consideration? For example, does a work produced in a private therapeutic context warrant a more sensitive approach than a work created for exhibition?
- How does the intent of the artist influence the need for a sensitive approach?

c) Transparency and motivations

- Does using an educational and not-for-profit framework make the exhibition more ethical?
- Does being upfront about ethical issues make the exhibition more ethical?
- What ethical questions has the Cunningham Dax Collection excluded and why?

The extent to which viewers felt the exhibition was ethical generally

It was difficult to determine whether participants considered the exhibition to be ethical because, while they agreed that the exhibition was not exploitative, some participants were hesitant about the lack of artists' consent, and the public display of artworks that were created in private or for therapeutic purposes. This came to a head when group members were asked if they would mind if it was their own work being displayed. While some thought they would feel proud and one person with a mental health issue thought that he "would feel relieved that others can see what I'm going through" (MI), a few were not happy about the idea, as the following comments indicate:

I'm not too sure that I'd feel comfortable — to find things up there with me being aware of it and not having given permission — because it's come out of a vulnerable time of my life. It could be quite shocking to find there is suddenly something there and you're not prepared for it — and it could bring back a whole lot of stuff for you. (ST)

Another added:

Many of the works displayed were done in a private setting and so were probably never intended to be viewed... Furthermore, many of the people who produced this artwork were probably involuntary patients, so I think that's a

real compounding factor in some of these discussions about consent. (PU)

Yet others could see both points of view:

I would answer it in two ways. I think in one way I might be proud if it was my artwork being shown. In another way you could see it as being something very personal and very private that you wouldn't want people to see. (MI)

However, there was agreement that the exhibition had been handled “sensitively” and “in such a dignified way and with integrity” (ST) by Cunningham Dax Collection staff and the curators that it increased the ethical tone of the exhibition as a whole. The processes that participants felt underpinned the sensitive handling of the exhibition were:

- upfront acknowledgement of ethical considerations;
- evidence that the curators and Collection staff have put considerable thought into the issue of ethics;
- anonymity for artworks where consent was not gained;
- the educational framing of the exhibition and the benefits of its key aim — ie to increase understanding of mental illness;
- use of simple and non-sensational language which reduced the risk of content being misinterpreted;
- presentation of artworks and mental illness in a way that retains the dignity and integrity of the artists and the artworks;
- respect of artists' requests for details to be added or removed;
- ensuring that the exhibition was not-for-profit and works were not for sale;
- reference to state legislation that related to ethics such as the *Privacy Act* and the *Health Records Act*, which helped to reassure viewers that the Collection was aware of its legal and ethical responsibilities.

Such sentiments were reflected in responses to a survey question which asked whether

viewers thought that the exhibition had treated the works and their creators with respect. The majority (94%) certainly thought so. Despite this perception that the exhibition was managed sensitively and with respect, some participants were still concerned about the potential harm that displaying an artwork without the permission of the artist could have. In particular, participants were worried that a lack of consent might be interpreted as an abuse of institutional power, disregard for the rights of people with mental illness, and disrespect for the wishes or intent of individuals with an experience of mental illness.

Seeking consent to display the work was seen to be the safest way to avoid potential harm to the individual, with the widely held view that, wherever possible, informed consent should be gained by the Cunningham Dax Collection before displaying the artworks. Where an individual explicitly requests that their artwork not be displayed, this should be respected. In relation to artworks where gaining consent was not possible, either because the artist had died or could not be traced, there was feedback to suggest that if the benefits of displaying the artwork clearly outweigh the potential harm to the individual, then the intensity of the ethical dilemma is diminished.

However, in relation to the above issue, and also to the possibility of exploitation, the greater benefits need to be clear to the viewer. Encouragingly the educational benefits of “The Art of Making Sense” exhibition were generally evident to viewers. That is, most respondents believed that the educational benefits far outweighed possibilities of exploitation. As one person summarised:

There are issues about whether the works were made to be shown...and whether consent was able to be obtained and if the exhibition could be considered exploitative...but I am quite happy for them to be shown because of what we can learn from them. (AI)

Nevertheless, one participant questioned why “un-consented” works were used at all, suggesting that the same outcomes could be achieved by using works for which the Cunningham Dax Collection has consent, or could obtain consent. While others felt that un-consented artworks had clearly been included because they provided a perspective that would otherwise be impossible to communicate, this did not eliminate their reservations about

exhibiting works without the permission of the artist. One person thought that:

because so many of them were un-consented...the exhibition would be lacking if they weren't there, but at the same time, I do have grave misgivings about the fact that they're not consented and there are works up there without the permission of the people concerned, be they alive or not. (PU)

Also, it was noted that displaying artworks had the potential to bring personal benefits for individual artists who have experienced mental illness. For example, it can provide an opportunity to showcase their art and elicit feelings of pride about having work shown publicly which can help to temper potential harm. This adds to the argument for showing work without consent.

The exhibition also used anonymity to help address the ethical issue of displaying works where artists had not provided consent. Response to this practice was mixed, with some indicating that anonymity is an effective way of bridging the ethical divide as it shows an additional level of consideration for the rights of the artist and reduces the risk that s/he might be recognised. Others felt that the use of anonymity only goes part of the way to addressing the ethical issue of consent, and that questions about consent still need to be raised with viewers.

Another question that a number of participants discussed was in relation to the context in which the artwork was created, and the intent of the artist. Generally, it was felt that artworks created within institutions or as art therapy warrant special ethical consideration because they are distinctly different from artworks which have been generated by people with the intent to be exhibited or sold. The private nature of many artworks in the exhibition had the potential to make viewers feel uncomfortable, with some participants indicating they felt voyeuristic and intrusive. This led to one person wondering:

[W]hy some things like jottings by the patient...becomes part of the exhibition. I think voyeurism is the word I would use and I would ask what the intention of the exhibition was in putting that kind of stuff up. (PU)

Another ethical consideration is the grey area between medical record and artwork. There

were indications which suggested that medical records need to be confidential and displaying artworks which were, at one point, perceived as medical records, could be seen as a breach of patient privacy. A couple of participants felt that the written medical record which was displayed as part of the exhibition was a breach of patient confidentiality and questioned its place in the exhibition.

Importantly, the ethical questions posed by the Cunningham Dax Collection at the beginning of the exhibition helped to address these issues, but for some, the overall feeling was one of discomfort: "[I] just had a sense of a bitter taste to my mouth. Sure some people have truly given up their work to be displayed but the idea of doing it without consent, it's worrying." (PH)

Given the sensitive and complex nature of the exhibition content, it is unlikely that viewer discomfort can be avoided, but what is important is that viewers (as noted earlier) could see that the curators and Collection staff had gone to great effort to ensure that the artworks were exhibited in a way that is respectful, ethical, and without exploitation. In this regard, the exhibition succeeded because:

It seemed to me that they had really long discussions and debates about this notion of consent. (PU)

I thought it was handled very sensitively and there was the recognition that this was a very problematic issue. (MH)

I don't have mixed feelings about consent issues...because it has been done with, as everybody said, using ethical standards. It's been done with care...and there's been no exploitation or intentional maliciousness towards anybody who is an artist. (PU)

There was no money involved and so no one was profiting financially from this. (PU, AI, PH)

These feelings were reflected generally in survey results where over three-quarters of those who attended felt there was no exploitation involved. However, there are further steps that the Collection could take to strengthen its ethical approach. In particular:

- Increased transparency about the process that the Collection uses to seek consent (i.e. what lengths they go to

when tracing artists) would increase understanding that showing works without consent is a last resort.

- Provide examples of the greater social benefits of displaying un-consented artworks, with the aim of increasing viewer understanding about why it can be valuable to display work without the artist's consent. (For example, that un-consented works can provide perspectives or information that consented artworks cannot, such as insights into institutional experiences during a time when consent was not sought.)
- Clarification about the ownership of the artworks, as it was unclear to some about whether works were owned by the Collection or the artist.

In addition, where consent is not obtainable, risk should be assessed on a case-by-case basis using a systematic and transparent process that takes into consideration the context under which the artwork was created, the original intent of the artist, its potential value to the public as an educative tool, and whether there are other artworks that provide the same educational value.

8. Summary

The evaluation found that the multidimensional model used in "The Art of Making Sense" exhibition achieves its two key aims effectively: that is, to increase understanding of the multidimensional and complex nature of mental illness and art produced by those with mental illness, and to present art created by people who have experienced mental illness and/or psychological trauma in a way that is ethical. As such, "The Art of Making Sense" exhibition provides an appropriate model on which to base industry-wide guidelines for the display of artworks produced by people who have experienced mental illness and/or psychological trauma.

The particular strengths of the exhibition model to be considered during the development of industry-wide guidelines are:

- Use of multiple themes to broaden viewer understanding of mental illness and art and help viewers navigate the exhibition.
- A written introduction to frame the exhibition and highlight key considerations.
- Upfront treatment of ethical issues, use of anonymity, and evidence of incorporating the artists' wishes.
- Professional presentation and spacing of works to enhance the viewer experience and reinforce respect for the artists.
- The option for viewers to navigate the exhibition in a way that corresponds with their viewing preference (eg viewing works before reading background information or vice versa).
- Written text within the exhibition that is accessible to a range of audiences, informative without being too lengthy, and displayed in a way which encourages viewers to interpret artwork through a range of lenses.
- The inclusion of content that is confronting as it plays an important role in increasing empathy between the viewers and the artists, and helps to destigmatise mental illness.

Aspects of the exhibition model that may need to be considered in developing future exhibitions are:

- The brochure, catalogues and other printed material were often overlooked, thus access to it could be improved, perhaps through more effective placement and greater signage, and by being deposited in a range of locations. They also need to be visible for visitors who are emotionally affected by the artwork.
- Curators may wish to accommodate for different viewing preferences by providing information, including directions, that allows viewers to make an informed decision about how they navigate and move through the exhibition.
- A number of visitors requested more material about a range of topics, including information about the various mental illnesses depicted and their treatment, information about individual artists, such as their specific illness and whether they recovered, and about art therapy generally.
- By inviting artists to speak in person or through an audiovisual loop, it may assist in improving people's understanding of the mental illness experience, as well as, potentially, be empowering for the artists.
- Vulnerable viewers require a range of ways of referral and management of any adverse reaction to the exhibition. This is a matter that may require further investigation by curators as they have a moral obligation to protect those who view such exhibitions.
- It may be helpful to move the venue away from the hospital context and/or to mount the exhibition at a variety of venues. While housing the exhibition at the medical facility helped to increase viewers' understanding of experiences of mental illness, touring the exhibition would give it a longer life and allow a wider audience to visit.

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chapter four:
discussion and reflection

This section of the report aims to reflect upon the results of the project. We begin by identifying the strengths and limitations of the methods adopted in the research and follow this with expanding circles of reflection on the exhibition and the process of mounting it. Reflection begins with a focus on the findings of the formal evaluation of the exhibition. It then broadens out to include reflection on the practical challenges posed by the multidimensional approach, before turning to the lessons psychiatrists, art historians, philosophers, and museum curators might take from our experience of developing and implementing the multidimensional approach. Finally, we synthesise the core practical lessons of the project into a set of guidelines for exhibitions of art by people with experience of mental illness, guidelines that curators might also find useful in considering how to display other sensitive collections.

1. Strengths and Weaknesses of the Methodology

The research methodology adopted in this project was based on certain key assumptions. It was assumed that creative objects are complex things with multiple aspects to them, and that collaborative interdisciplinarity research is more effective in revealing this than any single discipline or lone researcher activity would be; that ethical concerns would have to inform the research; that the research should elicit the view of significant stakeholders and respond to public expectations about the presentation of information; and that the research should have outcomes applicable to the broader field of art and mental health. In accordance with these principles, a multidimensional, ethical model for the exhibition of art by people with an experience of mental illness was adopted. The Cunningham Dax Collection was used as the site for the project, with the exhibition space of that collection acting as the “laboratory” for testing this multidimensional and ethical model for mounting exhibitions of art by people with an experience of mental illness. Such tests were conducted in the form of viewer questionnaires and interviews with focus groups from a wide selection of people with expertise in relevant disciplines and, in one group’s case, with personal experience of mental illness.

The research methodology adopted for this project has many strengths. The multidimensional approach has conceptual validity, in that it acknowledges the complex nature of creative objects. By adopting a multidisciplinary, collaborative approach the project was able to reveal the complexity of those objects and overcome the limitations inherent to research undertaken within a single discipline by actively engaging in dialogue with other fields of inquiry. By testing the multidimensional and ethical model in the exhibition “The Art of Making Sense”, the project was able to examine the practical applicability of this theoretical construct. By developing an exhibition which invited viewers to consider a set of curatorial and ethical issues, the project encouraged viewers to abandon possible assumptions and misconceptions. Moreover, by evaluating the exhibition through visitor surveys and focus groups, the project incorporated the views of significant stakeholders in the field of art and mental illness, including people with an experience of mental illness. All participants offered important insights into how exhibitions of creative work might be developed.

The emphasis on ethics in the project is another strength of the research. Given the historical disadvantage experienced by people with mental illness, the ethical imperative has assisted in ensuring that past failure of respect and sensitivity towards such people was not repeated. Similarly, given the aim to reduce social stigma toward individuals with an experience of mental illness, the requirement to convey information accurately and clearly was crucial to having a significant impact on the views of those who visit the exhibition.

The research methodology adopted in the project, it should be recognised, does have certain weaknesses. The fact that the exhibition was presented in the Cunningham Dax Collection, an institution with over 60 years history as a medical collection and which has only recently adopted a multidimensional approach, such as that tested in this project, may have influenced viewers and focus group participants to see the exhibition in the light of the Collection's history rather than against a more neutral context. Using the Collection as the "laboratory" for this project potentially further conditioned the outcomes of the project because the exhibition was located on the premises of the Cunningham Dax Collection, which are on the premises of a mental health facility. Such a site has the potential to reinforce an interpretation of the art along medical lines. As the exhibition of these works are necessarily influenced by the context of the exhibition, there remains a question as to whether the findings here could be translated for broader application to venues less closely associated with medicine and mental healthcare.

Another weakness of the method adopted in the exhibition, which only became evident once the display was finalised, was that in the "Outer World" section dealing with the historical dimension of the works, only the older material relating to the time in which individuals were hospitalised and creating art in clinical contexts was given an historical interpretation, and that art produced by people during the more recent period of de-institutionalisation was treated in an ahistorical manner. To some degree this was a reflection of the fact that more documentary material clearly related to the historical conditions of the asylum was available in comparison to latter periods. However, in the curators' enthusiasm for documenting the historical conditions of hospital life, they overlooked the equally significant conditions that existed during the historical period when deinstitutionalisation was the norm. This was

an oversight that future exhibitions should try to avoid.

A further potential weakness is raised by the inclusion of creative work by people with experience of trauma in the project exhibition. Art by people with experience of trauma raises issues that are quite different to those presented by people with mental illness. For example, people with experience of trauma are more emotionally invested in their works that depict their trauma, and are also more likely to be afraid of their works being misunderstood. Many people with an experience of trauma see their works as a statement of their experience awaiting validation, and there is also a greater therapeutic dimension to their work. Because of these and other differences, a multidimensional approach such as that adopted in this project, which insists on equal importance being given to each dimension of the creative work, may not be appropriate. This project only managed to make note of some of these issues and was not able to more fully investigate the problems raised by artworks by people with experience of trauma.

2. Discussion and Interpretation of Findings

The evaluation of the exhibition made several findings which can be read as an assessment, not only of the particular exhibition “The Art of Making Sense”, but of the multidimensional and ethical model that generated it. In general, the two principal findings were that the exhibition increased understanding of the multidimensional and complex nature of mental illness and art produced by those with mental illness, and that it was successful in presenting art created by people who have experienced mental illness and/or psychological trauma in a way that was ethical. Several responses on the part of the visitors to the exhibition, gleaned from the questionnaires and focus groups, demonstrate these findings. However, in relation to certain, more specific issues, the range of responses was much broader, and prompt a reconsideration of specific components of the multidimensional and ethical model and its realisation in the exhibition “The Art of Making Sense”. In what follows, each of the major findings are discussed and interpreted in turn.

Visitors argued that the exhibition demonstrated that there are many different dimensions to the art of people with mental illness and that it can have many different meanings. Moreover, visitors felt the exhibition demonstrated that there was no single experience of mental illness, and that each person with mental illness has multiple aspects to them. This shows that the audience received the message intended by the research. At the same time, a minority of visitors felt confused by the multiple aspects revealed in the exhibition and would have preferred a stronger statement of the intent or purpose of the display. What this suggests is that, in general terms, the project was successful in its aim to mount an exhibition that would demonstrate the multiple aspects of the creative work of people with mental illness. However, it also suggests that there is still work to be done in bringing these different dimensions together in a fully coherent way.

The evaluation of this exhibition proved that there is significant educational benefit to the viewer. Visitors reported that they identified an educational dimension to the exhibition, in that many found the exhibition very informative about individual creators’ experience, as well as the commonalities between people with experience of mental illness and the broader population. They also felt that their respect for people with

such illnesses had increased. In the case of visitors with an already existing awareness of the complexity of and respect due to the experience of those with mental illness, these points were reinforced. The only caveat to these findings was that, in the case of exhibitions of work by artists where it was difficult or impossible to obtain consent, there was a feeling among some respondents that the exhibition needed to do more to inform the viewer about how the educational benefit outweighed the potential for harm presented by exhibiting work without the explicit consent of the artist. This issue is discussed further below.

The location of the exhibition on the site of a mental health facility raised problems for many viewers who saw this medical context as weighing too heavily on the work, reinforcing its marginalisation, and limiting its interpretation. This observation confirmed an acknowledged weakness of the research methodology. There was a general call for mounting the exhibition in different contexts outside a medical facility. This proposal, which was originally part of the current project but was cut due to financial reasons, is an important consideration for any institution; most exhibiting contexts bring with them a slant of one kind or another which is likely to influence how the work is interpreted. A possible way of overcoming this would be to have a single exhibition travel to multiple venues or exhibit it simultaneously over multiple venues.

The layout of the exhibition, which saw the artwork presented in several themes, separated physically and distributed over three rooms in the Cunningham Dax Collection premises, was felt by many visitors to be a useful way of organising the display. Some felt appropriately led by the structure, while others felt that it gave them freedom to move between sections without being unduly forced to read the works in one way or another. However, the lack of explicit directions as to how to navigate the exhibition may have resulted in more viewers visiting the displays in a different order than that which the curators intended, which suggests that more navigational instructions should have been made available to the visitor, which they could choose to respect or ignore.

The texts associated with the exhibition gave rise to mixed reactions. Many weren’t aware of the exhibition catalogue, while some who read it felt it was inadequate and not sufficiently clear. A majority of respondents to the questionnaire and many focus group participants found the textual labels accompanying the artwork to

be helpful. However, there were criticisms that the text labelling detracted from an aesthetic appreciation of the work, while others noted a lack of significant information about historical context, the educational benefit of displaying certain works, and the precise medical nature of mental illnesses. While for any curator it is difficult to get the balance right in labelling an exhibition and providing contextual information, in this case it seems the argument for more specific information in these three areas is the more convincing one.

In response to questions about the ethical dimension of the exhibition, visitors made a broad range of comments. Most visitors were clear that the exhibition wasn't too disturbing for them – that indeed the confrontational aspect of the works was part of what made them educational. This demonstrates the importance of respecting the autonomy of the viewer: although this work is disturbing, people did not mind being disturbed. Overwhelmingly people felt it was good to be challenged by these confronting works and felt they gained in empathy from that. Although it was not a concern for those actually working in the mental health industry, some visitors felt that certain viewers might find the content too upsetting, particularly younger people and those with experience of mental illness themselves. On reflection, it is clear that safeguards need to be put in place in case some material is too confronting for some visitors, and there needs to be support available for anyone who finds the work too disturbing, in the form of information, access to appropriately qualified professional staff, and a dedicated space for withdrawal from the exhibition should that become necessary.

Visitors were adamant that the exhibition was by no means a freak show or exploitative, and felt that the work and their creators had been treated with respect. One factor that led the audience to this conclusion was the fact that the exhibition was not for profit and the works were not for sale. Another factor was that the exhibition curators did not conceal the working-out process of ethical decision making. The audience reported that they appreciated bringing ethics from background to foreground; that this made them more likely to see the exhibition as ethical. This offers strong support for the strategy of articulating any areas of potential moral dilemma in all exhibitions, and for the model of trustworthiness-as-responsiveness explained in Chapter One and elaborated below.

Visitors were nevertheless divided about the ethics of displaying some artworks and, in spite of the fact that many visitors felt that the exhibition had evidently handled the issue with sensitivity and transparency, were concerned about the presence of artworks displayed without the artist's explicit consent — indeed many felt that here an ethical barrier had been crossed. This demonstrates that privacy remains a sensitive issue when exhibiting the creative works of individuals which were made as part of therapy (and therefore potentially having the status of a health record), a difficulty only compounded when there is a lack of explicit consent from the creator of the work. The conclusion one can draw from this is that the onus is on the exhibitor to prove that the exhibition of these works has more benefit to the community than the possible harm to the individual resulting from loss of privacy and the absence of consent. In particular, the key educational benefits behind the exhibition must be clearly articulated. Where consent is not obtainable, the default assumption should be that the work not be used. Where a compelling case can be made for display based on public and educational benefit, risk should be assessed on a case-by-case basis using a systematic and transparent process that takes into consideration the context under which the artwork was created, the original intent of the artist, its potential value to the public as an educative tool, and whether there are other artworks that provide the same educational value. If, after these considerations have been taken into account, it is still deemed necessary to use these works, then steps must be taken to minimise any potential harm to the individuals that made them. Such steps may include withholding attribution of the works to maintain confidentiality, avoiding display of information that may identify the individual, and presenting the works and any related information sensitively and respectfully. Only in this way can the exhibition of artwork obtained without consent be presented in a way that a clear majority of visitors will consider ethical.

3. The Practical Challenges of the Multidimensional Model

There are at least three strong arguments in favour of a multidimensional framework for approaching creative works by people with experience of mental illness and trauma. First, there is strong conceptual validity for this framework from art historical, museological, philosophical, and psychoanalytic perspectives. These creative objects are complex and any attempt to approach them from a single dimension cannot help but be reductive. Second, a multidimensional framework enables us to engage with many different facets of a creative object and so more fully appreciate its full richness. Such an approach could be said to be fairer to the object and its creator when compared with unidimensional approaches. Third, this framework avoids the problem of one dimension dominating another.

While these theoretical arguments for a multidimensional framework are convincing, it is another matter applying the framework in practice. Our experience in mounting the exhibition “The Art of Making Sense” helped us identify some practical problems in implementation. These important practical problems clearly require further investigation, but that was not possible within the scope of this project.

Limitations of space, time, and resources make it hard to consider more than two or three dimensions of a creative object at a time. Further, there is a real danger of confusing or overwhelming an audience if an exhibition presents a gaggle of competing perspectives. Exhibitions that cover too much ground also risk being superficial. To add to the problems of implementing the multidimensional model in practice, there is the problem of assembling the needed curatorial expertise. It would be difficult for one individual to possess the level of expertise in the variety of fields needed to explore their many dimensions. Having an interdisciplinary team enabled us to draw on a broad range of expertise in mounting our exhibition; however, it may be difficult for small community organisations to access a similar level of expertise.

Nor is it enough to have a multidisciplinary curatorial team, as team-curating does nothing in and of itself to solve the problem of how the multiple dimensions are to be integrated into a sufficiently coherent exhibition. Nor does it resolve the question of whether, and if so, how much integration is necessary in all contexts.

“The Art of Making Sense”, was curated by two project team members — art historian Anthony White and psychiatrist Eugen Koh. Each took on the task of focussing on one aspect, with a line being drawn between the inner and outer world as the major themes for the exhibition, and the tasks allocated according to expertise. Koh explored how the inner world could influence the creative process, while White focused on the influence of the outer world on the making of these works. Although this demarcation was comfortable, it raised the problem of how to integrate these different dimensions (inner and outer, psychological and aesthetic/socio-cultural) and highlighted the concern that, were they to be presented separately within an exhibition, the result would not be truly multidimensional.

The section “Personal Narrative” attempted this integrative work. Within the life narrative of an individual, the different threads of one’s life are all interwoven. The inner world and the outer world are closely interwoven and not easily separated. Equally, the aesthetic dimension is influenced by the psychological dimension, which is in turn affected by the socio-cultural milieu. Within this narrative, the experience of mental illness or trauma is but one of the many experiences an individual may have and is presented accordingly. However, it should be noted that the “Personal Narrative” interpretation tends to favour one single dimension — the artists’ individual life — and adopts a methodology commonly used in such disciplines as art history and clinical practice, but not by social history. The question remains as to whether biography as an interpretive framework is an effective means of integrating the various dimensions. Moreover, personal narrative cannot be used as an integrative framework in many instances. For example, there is insufficient information on the personal biography of many of the creators who were patients in the asylums for these works to be embraced into life stories. In many cases, the only information in our possession relates to individuals’ experience of mental illness.

In the end, the research team came to differing views about the need for integration. This issue is discussed further in the following section. Because of time and funding limitations, we were only able to apply the model in a single exhibition that was shown in just one context. Yet it is reasonable to think that context makes a difference to how the model is best applied — that in some contexts it might be legitimate to focus more on some dimensions than on others. We address these issues further in our concluding remarks.

4. Reflections from an Art

Historical Perspective

There are several lessons to be learnt for the discipline of art history from the project “Framing Marginalised Art”.

Art history as a discipline has certain strengths, including the ability to synthesise various ways of thinking about the nature of visual experience in a way that offers insights into works of art. However, there is a tendency within certain strands of the discipline to put emphasis on the biography of the artist, and to falsely claim that works of art can be best understood as emanating solely from the mind or emotions of the individual creator. Roland Barthes, Michel Foucault, Rosalind Krauss and many others have, for several decades, subjected this technique to a critique, arguing that it unduly limits interpretation and rests upon a wrong-headed premise. Meaning does not emerge fully formed from the mind of the creator, but rather is something that is affected by several different factors, including the materials of which the work is made, the social, economic, and political context, the discourses that

surround the artwork that mediate how meaning is created, and so on. This critique was one of many factors in this project that motivated a shift away from viewing creative works by people with experience of mental illness as simply the expression of the individual artist — whether in the more conventional sense, where the artist’s experiences are seen to generate the work, or in the more restricted sense in the discipline of psychiatry which considers the work as a symptom of illness. The project was successful in presenting the idea that there are many more dimensions to an artwork than this, including historical, social, and institutional pressures.

Although it was not explicitly presented as such within the exhibition itself, the section of the display focusing on “Personal Narrative” was an attempt to synthesise the various dimensions under one rubric. Within this section many different dimensions were featured, including illness, historical factors, aesthetic issues, and more besides, but all of which related back to the individual life of the artist. Although there is potential to highlight the different dimensions of the works under the heading of “Personal Narrative”, it also runs the risk of putting undue emphasis on the artist’s personal life as an explanatory framework for the art, and thereby



Carla Krijt
Possum, 2001
oil on canvas
40 x 30 cm

diminishing the multidimensionality of the artworks themselves. If the multidimensional model is to be used in future, it may be more effective to simply abandon the effort to integrate or synthesise the various dimensions. After all, it is not clear that a failure to integrate the dimensions of the work necessarily means that viewers see the works or the exhibition as fragmentary, nor does it mean that viewers fail to understand the complexity of these works.

Although one of the art historical contributions to the project was to provide support for a shift away from seeing the work as the expression of an illness to an expanded interpretation of the works that includes the historical dimension, it is interesting to note that some of the viewers who came to the exhibition commented that they would have preferred more information about the illnesses suffered by the artists. In our eagerness to shift away from the medical model of interpretation, it seems that key information was felt to be lacking. Although the exhibition sought to minimise the amount of medical information provided about the illnesses of the artists in the belief that this would help to broaden viewers' understanding of the complexity of the work, it seems that access to medical information is still an expectation on the part of the audience. It is unclear whether it is possible to provide that information in an exhibition in a way that would still allow a properly multidimensional model to exist. One solution may be to provide equally detailed information about the other dimensions, such as the historical and creative aspects of the work, to balance the additional information relating to illnesses.

Another limitation of the recent tendency to downplay the importance of biography in certain art historical circles is that, when this is applied to the work of individuals with an experience of mental illness, the outcome can be an invalidation of the unique experience of the creator. This has its own problems in the light of the historical marginalisation of this sector of the community. It is clear that more research needs to be undertaken in order to further fine tune the balance between opening the minds of the audience to the diversity of the art produced, while not overly diminishing the role illness plays in individual lives.

Another lesson to be learned is the limitation that sometimes attaches to the category of art when analysing these works. Some critics feel obliged to judge works aesthetically and have found such art wanting. Opening up to other perspectives, as this exhibition did, is one way around this.

Similarly, it became clear that disciplines create caricatures of each other. It was surprising to discover the assumptions that researchers in other disciplines had about the discipline of art history, assumptions that were unexpected and not always flattering. For example, it was claimed during the discussions that took place throughout the project that art historians were only interested in aesthetic issues to the exclusion of all else. This suggests that art historians may have some work to do in convincing researchers of the true nature of the kind of enquiry they undertake in interpreting works of art.

From the point of view of art curatorship, the project revealed a number of interesting things about how visitors experience exhibitions. The first thing to note here is that there is great division, not only among curators, but also among audiences, as to the right quantity of information to give the viewer of a work of art. Although many were satisfied with the textual accompaniment to the exhibition, some felt there was either too much or not enough. The immediate solution to this is not obvious; it may be possible either to craft different exhibitions for different audiences, or to give the viewer more choice by having less wall-based signage and more portable information, specific to any particular visitor, in the form of brochures and audio guides. Another important point is that viewers respond well to being presented with challenging information and choices. Some found the psychologically confronting aspects of the exhibit and the open posing of ethical questions to be stimulating. Although not everybody agreed on the advisability of some of the curatorial choices or the answers provided to ethical questions, viewers seem to appreciate being presented with difficult material.

5. Reflections from a Philosophical Perspective

Philosophers have well developed theories concerning most of the ethical concepts used in navigating the rocky ethical terrain presented by exhibiting creative works from marginalised groups. Everyone accepts the importance of securing informed consent; the need to respect the agency of all persons; the need to recognise and respect the humanity and creativity of others, especially those who have suffered from stigmatisation; the dangers of exploitation; and the importance of balancing harms against benefits. There are no new lessons for philosophers to take home from our experience developing and testing the multidimensional and ethical model regarding the notions of consent, benefits and harms, exploitation, and respect. Philosophy, as we have shown, can illuminate this territory, but the illumination is one-way.

When it comes to the concept of trustworthiness, however, the illumination is two-way.

Philosophers have done remarkably little work on the concept of trustworthiness. This is surprising, not only given the importance of the concept, but also given the sheer volume of recent philosophical writing on trust. You would think you could not talk about trust without also talking about trustworthiness, since the two concepts form a natural pair. While it is true that you can catch glimpses of what philosophers must have been thinking about trustworthiness from what they explicitly said about trust, these are only glimpses. The focus has been squarely on trust. It is left to the reader to distil whatever implications they can for thinking about trustworthiness from what philosophers have said about trust.

The process of developing the multidimensional model and mounting the exhibition “The Art of Making Sense” led us to reflect on the nature of trustworthiness. Using the Cunningham Dax Collection as a laboratory site brought with it a history that highlighted trustworthiness as an ethical fracture point. As outlined in Chapter One, past practices of unidimensional exhibition, in which the works were presented as evidence of psychopathology, had been criticised by consumer groups. Mental health consumers and advocates found this mode of presenting the work reductive and demeaning. They felt that the Collection could not be trusted accurately to represent the lived experience, creativity, and humanity of those with mental illness. Their lives and works were reduced to a label for the

education of others. The primary audience of this Collection, historically comprising mental healthcare providers, was taken to be in need of information about the varieties of mental illness. This information was to be supplied by the authoritative interpretation of the works, which reduced them to symptoms of a diagnostic category.

The unidimensional model for exhibiting these creative works contained an implicit model of trustworthiness, one that tied the notion to authoritativeness. This model might be considered appropriate to an expert body, such as a museum, charged with transferring knowledge to its users. On this model, a museum is deemed trustworthy provided that it is a responsible source of information: it must present the well-supported views of recognised experts, be value neutral, shun mere opinion, and be clear and unambiguous in the information it intends to convey. It need not explain to the audience how it came to make its decisions about inclusion and exclusion of artworks.

In approaching this project, we recognised a broader range of legitimate expectations among a plurality of interested parties than simply the expectation that an exhibition would be a source of reliable information. Aware of a history that could be argued to contain significant ethical failures, we decided to bring ethics front and centre and reveal the ethical working out that goes into decisions about what to include and what to exclude in any exhibition. Though all curators, of necessity, engage in ethical working out, it is not typically represented explicitly in the content of exhibitions themselves. Thus, exhibitions can give the appearance of being value neutral even though curators recognise that there can be no such thing as value neutral selection. Any selection involves privileging and hence valuing — in this context, for these purposes — some aspects of an object or story ahead of others. Some, but not all, of the evaluative judgements that go into selection are ethical: is this material too disturbing to present to this audience? Why does it matter that it be presented? How was it sourced? Can other material serve the same purpose? These questions and more, having been resolved, typically fade into the background. What we didn’t know was whether bringing them into the foreground would be welcomed. It could be argued that doing so is being overly self-reflective, making the exhibit at least in part about the process of making the exhibit. Perhaps, too, it could be seen as inserting a distracting curatorial layer between audience

and artwork. However, the response to this strategy was overwhelmingly positive. Although not everyone agreed with the ethical choices we had made, especially those relating to decisions to display work without the explicit consent of its creators, being transparent about these choices and recognising the dilemmas involved in making them was welcomed. Showing this ethical working out required stepping back from an authoritative position. Making the ethical decisions explicit gave the viewer the chance to challenge them. In this way, it opened up an ethical dialogue between curator and viewer, and it modelled a different, more dialogical conception of trustworthiness.

We labelled this model of trustworthiness “trustworthiness-as-responsiveness”. The key idea being that trustworthiness is shown by responsiveness to a plurality of legitimate expectations, where what expectations count as legitimate is a function of the context, the parties involved, and the values embedded in the activity. In the context of displaying art by people who have experienced mental illness, these expectations include, but are not limited to: expectations of the creators of the work that their works and they themselves should be treated with dignity and respect; expectations of mental healthcare consumers that exhibitions should never foster and, where possible, should actively disrupt, stereotyping and stigmatisation; expectations of the general public that the works are sourced and displayed ethically, and that they be given the information they need to decide whether and how to engage with the exhibition.

Part of trustworthiness-as-responsiveness is the obligation to be clear about which expectations one takes oneself to be answerable to. This can require making explicit the values that lie behind and inform what one is doing. We rightly distrust a person or an institution that seems willing to be answerable to the expectations of groups whose interests — in the context — conflict. In the context of displaying creative works by people who have experienced mental illness, this raises the issues of drug company sponsorship. The model of trustworthiness-as-authoritativeness makes this problem seem far simpler than it is: make sure that there is there is no influence over content and you’ve handled the issue adequately. Trustworthiness-as-responsiveness shows the problem runs deeper. By accepting sponsorship, one risks being perceived to be answerable to the expectations of the sponsor. Where sponsors have an agenda in the domain — advancing a pharmacological approach to mental illness, say — there can be

an irreconcilable tension in the expectations to which one is answerable. This suggests a strong presumption against accepting such sponsorship.

The model of trustworthiness-as-responsiveness is general and has application outside this context. It suggests ways that institutions and individuals might go about building or repairing reputations for trustworthiness, and thus build or repair trust. That is, they should be explicit about the animating values behind what one is doing; negotiate what expectations one will and will not take oneself to be answerable to; forgo an “on high” claim to authority; and welcome dialogical engagement with those with whom one would build trust.

6. Reflections from a Mental Health Perspective

This project challenges the mental health clinician to reconsider their approach to the care of people with experience of mental illness on several fronts. Over the past 50 years, along with the closure of asylums and the development of community-based treatment, an increasingly unidimensional approach to mental healthcare has developed. Some might refer to this as the “medicalisation” of mental healthcare. Once one has worked long enough in a system of care where such an approach predominates, one might not realise that there may be other approaches. Indeed the world of mental healthcare may look very different once it is viewed from outside psychiatry. In this instance, the world of art offered the mental health sector a view of itself from a different paradigm.

This project’s investigation of how the creative works of people with experience of mental illness are exhibited and viewed is relevant to the development of an integrative multidimensional approach to mental healthcare. Indeed, this experimental approach of an art exhibition can serve as a model for the study of mental healthcare in the same way that animal models of diseases can help medical scientists understand human conditions.

The strength of this experimental exhibition was increased by its interdisciplinary methodology, in particular, the contributions of disciplines outside mental health. Its interdisciplinary approach constantly challenged the assumptions of the mental health sector. The insights provided by the investigators, from philosophy, art history, and museology, about how we approach an artwork offered important lessons for mental health clinicians and services with regard to their approach to the people they are trying to help. Three lessons immediately come to mind and are outlined in the following section.

First, the dichotomous view of the creative works by people with experience of mental illness, split between those who focus on the presence of psychopathology and those who are more concerned about the aesthetics and broader meaning of the works, finds its parallel within the mental health sector. There is often a tendency to try to understand the experience of an individual, whether a disturbance of perception or thinking, emotional turmoil or distress, from either the biological dimension or the psychosocial

dimension alone. Although one hears of the bio-psycho-social approach, the approach of one clinician or one mental health unit or service is often one of biological, psychological, or sociological. These unidimensional approaches are rarely integrated.

The importance of an integrative multidimensional approach to mental healthcare cannot be overstated. How can we assist a person fully if we have only a partial understanding of him or her, or only understand an aspect or single dimension of them? Do we permit a surgeon to operate if she or he has only a partial view of the surgical field? There are, of course, many reasons why an integrative bio-psycho-social approach is rarely practised in mental healthcare today; specialisation of healthcare, inadequacy of training, and issues arising from politics and funding are just some of the reasons. There is very little research to clarify how these factors influence the provision of good mental healthcare. Attempts to examine these factors are often hindered by entrenched discipline-specific assumptions, bias, and self-interest. Perhaps our investigation into approaches to these creative works, being one step removed from mental healthcare itself, can provide a more disinterested and neutral field for closer scrutiny.

Second, this project highlights the importance of respect for the individual creator and how easily respect can be compromised. It is easier to be respectful of an individual when one is in his or her presence. When one is handling a creative work either for the purpose of conservation or exhibition, the creator is usually absent. What does it mean or imply to be respectful of a creative work? What does it mean or imply for clinicians to be respectful of their patients’ information? From the experience of this project it is apparent that we are not merely speaking of good manners or about policies and procedures; it is about being constantly mindful of what impact our actions may have on the individual in their absence. This means that we need to be mindful of the possible harm we may cause by the way we exhibit the work of a person who has died. To be respectful also requires us to consider what the absent creator might or might not wish.

Third, the medical understanding of “trustworthiness” is based on authoritative knowledge or expertise rather than “responsiveness”. What does it mean to be responsive in mental healthcare? The experimental exhibition of this project

highlighted the importance of transparency in ethical decision-making and the utility of declaring the limitations of one's knowledge and ability upfront. This latter point is particularly important, requiring the clinician to climb down from an authoritative pedestal and move towards a responsive position. By inviting the viewers, creators, and others to consider these ethical and curatorial questions upfront, and give their opinions through quantitative evaluation and focus groups, we adopted the view that we are in some sense responsible to them. Or, in other words, they are stakeholders we cannot ignore.

The mental health clinician who has worked closely with individuals who have experienced childhood abuse knows that while trust is crucial for a therapeutic engagement to be successful, it cannot be assumed simply on the basis of their authoritative expertise. In order for these individuals to trust the clinician, they test them and their responsiveness. This project also highlighted that the responsiveness of the clinician is not only necessary in the presence of the individual, but equally important in their absence. Such responsiveness to the absent individual takes the form of an attitude towards them, an attitude that keeps their interest and wellbeing in mind.

In conclusion, this project was not merely about art; it provided important lessons about how we might develop good mental healthcare.

7. Reflections from a Medical Collections Perspective

The findings of this evaluation can be applied not just to the display of artworks created by people with experience of mental illness and trauma. In fact, the implications of the evaluation have the potential for a much broader application and the findings can apply to many of the ethical dilemmas that confound medical collections. These include the specific areas of displaying human remains, as well as both psychiatric and disability collections. The findings cover the broad areas of education, respect, multidimensionality, and other confining parameters.

Balancing Spectacle with Education

An encouraging finding of the evaluation was that visitors were prepared to experience a degree of confrontation, distress, and controversy if they felt that they had been given a greater insight and, as a consequence, empathy into the experience of others. This is a particularly powerful experience for the visitor, especially if they feel that the take-home learnings warrant intense emotional engagement. One might apply this finding to a display of human remains and the stories associated with the donor of the body, or the personal story of someone who historically had a negative experience of ECT, or the display of the tiny callipers worn by a child that grew up with polio.

However, there are some constraints as to how this might be realised, and the evaluation has recommended safeguards that need to be implemented in case material is too distressing. This could take the form of appropriate signage at the entrance of a display stating upfront the content of the exhibition, and flagging areas that may cause grief to some.

Controversial and confronting material will be considered by an audience if the educational motivations of the exhibition are clearly articulated at the outset. Any contemporary medical content should be relevant to issues of personal health and assist visitors to make informed choices.

Respect for the Individual

A major area of concern raised by the evaluation is the visitors' unequivocal requirement for due respect to be shown to the individual. In the

specific case of the evaluation, the individual is articulated as being the artist who has personal experience of mental illness and trauma. However, this may be extrapolated further to inform the way in which respect is shown to other individuals whose stories might be told in medical exhibitions. The individual may in fact be the donor of a cadaver for an anatomical display, or a person who was consulted on their personal experience of learning braille when at the Royal Victorian Institute of the Blind.

The evaluation suggests that not only should respect be given to the individuals, but that they should be attributed due authorship or accreditation for the works or stories where the individuals' identities are known. This poses an interesting dilemma for the display of human remains. A fine balance needs to be achieved between anonymity and depersonalisation. Perhaps in situations where the name of the donor is not mentioned out of respect for the next of kin, a curator might consider outlining some stories about the donor without divulging any private information.

Obtaining the consent of individuals for display poses interesting issues. Within Australia *The Human Tissue Act* allows for the use of human cadavers for post-mortem examination, therapeutic purposes, as well as medical education and research. Written consent is required from the person concerned while they are alive and before their body can be used for these purposes.

Where consent is not obtainable, in displaying the works or stories of individuals, risk should be assessed on a case-by-case basis using a systematic and transparent process. Some psychiatric collections contain artworks created by patients in occupational therapy programs, many of which are named, although the artist is now deceased. What does a curator do in this circumstance? If the artist's consent is not given then the curator should consider protecting the anonymity of the artist.

The dignity of the individual is also an important area for consideration. This would include the way in which human remains might be respectfully posed for a display, or it might apply to the respectful way in which an artwork might be exhibited, or in the telling of an individual's story without revealing photographs taken of them in a demeaning or humiliating condition.

An engaging way to ensure the integrity of an individual's story is to invite him/her to tell it on

film or tape and exhibit this component within the exhibition.

Presenting Multidimensional Viewpoints

Examining stories from a multidimensional perspective appeared to resonate strongly with visitors. In exhibiting stories and objects relating to medicine, one must consider that medicine is in fact a multidimensional discipline. Scientific information is one facet, while the other facets of history, philosophy, art, and literature, for example, may also be told in conjunction with the science.

Visitors like access to a choice of varied information. They expect it to be presented in a short and clear fashion that avoids language that confounds and alienates. However, not all information can be presented within an exhibition, so one should consider making extra information available in the form of brochures or on a website.

Exhibition Parameters

A variety of other issues were raised by the evaluation that relate to the general parameters of exhibitions:

Curators must make viewers aware that the exhibiting institution has legal and moral responsibilities by referring to appropriate acts, such as the *Privacy Act* and *Health Records Act*.

Visitors do not feel comfortable viewing medical exhibitions that are profit-making exercises made at the cost of an individual's integrity. This covers displays of human remains where consent may not have been given for the use of the cadaver. It also includes using artworks without due respect for an artist with experience of mental illness or trauma. The visitor may give the exhibition the moral benefit of the doubt if the primary concern is that of education, however, they will frown on such an endeavour if it is all about making money.

Curators and institutions must consider the physical location of the exhibiting venue and whether it carries any preconceptions with it that could inadvertently increase stigma or alienation. Some medical collection displays are confined to hospitals and universities. One needs to consider what this might in fact be saying about the content of an exhibition. It might be construed that only visitors with a higher education will

ever understand a university exhibition on the history of surgical practice, or perhaps it might be inferred that although the carvings of an artist who has experienced mental illness are fabulous, they will never warrant an exhibition in an art gallery. Another unfortunate interpretation might be that people with disabilities will always be considered ill and their works and stories can only come to light within the confines of a hospital.

Finally a word must be said about transparency of process. It should be stated upfront in an exhibition why you are displaying a particular collection and how you came about deciding how to display it. This is particularly true for those exhibitions that have travelled over rocky ethical terrain. The rationale should be apparent to the visitor.

In conclusion, although displays of medical collections have the capacity to alienate, revolt, and distress, they also have the power to elucidate and inspire. The curator should not be intimidated by the ethical hurdles but embrace them, as doing this has the capacity to make the exhibition development process a rich and rewarding experience.

8. Conclusion

This project set out to develop, implement, and test a multidimensional ethical model for displaying creative works by those who have experienced mental illness. Overall, the project succeeded in showing that it is indeed possible to display this work in an ethical way and to make audiences aware of the works' many dimensions.

Nevertheless, there remains outstanding business and unresolved questions. Two problems are especially salient: the problems of integration and context. How are multiple perspectives to be integrated? And to what extent is such integration necessary or desirable? Although "The Art of Making Sense" made some progress at integrating a number of perspectives on these creative objects, it was not entirely successful at this. The issue of context is related. The context of an exhibition will make some dimensions more salient than others, but this is not a bad thing. It is not the purpose of a multidimensional and ethical model to dictate that any adequate exhibition of such work must treat each of the major dimensions as equally important. Nor should it dictate that any ethical exhibition must show its ethical working out, although any ethical exhibition must have done such working out and

be sensitive to at least the ethical issues we have identified as well as other context-specific issues. Instead, the purpose of the multidimensional model is to bring into focus the complexity of these creative works and to highlight how they might be appreciated in all their richness. Further work is necessary to explore other ways in which the model can be implemented and to explore how working in different contexts — contexts that do not bring with them the specific history of the Cunningham Dax Collection — affects the interpretation of the model.

We conclude by distilling the lessons we learned from this project into a set of guidelines aimed at curators who are thinking about mounting similar exhibitions, but which might also be of interest to curators of other kinds of objects, such as medical and disability collections. These guidelines do not form a checklist that, ticked off, guarantees one will have been trustworthy and behaved responsibly in mounting such exhibitions. Nor are they intended to be exhaustive. Rather, they are offered in the spirit of dialogue: these are things we found important, indeed indispensable, in thinking through the problems in exhibiting this work. We invite you to find them useful should you be involved in similar work.



Public Program at the Cunningham Dax Collection

Guidelines for Exhibiting Works

These guidelines are intended to encourage curators to take on the difficult but important job of exhibiting creative works by people with experience of mental illness and/or trauma. They provide some direction about ways of handling the complex conceptual and ethical issues involved in choosing to exhibit this work. Different institutions will have different histories, resources, and goals and are invited to tailor the guidelines to their specific context.

1. There are multiple dimensions to the creative works of people with experience of mental illness and/or trauma, including aesthetic, psychological, sociological, medical, historical, and ethical.

- Exhibitions should enable the full richness of these works to be appreciated. In most contexts, this is likely to be achieved by exhibition strategies that highlight several dimensions of the creative works.
- However, where context or curatorial aims support an exhibition focusing on one dimension more than the others, the existence and relative importance of the other dimensions should be acknowledged.

2. Respecting the creators.

- Special care, consideration and sensitivity should be given to the process of assembling the works and producing these exhibitions, as the creators belong to a group of people who have been marginalised, disempowered, and stigmatised.
- In making decisions about how to display the work, consider the creator's intention. For example, was the work made as therapy, as art, or as an historical record?
- In making decisions how to display the work, consider the context in which it was produced.
- Where possible, seek consent from the creators because their works may depict experiences that they consider private.
- Where possible, seek clarification from the creators about attribution of their works — some creators may only consent to their works being displayed on the condition that they remain anonymous.

3. Displaying work where it is not possible to get the consent of the creator.

- Only do this when there is no other comparable work for which consent can be obtained that serves the same educational role.
- The benefits of exhibiting this kind of work (for instance, for public education) must demonstrably outweigh the potential harm to the creator.
- Protect anonymity.

4. Respecting the audience.

- Allow the audience the freedom to choose how they will engage with the creative works and on which dimensions they will focus.
- Consider explaining the rationale for your curatorial choices.
- Provide sufficient contextual information employing simple, accessible, and non-sensational language.
- Do not shy away from presenting material that might be uncomfortable to some viewers as this can be a potent way of increasing visitor empathy.
- Viewers should be given adequate warning about the content of these works so that they can make an informed choice as to whether or not they will see the exhibition.
- Provide take-away information about where viewers can find psychological support; if possible, consider having appropriately trained staff onsite to offer support and debriefing.
- Where possible provide a safe and private space near the exhibition where viewers might retreat to reflect and regain composure.

5. Building trust through being trustworthy.

- Consider regular consultation with creators throughout the process of producing the exhibition; seek feedback afterwards.
- Consider consulting with consumer advocates to gain an independent perspective.
- Consider establishing an Ethics Committee to formally oversee the development of the exhibition and/or consider having discussions with the broader community about the ethical issues involved.
- Consider bringing the ethical choices and dilemmas that were encountered in mounting the exhibition to the attention of the audience.
- Inform the audience of the legal and ethical responsibilities of the exhibiting institution (for instance, works that are made as part of a person's health treatment may be governed by the *Health Records Act* which stipulates that confidentiality must be preserved).
- Avoid conflict of interest. Exhibitions should not be for profit, and sponsorship should not be perceived to compromise the goals of the exhibition.

Appendix 1

An Evaluation of the Cunningham Dax Collection 'Art of Making Sense' Exhibition

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TABLE OF CONTENTS

AN EVALUATION OF THE CUNNINGHAM DAX 'ART OF MAKING SENSE' EXHIBITION	3
BACKGROUND	3
EVALUATION OBJECTIVES AND DESIGN	4
Data Collection	4
Quantitative Visitor Survey	4
Qualitative Approach	6
KEY FINDINGS	8
OVERALL PERCEPTIONS OF THE EXHIBITION	8
PERCEPTIONS OF THE VENUE, LAYOUT AND CURATION	9
Location of the Gallery	9
Arrangement of the Exhibition	10
The Themes and Text as Tools for Navigation or Not?	10
Personal Preferences about Viewing Exhibitions and How the Cunningham Dax Collection Can Respond	11
How the Artworks were Displayed	12
Written Text	13
Key Messages and Themes Emerging from the Exhibition	16
Educating People about Mental Illness	16
History	17
Art, Artists and Creativity	17
Multi-Dimensions	17
Changes in Perceptions Towards Mental Illness	19
Level of Disturbing Content and its Impact	21
Positive Aspects of Being Disturbed	22
The Effect on Vulnerable Groups	23
Could the Exhibition be Considered a Freak Show?	24
Ethical Considerations	25
The Issue of Consent	25
The Extent to which Viewers Felt the Exhibition was Ethical Generally	26
SUMMARY AND OTHER SUGGESTED IMPROVEMENTS	31
REFERENCES	32
APPENDIX A: FOCUS GROUP QUESTIONS	33
APPENDIX B: SURVEY QUESTIONS	35
APPENDIX C: SURVEY RESULTS BY GROUP – BAR GRAPHS	36
APPENDIX D: SURVEY RESULTS BY GROUP - TABLES	57
APPENDIX E: SURVEY RESULTS – PARTICIPANT PROFILE DATA	61

AN EVALUATION OF THE CUNNINGHAM DAX 'ART OF MAKING SENSE' EXHIBITION'

BACKGROUND

Despite some inroads, mental illness and psychological trauma are often misunderstood or stigmatised. However, art can provide a vehicle to educate people about mental illness, and so with this in mind, this report outlines findings from an evaluation of *The Art of Making Sense* exhibition, a collection of artworks produced by people who have experienced mental health issues.

This exhibition and its evaluation forms part of a wider Australian Research Council Linkage Grant project (2007-2009), called *Framing Marginal Art*. The project (involving a collaboration between the Cunningham Dax Collection, The University of Melbourne, Melbourne Museum and the Mental Health Foundation of Australia) aims to:

- a) establish an ethical and multi-dimensional framework for exhibiting such artworks
- b) educate the public more about mental health.

The *Art of Making Sense* exhibition (May-Nov 2008) displayed artworks selected carefully from the Cunningham Dax collection. The latter contains over 12,000 creative works by people who have at some time experienced mental illness and/or psychological trauma. The basis (2/3) of this massive collection was assembled by Dr Eric Cunningham Dax (1908-2008) as part of a reform agenda in mental health care. Through his instigation, patients were provided with materials and encouraged to create art. As explained in one of the exhibition panels:

Dr Dax believed creative activities could: fill a person's time; provide emotional release; be an aid to diagnosis, treatments and prognosis; give information about a patient's progress; and reduce time of treatment.

Other work in the Collection has been donated.

This particular exhibition comprised 84 works including paintings, drawings, writing, craft and ceramics. Some work came from historical medical records while the remainder were more recently donated pieces.

A multi-dimensional exhibition model was used to display the artworks and several interpretive frameworks were employed including: psychological; aesthetic; socio-historic; cultural; and scientific. As explained by the Director of the Cunningham Dax Collection, Dr Eugen Koh, the philosophy underpinning this approach recognises that artworks are multi-dimensional and their meaning can be lost if interpreted through a single lens. He explained further that:

If you look at it purely from the clinical material, you're being very reductionist, but equally, if you look at it only from the art, you lose the richness of all the personal experience...so the hypothesis is that with the multi-dimensional model, there is a way to present this work in all its richness and to present this work ethically (Koh, 2008).



Consequently, the specified aims for the *Art of Making Sense* exhibition (sourced from exhibition documentation) were to:

- Highlight the multi-faceted nature of creative works by highlighting in separate sections how certain works relate more closely to some dimensions than others
- Challenge some of the common assumptions about the relationship between art and mental illness
- Raise some of the ethical considerations related to the display of such works
- Demonstrate that works can be displayed in an ethical way which is neither sensitive nor exploitative
- Promote greater understanding of people with an experience of mental illness and/or trauma.

The strong focus on ethics just expressed was because (as already mentioned) much of the material on display emanated from medical records and many of the creators of the art have not been (or could not be) approached to give permission for their pieces to be exhibited. As a consequence, ethical guidelines overseen by an ethics committee were displayed prominently at the entrance to the gallery.

EVALUATION OBJECTIVES AND DESIGN

The overall aim of the evaluation was to understand whether the multi-dimensional model constituted an appropriate framework for exhibiting artworks created by people experiencing mental illness. The evaluation focussed on the following key questions:

To what extent was the exhibition a successful model for educating the public about the complex and diverse nature of mental illness?

To what degree was the exhibition presented ethically?

Data collection

A multi-method approach was chosen as this could allow for confirmation of findings through triangulation. The quantitative aspect involved a survey administered to those visiting the exhibition and the qualitative component comprised seven focus groups.

Quantitative Visitor Survey

Development of the Survey

The visitor survey was developed during two workshops facilitated by the Centre for Program Evaluation that were attended by the two Chief and two Partner Investigators associated with the ARC Project. An initial questionnaire was generated through these workshops, and subsequent email correspondence. It was then piloted with a sample of 30 respondents. This led to minor revisions before the survey was subsequently administered during the exhibition by staff from the Cunningham Dax Collection.



The Content of the Survey

Those attending the exhibition were presented with a series of seven statements and respondents were asked to rate items (in terms of agreement/disagreement) using a five point Likert-style scale. Designed to reflect questions planned for later focus groups the survey covered such topics as:

- The perceived effectiveness of the text and displays featured in the exhibition;
- The extent to which the exhibition had helped visitors to appreciate the multifaceted nature of the creative works;
- The degree to which viewers had found the exhibition overly disturbing;
- Whether or not respondents judged the exhibition to have been exploitative; and
- The extent to which the exhibition had contributed to a respondent's understanding of mental illness.

Sampling

All visitors to *The Art of Making Sense* were invited to complete the survey. While exact visitor numbers are not available it is estimated that the sample size used for this report represents approximately 60% of all who attended the exhibition. Surveys were completed by the following groups:

- Secondary school teachers and students studying such subjects as VCE Psychology and VCE Art;
- Tertiary students from a wide range of health disciplines including Nursing and Occupational Therapy;
- Professional groups associated with Child Psychiatry and Social Work, and
- Members of the general public and others.

Eventually, the visitor survey was completed by 2542 participants during the six month period of the exhibition.

The precise numbers of surveys completed per group are displayed in Table 1:

Table 1: Numbers of Participants Completing the Survey By Group

Visitor Group	Group Numbers
Secondary School Students	2208
Secondary School Teachers	43
Tertiary Students	147
Professional Group	49
General Public	46
Other	50
Total Survey Respondents	2542

Analysis of the Survey Data

The data from the closed-ended questions were entered into an Excel spreadsheet and analysed using the SPSS statistical analysis program. The results of this analysis are presented in the report in two ways. Firstly, bar charts presenting overall results (absolute numbers and percentages) for all survey respondents have been provided in the body of the report. Additionally, bar charts (Appendix C) and descriptive statistics (Appendix D) reveal surveys results per group.¹

Qualitative Approach

The Choice of Focus Groups

Focus groups were selected as the main way to collect data as they allow a range of attitudes and opinions to be determined and debated (Hurworth, 1996, Krueger, 2003) and lead to “a rich and detailed set of data about perceptions, thought, feelings and impressions of people in their own words” (Rice and Ezzy, 1999). This method was also considered advantageous in that group interaction can also assist members to explore and clarify complex issues (Hansen, 2006). In this instance then, focus groups: provided an opportunity to collect in-depth feedback from a range of stakeholders; permitted complex topics such as ethical considerations to be discussed at length; and enabled evaluators to gather feedback from different groups, thereby making it possible to assess sector-based differences.

Sampling

To answer the questions posed earlier, seven groups were chosen by Cunningham Dax staff, in conjunction with ARC researchers, that reflected groups that had viewed the *Art of Making Sense* exhibition and could provide a variety of perspectives. Participants were recruited by Cunningham Dax from a list of individuals that had visited the exhibition, as well as from the Cunningham Dax’s and researchers’ networks and contact lists.

The final list of groups interviewed comprised: members of the public (PU)²; representatives from the arts industry (AI); philosophers and ethicists (PH); mental health workers (MH); educators (ED); students (ST); and those who have experienced mental illness (MI). 38 people took part and numbers in groups ranged from four to eight.³ There was also a good mixture of male and female participants who ranged in age from 20 to late 50s. Specific characteristics of groups are presented in Table 2.

Logistics of Carrying Out the Interviews

Participants viewed the exhibition in their own time, after which either telephone or face-to-face focus groups were held. In some instances, the focus group was conducted directly after the viewing, and for other groups up to a week later. Groups lasted from an hour to and hour and a half.

¹ A comparison of results across all groups using ANOVA (Analysis of Variance) was not undertaken due to the considerable disparity in the number of surveys completed by secondary students and all other participant groups. However, an analysis of variance of all groups other than secondary students (as these were more similar in size) revealed no statistically significant differences (at the 0.05 level) in responses to survey questions.

² These initials will be used later in the report as part of an audit trail related to the source of quotes.

³ These are appropriate numbers for FGs (Krueger, 2003) although smaller numbers are preferable for telephone interviews (Hurworth, 2004).

Table 2: Characteristics of Focus Groups

Focus Group	Type	No in Group	Gender	Type of FG
1. PU	General Public	5	4F, 1M	Telephone
2. AI	Arts Industry	6	3F, 3M	Telephone
3. PH	Philosophers	4	1F, 3M	Telephone
4. MH	Mental Health Workers	5	3F, 2M	Telephone
5. ED	Educators	5	3F, 2M	Telephone
6. ST	Post-graduate Students	8	5F, 3M	Face-to-face
7. MI	Experienced mental illness	5	1F, 4F	Face-to-face

Questions Asked

The question route was designed to:

- Understand viewers' experiences and perceptions of the exhibition
 - Discover any new information or insights gained
 - Identify the merits of various aspects of the exhibition;
 - Find to what extent the exhibition persuaded visitors to look at the artworks from a range of view points;
 - Reveal to what extent, viewers felt the exhibition was ethical;
- and
- Suggest improvements for the ethical display of artworks created by those who have experienced mental illness or psychological trauma (See Appendix A).

Analysis

All interviews were taped and transcribed. The 100 pages of resultant transcripts were then read several times and pertinent data displayed and analysed using Miles and Huberman (1994)-style grids. This provides a helpful tool to determine emerging themes in preparation for writing and is a particularly rigorous way of dealing with qualitative data.



KEY FINDINGS

Findings are presented under the following topics:

- Overall perceptions of the exhibition;
- Perceptions of the venue, layout and curation;
- Key messages conveyed through the exhibition
- Changes in perceptions towards mental illness;
- Level of disturbing content and its impact;
- Ethical considerations.

In addition a set of suggestions are put forward in regards to:

- a) ideas for possible ethical guidelines for such exhibitions
- b) how to improve the exhibition generally.

OVERALL PERCEPTIONS OF THE EXHIBITION

Immediate reactions to the exhibition were overwhelmingly positive with people making comments that it was “fantastic”, “impressive”, “powerful” and “fascinating”. However, the exhibition also evoked a range of emotions so that participants found it “intense”, and “sad” In fact, an experienced Arts Industry focus group participant was moved to say that it was “quite an emotional experience which is not often the case when I visit art exhibitions” (AI). But an interesting emotional response from one of those with mental illness was:

Jealousy, absolute jealousy. I so wish that I had the talent that they had to put down on paper my own experience the way they have—but it’s fantastic stuff (MI).

Leading on from the intimacy of such revelations, there were also those whose first reaction was one of voyeurism (MI, AI, ST). As one person admitted; “I also sometimes got a strange feeling that I was being a bit of a voyeur by looking at these artworks as they were so personal” (MI). But examining such work was also found to be “confronting because people actually reveal their deepest darkest thoughts, almost as if their soul was naked. That’s what it felt like” (MI).

Even so, feedback was generally positive with participants indicating that they gained a great deal from the exhibition. In particular it: increased understanding about various experiences of mental illness; gave a new appreciation of art; and fostered an increased empathy for people who have experienced mental illness. It also allowed those with mental illness “to draw parallels”.

Meanwhile, those who had seen previous Cunningham Dax exhibitions (i.e. members of PU, PH, ED) frequently commented that the *Art of Making Sense* exhibition was better than previous exhibitions, as its focus moved beyond a medical/therapeutic presentation of the art to the conveyance of more educational and subtle messages. The positive shift included:

Last time I was appalled at viewing the art from a medical perspective. This time it has been more sensitively curated and I was pleased to see that some ethical issues were up for examination (PU).



Previously things were very much about a diagnostic view but the current exhibition is presented much more in a way that is open to interpretation to the people looking at it. But also they're more gently steered through some of the ethical issues surrounding the presentation of the work (PH).

Consequently, there was a feeling that the curation was much improved in relation to the amount and type of information provided, the consideration of the ethical stance and in allowing the viewer to make their own interpretations of the artworks.

Another way of gauging the overall effectiveness of an exhibition was by determining whether viewers would recommend the exhibition to others. The evaluation found that the exhibition was very well received with almost all the participants indicating that they would recommend it to a range of audiences including: friends; family members; students; colleagues; professionals (e.g. doctors, health workers and educators) and other people with mental illness. Recommendations to attend were articulated in the following ways:

I would recommend the exhibition to people as I did think it was an excellent educational initiative. It ultimately worked to destigmatise mental illness but also reminds people of its presence in the community (PH).

People should go as it is an insight into the human condition that we do not always get an opportunity to see (AI). For those who don't work in Mental Health it would certainly add a very different dimension to how they perceive mental illness (MH).

To try and understand experiences of people with mental illness through art is a much more effective way I think of getting an idea of what it might be like than just reading an account in a newspaper or an empirical study (PH).

However, a couple of participants had hesitations about recommending the exhibition to those that might have experienced mental illness or trauma, as it was felt that there was some risk that the exhibition might trigger or exacerbate any mental health problems (PU, AI). Consequently, it was said that there need to be measures in place to deal with potential adverse reactions.

PERCEPTIONS OF THE VENUE, LAYOUT AND CURATION

Participants were asked about their impressions of the venue and layout of the exhibition. Overall, the feedback was positive with many indicating that the four themes (inner world, outer world, individual's story and creativity), the way that the artworks were presented, and the text panels added value to the exhibition and assisted people to understand the context of the artworks. However, there was mixed feedback about the amount of text provided and the impact of the venue used for the exhibition. These matters are considered further below.

Location of the Gallery

Feedback about the venue was mixed. Some focus group participants indicated that housing the exhibition within the grounds of a mental health hospital had been appropriate because; *"it still smelt like a psychiatric hospital, which added to the general feeling that this was a very personal experience"* (MH).

However, members of the Arts Industry group were not so keen:

...the venue had a strong presence on the exhibition...for instance the presence of the curators and the institution is really strong and quite heavy. It doesn't allow the work to live and breathe in its own right...it gives an odd context (AI).



This 'strong presence' was also said to be problematic because:

It is a strange little odd place and there is an issue with the mood that it generates, It gave me a downcast mood as I walked into it. I know that it's a financial issue but I guess that's indicative isn't it? --It's been marginalised (AI).

There was also some concern, predominantly from Art Industry participants, but also from one Mental Health worker, that exhibiting in the hospital could limit the exhibition's capacity to destigmatise mental illness. Therefore, there was consensus among such participants that the exhibition should tour other galleries across the State. As one person explained:

I think the problem with the exhibition is the placement of the museum in the hospital grounds. So I agree...that it is important for the work to be shown out of that context (AI).

It was felt that such a decision would not only increase the exhibition's reach but also display the art in a new light.

This feedback also raises some interesting questions about the impact of the venue on viewers' perception of the work, for example, 'Does exhibiting away from a mental health institution assist in challenging stereotypes?' It also indicated a lack of awareness that the Collection will be moving to a new location in 2011.

Arrangement of the Exhibition

The exhibition was mounted in two main rooms with a smaller room in between. As a result, one person observed that; *"there was a change of mood from one room to the next which worked"* (MI). Pieces were arranged into four key sections: the inner world; the outer world; individuals' experiences; and creativity. For some, this structure was thought to be essential:

I found the sections very useful, because when walking in, in the first instance, I needed direction. I needed to have some idea of what the paintings were about (PH).

Other participants felt that the themes assisted them to navigate through the exhibition, gave greater meaning to their interpretations of the artworks and highlighted particular elements which they may not have considered otherwise. Here are a number of such reactions from a variety of groups:

I just thought that as I went into the whole presentation that it was nicely set out into different sections that made sense to me. So as I was walking, it sort of guided me along (MH).

I liked the way the curator had grouped the art. It was ordered and flowed so well. I find it difficult sometimes when you go to an exhibition and you don't have that assistance or that bit of a story to understand in context. So, I found that really, really useful (ST).

I like the way you went to the personal narrative after the first sort of exposure to the inner world and outer world themes. I just thought it made a lot of sense (ED).

The Themes and Text as Tools for Navigation or Not?

However, the strength of the themes as a tool for guiding participants through the gallery appeared to be linked to how visitors chose to move through the exhibition. There were two main ways that people viewed the artworks: from the left or from the right after entering. Generally, those who went left did so because it felt natural (perhaps because we usually stick to the left when walking), while those who chose to start viewing from the right were often avoiding large groups of viewers (e.g. students) in the room to the left.



It seemed that participants who viewed the artwork from the left were more conscious of the themes playing a role in guiding them through the exhibition than those who entered from the right. This is likely to be because those who entered from the left typically read the text before viewing the work, with the reverse being true for those entering from the right, who tended to see the artwork first, then read the text, and possibly returned to the work again. But the main thing appeared to be that “going backwards didn’t cause a problem as they had a theme for each section” (ST).

Personal Preferences about Viewing Exhibitions and How Cunningham Dax Can Respond

Also, participants demonstrated different preferences for how they liked to experience exhibitions, with some preferring to read background information before viewing the artwork, and others choosing to view the work as a stand-alone artwork, after which they read the text.

So, on the one hand there were those who were particularly keen to be led by the text. For example one person stated that; “I’m the sort of person who reads everything and so it was very well set up for someone like me” (ST) and another who felt that; “had I not read the plaques I would have formed very different interpretations of the artwork” (PU).

On the other hand, some of those who visited the exhibition felt that there was no need to be led in a particular direction and that this was a positive aspect:

Unlike some exhibitions, I didn’t feel like I was being pushed in a general direction and being forced to go from Point A to Point B to Point C. Instead there was a sense that you could walk around, give the works your attention, read the plaques, move on, go backwards. I didn’t feel like I was part of a herd of cattle and that was good (PH).

I didn’t feel the need to be navigated through the exhibition. I felt that I could just look at the work for what it was. I had read the big panel of dialogue before I entered the exhibition and I suppose that was enough for me (PU).

Importantly, the layout of the exhibition catered for all preferences, allowing participants to choose how they progressed through the gallery. However, the direction that people chose to move in sometimes appeared to be accidental and Cunningham Dax may wish to consider the benefits of an up front explanation that differentiates ways of approaching the exhibition. This would allow those who feel that text distracts from their personal connection with the work to choose specifically to view from the right, and those who prefer to view artworks in conjunction with a written background to view from the left—or indeed that the process can be iterative, moving backwards and forwards between pieces.

The Dividing Room

As an aside, the small room in between the two main viewing rooms was a talking point among some participants. This room was seen to bring to life the experience of individuals who had been institutionalised through historic accounts. Furthermore, what struck one person that “you were learning about being in a cell in a cell” (ST). It was also felt to offer a historic lens through which to interpret the artworks. One group member described her reaction to this room well:

I liked the link point between the two spaces which actually described some of the history of the institutions through the eyes of the people who had been in them. I hadn’t seen that before and I found that very interesting--and again it provided another dimension to the experience of looking at these different works (ED).



How the Artworks were Displayed

Feedback about the display and presentation of the artworks was mostly positive. In particular, participants noted that the framing was very professional and the spacing of the artworks made it easy to view and digest each piece. Groups members also commented that they appreciated that the space was 'big', 'open' and 'uncluttered' (PU, AI, ED). As one person summarised:

The works have been framed beautifully, they have been hung properly, there is plenty of space around them. It's been done professionally. It was taken seriously as art. I think that's really, really important for the artists (MI).

There was also other feedback to suggest that the professional presentation of the artworks helped to communicate that each item, together with the artists who created them, were respected. Thus Mental Health workers felt that the curators had:

... presented the works with a lot of respect, like it wasn't just some school boy art work which they are throwing around--that it was well framed, lots of good captions and stuff like that (MH).

This finding is significant in that it suggests that investing in the presentation of the artworks can help to convey a sensitive and respectful exhibition culture, both of which underpin ethical practices.

The location of the artworks was also felt to impact on the viewing experience, with one participant noting that the first artwork she came across (after entering the exhibition from the left) had been very impressive and had set the tone for the remainder of the exhibition. This suggests that the initial artworks viewed by participants can influence overall perception, and Cunningham Dax could use this to convey key messages.

There was also some feedback from educators that suggested an increase in three-dimensional artworks on display would allow for more variation and increase the potential of exhibition to engage with secondary school students. One teacher noted:

Particularly in the second room there was huge space in the middle, and I guess one of my disappointments was, following on this idea of the three dimensional theme, there were some pieces there last year that really affected the kids emotionally. They identified more with the pottery pieces than some of the artworks on the wall...so perhaps there could be more of that sort of thing? (ED).



Written Text

The Catalogue

There were only a limited number of comments made in reference to the catalogue. Several reported that they did not realise that one existed at all or only read it after they had left the gallery (PU, MH, ED). For those who did read it, responses were mixed. Some found that it enhanced the experience:

I really liked the catalogue. I thought it was very clear about the nature of the project and the context of the exhibition and it helped foreground the questions including that this was part of an ongoing investigation into those questions (PH).

I picked a catalogue up after I viewed the exhibition and found it quite enthralling. It was good in regards to the way it helped me think about what I'd just seen and how the exhibition has been put together (PU).

Others were less impressed. Firstly, some interviewees were concerned that the purpose of the exhibition was not made clear. They described how:

I picked up the catalogue after I left and read it through and as I finished it I began to think that the aim of the ARC project seemed to be quite buried—or that the aims were confused (ED).

In the catalogue it says 'art and mental illness: a short history' but I noted that the exhibition wasn't really about that—it was more about art therapy sessions (PU).

One person also felt that the catalogue was “a bit too academic and more concerned with the research than about the work on the wall” (ED). She also felt that it was repetitive in places. Meanwhile, a member of the public noted that the structure of the catalogue did not correspond with the layout of the artworks. This was said to hinder navigation and made it difficult to link information in the catalogue with individual works. This is something that could be easily rectified.

Text Panels at the Entrance to the Exhibition

Some people liked the information supplied at the entrance to the gallery. As a student described:

..then you go down the stairs and see what the purpose is before you set your eyes on anything. There was already some key stuff about what the exhibition was trying to achieve and some of the issues about ethics. So, before you've even seen anything, you've got the opportunity to pick up on some of the context (ST).

Also near the entrance, a number of questions were posed on the text boards and this was perceived to be particularly useful as it helped to challenge assumptions associated with the relationship between art and mental illness. The questions also began to raise some ethical issues about displaying works. They also encouraged those attending to reflect on the items displayed through a multi thematic framework so that; “I thought those first questions on the first wall actually really did say; ‘look at this exhibition through these lens’”. (PU).

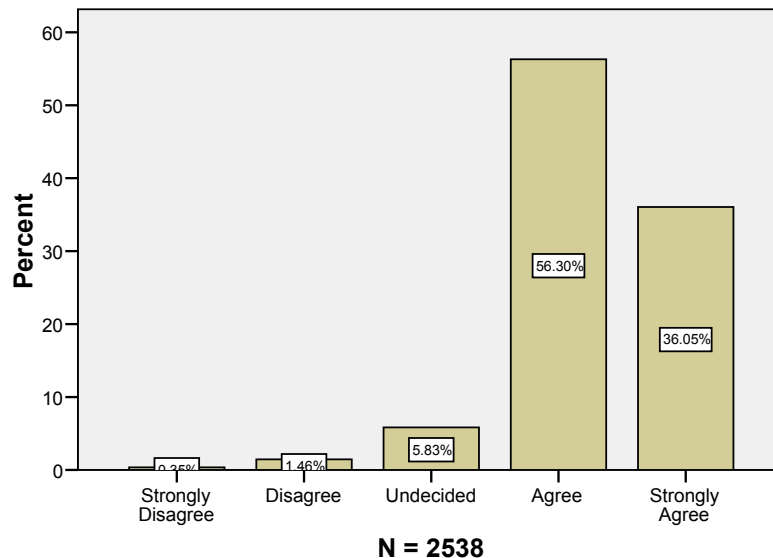
Nevertheless, several went on to comment that this introductory text would have been sufficient:

I found it interesting to have that introductory wall asking six or seven questions. That was really useful. But perhaps there didn't need to be so much information after that (AI).

More on Text Generally

Question: The accompanying text and displays provided useful information

Figure 1



In the general survey, the majority of visitors indicated that that the textual material was useful (92%). This was echoed in focus groups discussion with many participants indicating that the text: promoted reflection; challenged assumptions; deepened understanding of the artwork and the artist's experience; encouraged works to be viewed multiple times; and communicated respect for the artist. In addition, the captions:

....anchored me in front of the art (MH)...They were very helpful, and it also added to the painting itself. It made a lot more sense of the piece, that description on the side and the little captions, and they were very respectful to the artist I thought (MH).

...enabled you to enter their world a little more and they presented you with issues to help you think about the work. There was quite a large group of students there when I was there, and it was interesting to watch their response, and they seemed to be quite interested in reading the text closely and use that to help them make sense of and think about the work (MH).

Interestingly, two participants from the Arts Industry group also found the information supplied was more interesting than the art itself and expressed how:

I preferred reading the panels to looking at the art as I found some of the questions they raised very interesting (AI).

At times the text was more interesting than the work as I found some of the art lacking in terms of being something interesting to look at (AI).

However, there was some criticism that there could have been more information. For instance, one participant felt that the lack of personal details on the captions for each artwork could create a disconnection between the viewer and the artist, and to some extent depersonalised the exhibition. While it was understood that this was because details were either not available or not displayed for

ethical reasons, there was a suggestion that more personal details would bring the exhibition to life and help close the gap between past experiences and the present. Associated thoughts were that:

... the Collection relates to something started many years ago and it is not a living Collection...it lacks that connection with real people--real artists. The labels often don't have names on them so there is a lack of connection with 'the now' which I found was an issue that affected the exhibition (AI).

Meanwhile, some participants indicated that the exhibition had left them wanting to know more about the artists and what happened in their lives [such as what illness they were experiencing at the time (ST), whether or not they had been institutionalised (AI) and if they had recovered from their illness (PH). Another had wanted to see photographs of the artist next to each work. While this is unlikely to be possible due to ethical considerations, it does suggest that for some participants the point of interest is the artist and their story rather than the work alone. Therefore, Cunningham Dax staff may wish to consider the value of including more background information about each artist.

At the same time, in some instances, participants felt that the written text detracted from the artworks, infringed on personal connection with, or interpretation of, the work, gave the exhibition an overly instructional tone, and risked overwhelming viewers. This resulted in a feeling that; "Sometimes there was too much dialogue actually" (PU) and (perhaps not unsurprisingly) by those from the Arts Industry, that "a response to the art is the most important thing for me" (AI).

Other participants agreed with such sentiments saying:

I think I would have just liked to have been able to absorb the work. I found some of the questions a little bit distracting and taking away from me forming my own impressions and feelings about the work. (MH).

Although I felt very informed by the contextual material I was almost overwhelmed by it as well. I wonder if there is a way to present the work outlining it (contextualising it) but not in such a text based way. It takes a long time to go around the exhibition and read all of the text and that distracts from the impact of the work (AI).

Interestingly, these reactions were most apparent among art industry participants and members of the general public (two of whom were artists). It could be the case that those who are motivated to view the exhibition from an art/creative perspective are more likely to object to the written text. The opposite was true for participants from the educator and philosopher groups, who felt that the amount of written text was just right:

I liked the way that the text panels were very well considered and were not too lengthy so that you didn't become totally absorbed in reading and that you did have time to actually look at the work. So I thought that worked well (ED).

Mental health workers also indicated that one of the strengths of the text was that it was accessible to a range of audiences.

However, one participant was concerned with the accuracy of the written information on the captions after noticing a discrepancy about the date of death of one of the participants. While minor, this inaccuracy could affect viewers' trust of the information, and also it had the potential to be perceived as a lack of respect or sensitivity for the artist and their family.



Need For Additional Types of Information

While many were satisfied with the amount and type of information provided, or thought there was more than enough, some would have like more. Ideas were put forward requesting more information about:

- the historic context
- mental illnesses and their treatment.

Some people also suggested that an audio-visual presentation would add to the variety of information sources and appeal of non-readers of people who have a visual learning style.

Key Messages and Themes Emerging from the Exhibition

Focus group members were asked what messages were being conveyed by the exhibition.

People recognised ideas conveyed related to:

Educating People about Mental Illness

A recurring theme was said to be education as; *obviously there was an educational project about de-stigmatising mental illness (PH)*. Associated messages were:

There is no single version of mental illness, but rather experiences of mental illness are broad and complex:

It showed that there are many ways to experience an illness or dysfunctional state and this is expressed throughout the exhibition. It also shows that we all cope and think and feel in different ways and that we are all unique (MI).

A teacher added:

It helps to challenge the stereotype of a mentally ill patient being 'this sort of person'. So I would be hoping that my students would come away feeling; 'Hang on! This is something I share with these people. This is our common humanity (ED)

Mental illness is indiscriminate and can affect anybody so; *"that it isn't necessarily all women or all men and it certainly was not a consideration of walk of life or status in life"* (MH).

Art provides a voice for people with mental illness and is a powerful therapeutic tool.

The exhibition increased empathy for people who experience mental illness.

As a result:

I think it does a lot in cutting through many assumptions about mental illness (PU) ...It also articulated the struggle that many people with mental illness go through and I think that was captured in lots of the artwork and communicated really well.

People got a feel for the creativity of others and of celebrating these people's part in society (ST).

There was a sense of hope about surviving and recovering from mental illness.



History

- The exhibition provided insights into the history and experiences of people who have been institutionalised. For example: it conveyed; *“the bleakness of a particular time in institutional history”* (AI).
- It demonstrated how the treatment has changed over time:

I thought it was interesting when you looked at some of the pictures of hospitals of those days and there was one where I looked at the medications. I discussed with my friend that those types of medications aren't around any more ...because I don't think the medication was working that well then. So, it just gives you an insight into what it was like back then and how bad it was for people with mental illness (MI).

- The display highlighted a new way of recording history.

Art, Artists and Creativity

Some participants also considered that there were messages about art and artists and how art connects humanity generally. As a student noted:

Here is a formally trained artist and here's someone doing art therapy and they are both expressing what they are feeling inside. I found that really interesting (ST).

It also raised certain questions about art such as:

What is art? And if it is produced in a mental health context is that any less valuable as an art piece than one produced in an art school or by a known artist? (ED).

In answer to this a participant in another group felt that:

Exhibitions like this are very important for breaking down the idea that art only exists in major institutions or major galleries. It introduces the idea that art has various functions for a lot of people and that art is a very strong vehicle for expressing emotion, involvement and engagement (AI).

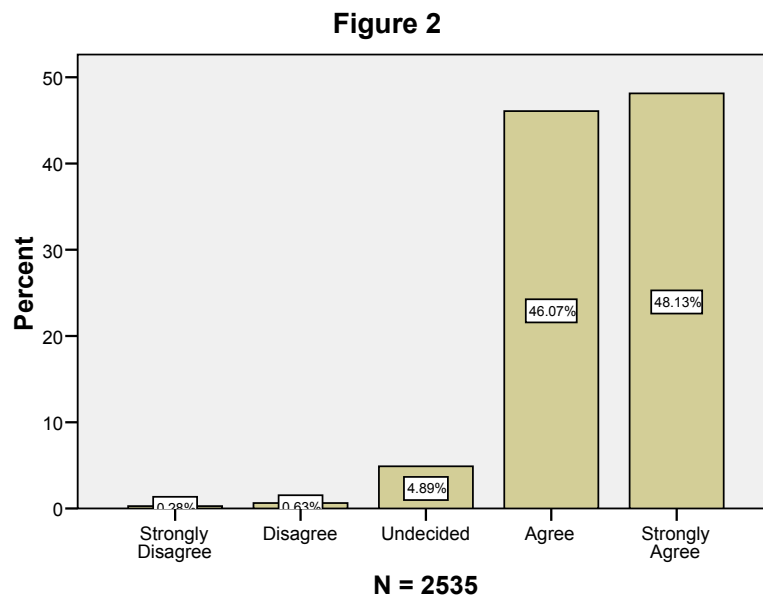
Multi-Dimensions

Even having made the above statements, participants often struggled to condense what they got out of the exhibition to a single key message. Consequently, there was lack of consensus about which messages had been emphasised over others. In fact it was found that a central focus on 'multi-dimensionality' helped to challenge people's tendency to seize upon one aspect of an experience:

The nature of experience is multidimensional. It's a truism and it's not very interesting but sometimes when this exhibition gets t right, it shows that the substance of different artworks can have different themes-- can resist being fixed and pinned down (PH).

This suggested that the exhibition succeeded in its aim to raise awareness of a range of issues. Consequently, many visitors had recognised the complexity of what was presented and so the exhibition's intention of depicting multi-dimensions appeared to have been successful. This is reinforced the by survey results in Fig 2 (pp18) which reveal that 94% of attendees felt that the exhibition had helped them to recognise the multi-dimensions associated with the art displayed.

Question: The exhibition helped me appreciate that there are many different sides to the creative works of people with mental illness



Here are others reflections from various focus groups which interpret the idea of multi-dimensionality in different ways; through the exhibition, art or the self:

I liked the complexity of the exhibition. I thought that was a strong feature of it, and in a way I thought that was the message, that this was a very multi-dimensional complex and problematic project, and that the audience was being asked to respond to that.

There's a hell of a lot of stuff to unpack but it seemed to me that that was one thing that the exhibition was attempting to do—to show that there are many dimensions here, many levels. It just can't be about mental illness but we also can't ignore it (PH).

It's just made me more aware of how art is not just one thing. It's obviously a creative expression but it's also an expression of internal experience, a form of self-identification or it can be an occupation—so it adds meaning to people's lives in different ways. For me it's becoming clearer that it's not just one thing. It can have many meanings (MH).

I thought this exhibition emphasised the idea that there is an inner world, and an outer self—with the emphasis on each person being multi-dimensional (ED).

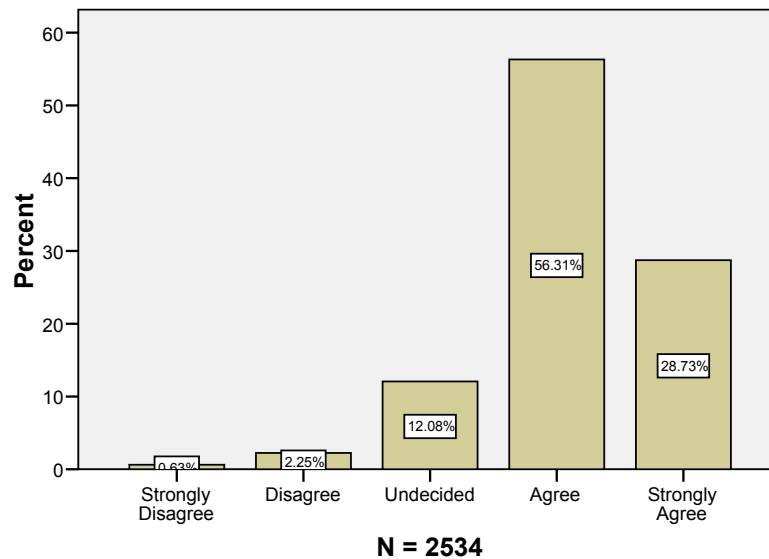
However, the complexity of it all sometimes left people confused and wanting more direction. For example, one of the philosophers admitted that he wasn't sure *"if it was showcasing talent or the last stage of therapy or exactly what the intent was"* while another asked; *"Is it to show us some art? Or is it to give us a bit of a history of art therapy? I mean what's the point?"* (PH).

Changes in Perceptions towards Mental Illness

To assess the success of the 'educational' messages suggested above people in both the survey and focus groups were asked directly about how the exhibition had changed their perspective of mental illness.

Question: I believe the exhibition has contributed to my understanding of mental illness

Figure 3



While the majority of survey respondents (84%) agreed that the exhibition increased their understanding of mental illness, 16% were undecided or disagreed. During focus groups part of the reason for disagreement was revealed for while the exhibition had potential to change perceptions about mental health, it had not changed the personal perspectives for a considerable proportion. This appeared to relate to the extent of prior exposure to mental health issues and to the Cunningham Dax Collection itself. Thus, some participants (eg Mental Health Workers, those with relatives who had experienced mental illness and those experiencing mental health issues themselves) already had a strong awareness and understanding of the complex nature of mental illness before entering this particular exhibition. So, for these people the exhibition had reinforced rather than changed their perceptions As one person went on to explain:

I didn't feel that my attitudes towards mental illness changed, I guess in part because I have friends and relatives suffering mental illness, so I am pretty conscious of that stuff and then I guess there was that element of being reminded, touching...things that I already knew (PH).

Then, Mental Health Workers (a group with a strong existing understanding of mental health) tended to mention changes in their perceptions of art, or the role of art as a therapeutic tool or how far mental health care has progressed, as opposed to actual changes in their perception of mental illness. Meanwhile, one in the Mental Illness group felt that it made him "think that possible my diagnosis is correct" (MI).

Meanwhile, one viewer whose sister was experiencing mental illness felt that the exhibition had been very illuminating and had helped her to understand her sisters' experience better:

Well my sister suffers from paranoid schizophrenia and she's got a degree in fine arts... looking at the paintings in the gallery it made sense – you know, bits of the puzzle – 'Ah! That's what she's going through' (ST).



These findings suggest that for viewers who have a high level of experience or contact with people who experience mental illness, the exhibition is likely to be a reminder about the multi-dimensional experiences of mental illness rather than revealing new information.

Among participants that felt the exhibition had impacted on their perception of mental illness, the main areas of change were:

- An enriched understanding of the experiences of the mentally ill (PH)
- A better sense of how treatment has changed over time (MH)
- Increased empathy for people experiencing mental illness (ST)
- Increased awareness of the similarities between people with mental illness and the wider population (MI)
- Increased respect for people experiencing mental illness (e.g. their intelligence, their resilience, their commitment to see through long term art works, their artistic skills). So, people came to realise:

It was the strength that some people had. They're not hopeless cases (ST).

There was enormous cleverness in some of those artworks--you tend to think that mental illness equals not clever-- but the art wipes out that idea. Going to an exhibition like this stops you going down that track (PH).

An increased faith that mental illness is manageable and people experiencing mental illness can heal and live their lives (MI).

For some though, the exhibition was a real 'eye-opener'. This was particularly so for the post-graduate student group where several interviewees were from countries where the subject of mental illness is still taboo and where there is little education provided about it. So, one student from Malaysia was prompted to say:

When I looked at the pictures I thought 'OK, Maybe this way of treating mental illness is very good' and I think the doctors from my country should come here to see these pictures (ST).

Another from Vanuatu added: "Yes I'm impressed because back in my country there is no such thing as appreciating things from mentally ill people" (ST).

In summary, while the exhibition was unlikely to change the perceptions of those who had an existing awareness of mental illness experiences, the exhibition provided an effective vehicle for communicating about the multi-dimensional nature of both art and mental health, and had the potential to influence how viewers perceive mental illness. In addition, for those for whom the topic of mental illness was totally new, it provided a thought-provoking introduction.

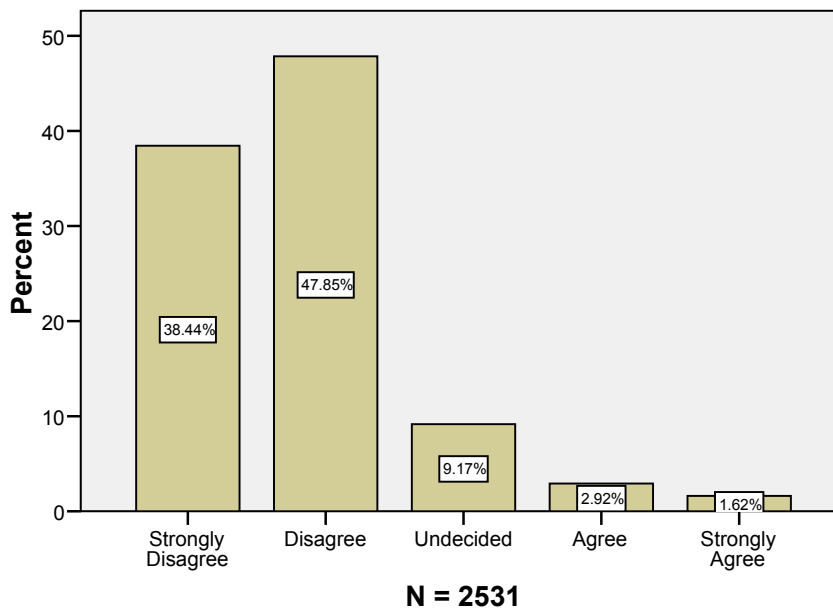


Level of Disturbing Content and its Impact

An important part of the evaluation involved gauging whether there was a risk of adverse reactions to the exhibition framework and content. To explore this, participants were asked whether they had been disturbed by any of the content and what the impact of this had been on their viewing experience. Such a question was posed in both the survey and the focus groups.

Question: I found the exhibition too disturbing for me

Figure 4



While the majority of visitors did not find the works too disturbing (Fig 4), 14% were unsure or agreed that viewing did affect them. Discussion in focus groups indicated that while a few viewers were disturbed directly by the artworks they saw, it was predominantly the combination of the artwork and the accompanying text which was felt to be disturbing, as the text provided a context for the image and often brought to life the painful experience of the individual. For example, the embroidered jacket initially attracted viewers because it was a beautiful object. However, after reading the caption and learning that the artist had been institutionalised and had embroidered her jacket as a form of protest against having to wear a uniform, viewers found it “*very sad,*” “*distressing,*” and “*dreadful*”.



Image of embroidered jacket



Blouse for a two piece outfit
c. 1950 - 1960
embroidered outfit
70 x 84 cm

So, this item provided a good example of how for many viewers, it wasn't the image itself that was disturbing, but the symbol of what it represented which in this case was the past mistreatment of people with mental illness. So, one viewer went on to comment:

What is more disturbing is that it happened in the first place, that people were so far from being able to communicate with someone, that [they've] had to respond like that (PU).

Positive Aspects of Being Disturbed

Generally, viewers felt that while the disturbing content caused viewers discomfort, this was said to be positive in some ways (AI, PU, PH, MH, MI) as it played an important role in increasing empathy between the viewers and the artists and, in doing so, assisted in de-stigmatising mental illness. As a Philosopher remarked:

I think disturbing, yes, but I don't see why that's a negative thing. I think [it's] very positive in that you would feel far more understanding and far more connection with people (PH).

A participant in the mentally ill group added;

It's good to be disturbing-- to go through it so that people can walk in our shoes...Because mental illness is real and hurts those of us who have it. And if that means that for a few minutes these so-called normal people can get to spend a few minutes in our brains and find it difficult, find it horrible then good!...it needs to be confronting to elicit a change in people's attitudes towards mental illness (MI).

The disturbing content was also felt to create an opportunity for dialogue about mental health, for example, between teachers and students, or amongst peers. For instance, one teacher thought that such confrontation provides an opportunity for secondary students, many of whom are in a period of tumult themselves, to become more enlightened about their own condition. For instance, she talked about how:

My students in the past have connected particularly to Laura [a teenage artist featured in the exhibition] and I guess they've been disturbed. I guess they identify with her age and they identify with the pressures that Laura was experiencing at that time in her life, but it opens up a great deal of discussion (ED).



This was perceived to be helpful in demystifying mental illness and could develop help-seeking behaviour. So, another teacher continued; *I take secondary students through and most of them have a good level of connectedness with each other and they often talk and share their experiences with each other and that can only be a good thing* (ED).

The Effect on Vulnerable Groups

However, there were some viewers who felt that disturbing content had the potential to cause harm for people such as who have experienced mental health difficulties or perhaps young children. So, some questioned the wisdom of taking young people to see such an exhibition when some may have mental health issues and lack the maturity to know how to deal with them.

Still, in relation to children and young people, teachers indicated that the potential of the exhibition to cause harm was minimal as long as leaders: are equipped with the skills to refer students effectively; can provide adequate supervision while young people are viewing such work; and can provide opportunities for students to debrief after viewing. As an educator pointed out:

I think it's important if anyone is bringing people through the space, especially with secondary school children, that there is a follow up afterwards, because you don't know the students; whether some of them may be suffering from certain things or whether they are a carer within a family where there is a mental illness (ED).

In relation to people who may be experiencing mental health difficulties viewing the exhibition, this seemed to be more of a concern among those who did not work in the mental health sector. Mental Health Workers by contrast, agreed that they would have no hesitation in taking their patients to the exhibition with the proviso that their charges were not experiencing serious illness at the time, and that there was adequate staffing on the day to support clients effectively, should they react negatively to the content. As illustrated by the following comments, the benefits of viewing the exhibition were felt to outweigh the risks:

I would have no problems with any of my clients seeing the exhibition. I think it resonates very much with their own experience and it provides...understanding that other people have been there and have used art in a way to articulate what is going on for them (MH).

When they are well and stable, I think it is an exhibition that [people with a mental illness] would be able to relate to. They would be able to see their own issues within a lot of that art and recognise that they are not alone-- that other people do have these feelings and these problems and these issues, and have done for many, many years, so I think it would be beneficial (MH).

In summary, it is clear that while some people may find some content disturbing, it generally serves a positive outcome and helps to strengthen the aims of the exhibition. However, there is some risk that content could be overly confronting for some children, young people and those who have experienced mental health difficulties. Therefore, adequate precautions need to be taken with respect to these audiences. Recommended safeguards include:

- Adequate briefing and debriefing with students
- Ensuring teachers are mindful of reactions of their students and know how to refer students to appropriate support
- Timing visits by mental health clients appropriately to avoid viewing at a time when they are experiencing instability or acute illness
- Ensuring that adequate support is available on the day
- Making sure that a range of help-seeking information is visible at the exhibition.



Regarding the last point a student noticed that Beyond Blue material was available and thought that; “ *that is what they need—to make sure that there is a range of information available if the art does kick in and resonate*” (ST).

Could the Exhibition be Considered a Freak Show?

Group members were asked what their reaction would be if someone described the exhibition as a ‘freak show’. An immediate reaction was one of disbelief (PH, MH), offence (PU, MH, ST) and even anger (ST). One interviewee responded by stating that; “ *I would doubt the person’s capacity for human empathy. It just manifestly isn’t a freak show*” (PH). One person even exclaimed that; “ *you could argue that all art is a ‘freak show’!*” (AI). A more common response though, was that most doubted that such a statement was unlikely to occur. In fact one teacher reported that; “ *I have taken several groups of teenagers through over the years and never heard anyone respond in that way*” (ED).

Other educators in the group said that if they were approached with such a comment they would talk patiently to that person about the aims of the Cunningham Dax Collection because such prejudice needs to be tackled.



Ethical Considerations

The evaluation also explored the extent to which viewers felt the exhibition was ethical with the aim of identifying guidelines that would assist to ensure future exhibitions are presented ethically.

Encouragingly, there was much discussion among participants about ethical considerations and a general acknowledgement of the complex nature of ethics in relation to exhibiting art created by people with mental illness. Participants' ability to reflect on ethics from a range of viewpoints, suggests that the exhibition provided an effective mechanism for encouraging people to consider the complexities of the issue.

The Issue of Consent

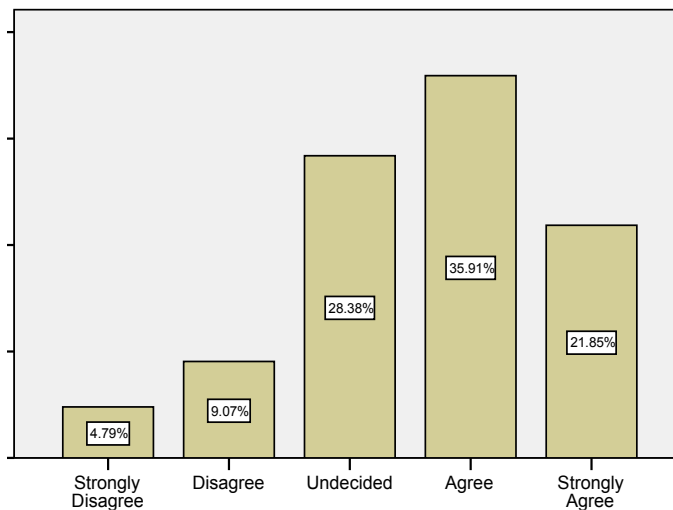
Overall, the main ethical issue identified by participants, as well as being the one they were most passionate about, was consent. They raised questions such as:

- Should artworks be displayed without the artist's consent?
- What constitutes informed consent?
- What lengths does/should the Cunningham Dax go to, to secure consent?
- If the artist consents, who owns the artwork – the artist or the Cunningham Dax?

In fact the issue of consent was one that caused the most division amongst survey respondents (Fig 5) with 57% feeling that it is acceptable to display works without consent, 28% being undecided and 14% not agreeing to such an action.

Question: I believe that it is acceptable to display works without the artist's consent, if it is not practical to get consent (eg. because the artist has died, may not wish to be contacted, or their identity is unknown).

Figure 5



Other associated and significant ethical considerations that focus group participants identified were:

a) Authorship/accreditation

- If consent is not possible, should the artworks be displayed anonymously?
- To what extent does anonymity bridge the ethical divide left by a lack of consent?

b) Altering the intent of the artist or the context in which the work was created

- Does the context in which the artwork was created determine the level of ethical consideration? For example, does a work produced in a private therapeutic context warrant a more sensitive approach than a work created for exhibition?
- How does the intent of the artist influence the need for a sensitive approach?



c) Transparency and motivations

- Does using an educational and not-for-profit framework make the exhibition more ethical?
- Does being up front about ethical issues make the exhibition more ethical?
- What ethical questions has Cunningham Dax excluded and why?

The Extent to which Viewers Felt the Exhibition was Ethical Generally

It was difficult to determine whether participants considered the exhibition to be ethical because while they agreed that the exhibition was not exploitative, some participants were hesitant about the lack of artists' consent, and the public display of artworks that were created in private or for therapeutic purposes. This came to a head when group members were asked if they would mind if it was their own work being displayed. While some thought they would feel proud and one person with a mental health issue thought that he *"would feel relieved that others can see what I'm going through"* (MI), a few were not happy about the idea, as the following comments indicate:

I'm not too sure that I'd feel comfortable—to find things up there with me being aware of it and not having given permission—because it's come out of a vulnerable time of my life. It could be quite shocking to find there is suddenly something there and you're not prepared for it—and it could bring back a whole lot of stuff for you (ST).

I was very nervous about that aspect. I could imagine being horrified that something that I produced as part of a therapeutic process or at a particularly traumatic stage in my life was then exhibited in public without my consent. I do think there's a real danger there (PH).

Another added:

Many of the works displayed were done in a private setting and so were probably never intended to be viewed...Furthermore, many of the people who produced this artwork were probably involuntary patients, so I think that's a real compounding factor in some of these discussions about consent (PU).

Yet others could see both points of view:

I would answer it in two ways. I think in one way I might be proud if was my artwork was being shown. In another way you could see it as being something very personal and very private that you wouldn't want people to see (MI).

However, there was agreement that the exhibition had been handled 'sensitively', and *"in such a dignified way and with integrity"* (ST), by Cunningham Dax staff that it increased the ethical tone of the exhibition as a whole. The processes that participants felt underpinned the sensitive handling of the exhibition were:

- Up front acknowledgement of ethical considerations
- Evidence that Cunningham Dax staff have put considerable thought into the issue of ethics
- Anonymity for artworks where consent was not gained
- The educational framing of the exhibition and the benefits of its key aim— i.e. to increase understanding of mental illness
- Use of simple and non sensational language which reduced the risk of content being misinterpreted

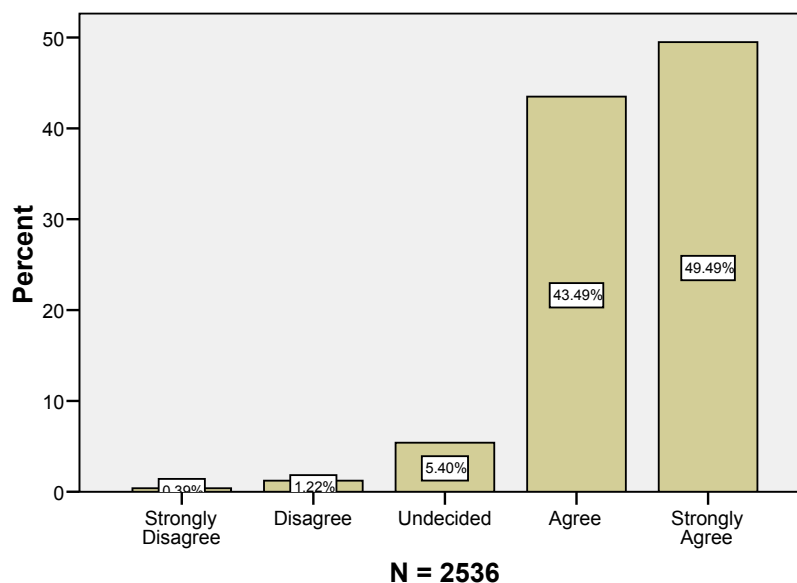


- Presentation of artworks and mental illness in a way that retains the dignity and integrity of the artists and the artworks
- Respect of artists' requests for details to be added or removed
- Ensuring that the exhibition was not for profit and works were not for sale
- Reference to state legislation that related to ethics such as the Privacy Act and the Health Records Act, which helped to reassure viewers that Cunningham Dax was aware of its legal and ethical responsibility.

Such sentiments were reflected in the survey question which asked whether viewers thought that the exhibition had treated the works and their creators with respect. The majority (94%) certainly thought so (Figure 6).

Question: I think this exhibition treats the artists with respect

Figure 6



Despite this perception that the exhibition was managed sensitively and with respect, some participants were still concerned about the potential harm that displaying an artwork without the permission of the artist could have. In particular, participants were worried that a lack of consent might be interpreted as: an abuse of institutional power; disregard for the rights of people with mental illness; and disrespect of the wishes or intent of individuals with mental illness.

Seeking consent to display the work was seen to be the safest way to avoid potential harm to the individual, with the widely-held view that wherever possible, informed consent should be gained by Cunningham Dax before displaying the artworks. Where an individual explicitly requests that their artwork not be displayed, this should be respected.

In relation to artworks where gaining consent was not possible, either because the artist had died, or could not be traced, there was feedback to suggest that if the benefits of displaying the artwork clearly outweigh the potential harm to the individual, then the intensity of the ethical dilemma is diminished.



However, in relation to the above issue and also to the possibility of exploitation, the greater benefits need to be clear to the viewer. Encouragingly the educational benefits of the Cunningham Dax exhibition were generally evident to viewers i.e. most respondents believed that the educational benefits far outweighed possibilities of exploitation. As one person summarised:

There are issues about whether the works were made to be shown...and whether consent was able to be obtained and if the exhibition could be considered exploitative...but I am quite happy for them to be shown because of what we can learn from them (AI).

Nevertheless, one participant questioned why un-consented works were used at all, suggesting that the same outcomes could be achieved by using works for which Cunningham Dax has consent, or could obtain consent. While others felt that 'un-consented' artworks had clearly been included because they provided a perspective that would otherwise be impossible to communicate, this did not eliminate reservations about exhibiting works without the permission of the artist. So, one person thought that:

...because so many of them were un-consented...the exhibition would be lacking if they weren't there, but at the same time, I do have grave misgivings about the fact that they're not consented and there are works up there without the permission of the people concerned, be they alive or not (PU).

Also, it was noted that displaying artworks had the potential to bring personal benefits for individual artists who have experienced mental illness. For example, it can provide an opportunity to showcase their art and feelings of pride about having work shown publicly, which can help to temper potential harm and adds to the argument for showing work without consent.

The exhibition also used anonymity to help address the ethical issue of displaying works where artists had not provided consent. Response to this practice was mixed, with some indicating that anonymity is an effective way of bridging the ethical divide as it shows an additional level of consideration for the rights of the artist and reduces the risk that s/he might be recognised. Others felt that the use of anonymity only goes part way to addressing the ethical issue of consent, and that questions about consent still need to be raised with viewers.

Another question that a number of participants discussed was in relation to the context in which the artwork was created, and the intent of the artist. Generally, it was felt that artworks that were created within institutions or as art therapy warrant special ethical consideration because they are distinctly different from artworks which have been generated by people with the intent to be exhibited or sold. The private nature of many artworks in the exhibition had the potential to make viewers feel uncomfortable, with some participants indicating they felt voyeuristic and intrusive. This led to one person wondering:

...why some things like jottings by the patient...becomes part of the exhibition. I think voyeurism is the word I would use and I would ask what the intention of the Cunningham Dax exhibition was in putting that kind of stuff up (PU).

Another ethical consideration is the grey area between medical record and artwork. There were indications which suggested that medical records need to be confidential and displaying artworks which were at one point perceived as medical records could be seen as a breach of patient privacy. A couple of participants felt that the written medical record which was displayed as part of the exhibition was a breach of patient confidentiality and questioned its place in the exhibition.

Importantly, the ethical questions posed by the Cunningham Dax at the beginning of the exhibition helped to address these issues, but for some, the overall feeling was one of discomfort whereby: *"[I] just had a sense of a bitter taste to my mouth. Sure some people have truly given up their work to be displayed but the idea of doing it without consent, it's worrying (PH).*



Given the sensitive and complex nature of the exhibition content, it is unlikely that viewer discomfort can be avoided, but what is important is that viewers could see that Cunningham Dax staff had gone to great effort to ensure that that the artworks were exhibited in a way that is respectful, ethical and without exploitation. In this regard, the exhibition succeeded because:

It seemed to me that they had really long discussions and debates about this notion of consent (PU).

I thought it was handled very sensitively and there was the recognition that this was a very problematic issue (MH).

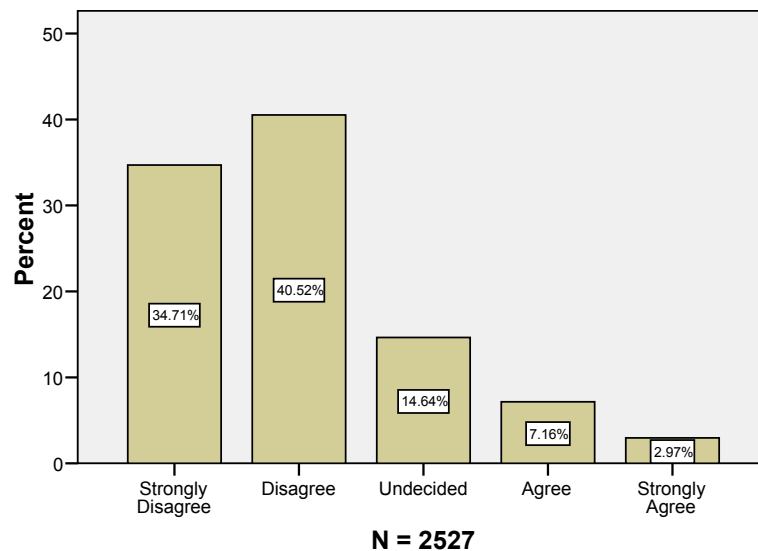
I don't have mixed feelings about consent issues in regards to the Cunningham Dax series...because it has been done with, as everybody said, using ethical standards. It's been done with care...and there's been no exploitation or intentional maliciousness towards anybody who is an artist (PU).

There was no money involved and so no-one was profiting financially from this (PU, AI, PH).

These feelings were reflected generally in survey results where over $\frac{3}{4}$ of those who attended felt there was no exploitation involved (Fig 7):

Question: I feel that the exhibition exploits people with mental illness

Figure 7



However, there are further steps that Cunningham Dax could take to strengthen its ethical approach, in particular:

- Increased transparency about the process that Cunningham Dax uses to seek consent (i.e. what lengths do they go to when tracing artists), would increase understanding that showing works without consent is a last resort
- Examples of the greater social benefits of displaying un-consented artworks, with the aim of increasing viewer understanding about why it can be valuable to display work without the artist's consent (e.g. That un-consented works can provide insights, or information that consented artworks cannot, such as insights into institutional experiences during a time when consent was not sought)
- Clarification about the ownership of the artworks, as it was unclear to some about whether works were owned by Cunningham Dax or the artist.

In addition, where consent is not obtainable, risk should be assessed on a case-by-case basis using a systematic and transparent process that takes into consideration: the context under which the artwork was created; the original intent of the artist; its potential value to the public as an educational tool; and whether there are other artworks that provide the same educational value.

As an addendum to this section, one of the Focus Group members later produced a set of suggested guidelines. These have been designed primarily to protect artists in cases where there is lack of consent:

Suggested Guidelines

1) To address the issues of consent:

For those pieces produced in institutional settings as well as other “found” pieces, develop a checklist of key considerations to be completed for each piece and produced as necessary.

Considerations can include (but are not limited to):

- a. Attempts made to identify the artist (establishing confidentiality if not anonymity)
- b. If reachable, obtain consent from the artist or his/her guardian or caretaker.

2) To address unclaimed art:

Establish a “statute of limitations” for displaying unclaimed art.

If the artist or his/her caretaker is unreachable, create a timeline that ensures an artist will not accidentally see his or her piece on display.

a. Example 1: No piece can be displayed publicly without the artist’s consent prior to the artist’s 120th birthday or the approximate date thereof.

b. Example 2: Should the artist’s age prove impossible to establish, the piece may not be displayed for the public for 40 years from the date of its addition to the collection.

3) To address about how much information should be given:

Establish minimum information to be provided for each piece on public display. Information should be made available to the public for each piece, or if consistent, across pieces or the exhibition as a whole.

- a. When consent has been obtained, continue to allow artists to provide the information they feel is appropriate to accompany their artwork.
- b. When consent has not been obtained, demonstrate to the public the sensitivity of the exhibition to protecting the artists’ rights, and list steps (such as attempts to gain consent and satisfaction of statute of limitations) that have been undertaken by the organization to protect rights of the artists.

4) To address any ongoing issues

Continue to solicit feedback from the public regarding ethical considerations.

SUMMARY AND OTHER SUGGESTED IMPROVEMENTS

In summary, the evaluation found that the multi-dimensional model used in *The Art of Making Sense* exhibition achieves its two key aims effectively, that is:

- To increase understanding of the multi-dimensional and complex nature of mental illness and art produced by those with mental illness; and
- To present art created by people who have experienced mental illness and/or psychological trauma in a way that is ethical.

As such, *The Art of Making Sense* exhibition model provides an appropriate model on which to base industry wide guidelines for the display of artworks produced by people who have experienced mental illness and/or psychological trauma.

The particular strengths of the exhibition model to be considered during the development of industry-wide guidelines are:

- Use of multiple themes to broaden viewer understanding of mental illness and art and help viewers navigate the exhibition
- A written introduction to frame the exhibition and highlight key considerations
- Upfront treatment of ethical issues, use of anonymity and evidence of incorporating the artists' wishes
- Professional presentation and spacing of works to enhance the viewer experience and reinforce respect for the artists
- The option for viewers to navigate the exhibition in a way that corresponds with their viewing preference (e.g. viewing works before reading background information or visa versa)
- Written text within the exhibition that is accessible to a range of audiences, informative without being too lengthy, and displayed in a way which encourages viewers to interpret artwork through a range of lens
- The inclusion of content that is confronting as it plays an important role in increasing empathy between the viewers and the artists, and helps to de-stigmatise mental illness.

Aspects put forward by participants, that Cunningham Dax may wish to consider when developing future Cunningham Dax exhibitions, are to:

Increase access to the brochure, catalogues and other resources— printed material provided was often overlooked and its placement could be improved, perhaps through greater signage, and being deposited in a range of locations. It also needs to be visible for visitors who are emotionally affected by the artwork.

Display a wider variety of works—to include more sculptures or other 3D representations. A number of people from different groups also indicated a desire to see (if they exist) more extensive bodies of work by the same artist (PU, ST).

Give directions for how to navigate the exhibition— Cunningham Dax staff may wish to accommodate for different viewing preferences by providing information that allows viewers to make an informed decision about the direction they move through the exhibition.



Provide material on the various mental illnesses depicted, their treatment and art therapy generally— in addition to provide more information about individual artists such as their specific illness and whether they recovered because: “at the moment you have to guess what they had” (MI). This person added:

I would have liked to have seen the diagnoses for each of the artists so you can walk in their shoes and see what kind of symptoms they might have had when they were painting those pictures...as we can relate (MI).

Invite (when possible) artists to speak in person or through an audio-visual loop— this may assist to improve people’s understanding of the mental illness experience but could also be empowering for the artists.

Ensure other ways of referral and management of any vulnerable viewers— this is a matter that may require further investigation by curators as they have a moral obligation to protect those who view such exhibitions.

Mount the exhibition at a variety of venues— while housing the exhibition at the medical facility helped to increase viewers’ understanding of experiences of mental illness, touring the exhibition would give the exhibition a longer life and allow a wider audience to visit.

Move the venue away from the hospital context (this is already in train).

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APPENDIX A: FOCUS GROUP QUESTIONS

A. Broad opener/round robin question

- 1) Thinking back to your visit to *The Art of Making Sense* exhibition. What were your immediate reactions to the exhibition?

B. Transition questions

- 2) What are your thoughts on the way the exhibition was laid out?
 - To what extent did it make sense to you?
 - Was it easily explored/navigated?
- 3) What is your opinion of the information provided in the exhibition? (i.e. text boards, catalogue/handouts and documents)
 - To what degree was it useful or meaningful to you?
- 4) Is there any other information you would have liked to have had presented or have been provided with?
- 5) What do you think this exhibition is attempting to 'say' to audiences?
 - (about) mental illness
 - (about) creativity
 - (about) art
 - (about) history
 - (about) society
 - (about) the artists themselves



(follow up question) Did any of these stand out more than others?

- 6) If you were one of the creators of these artworks, how would you feel about how the works have been shown?
- 7) Are you aware that some works have been displayed without obtaining the artist's consent
 - because the artist has died, may not wish to be contacted, or their identity is unknown?



(follow up question) What are your thoughts on displaying works where consent has not been obtained?

- 8) In your opinion, could the exhibition be considered exploitative or insensitive at all?
- 9) If someone was to say to you that this exhibition was a 'freak show' how would you respond to them?



10) Did you find the exhibition or elements within it disturbing?

- In what ways? (what elements disturbed you)
- Was this a good or bad thing?
- Is there anything that you think might be harmful for you or others?

C. Key questions

- 11) To what extent has viewing this collection changed your perception of people who have experienced mental illness? If so, in what ways?
- 12) Would you recommend this exhibition to others? Why / Why not?
- 13) Are there ways the exhibition could have been improved?



APPENDIX B: SURVEY QUESTIONS

To what extent do you 'agree' or disagree' with the following statements:

Question 1: The accompanying text and displays provided useful information

Question 2: The exhibition helped me appreciate that there are many different sides to the creative works of people with mental illness

Question 3: I believe that it is acceptable to display works without the artist's consent, if it is not practical to get consent (e.g. because the artist has died, may not wish to be contacted, or their identity is unknown).

Question 4: I feel that the exhibition exploits people with mental illness

Question 5: I found the exhibition too disturbing for me

Question 6: I believe the exhibition has contributed to my understanding of mental illness

Question 7: I think this exhibition treats the artists with respect

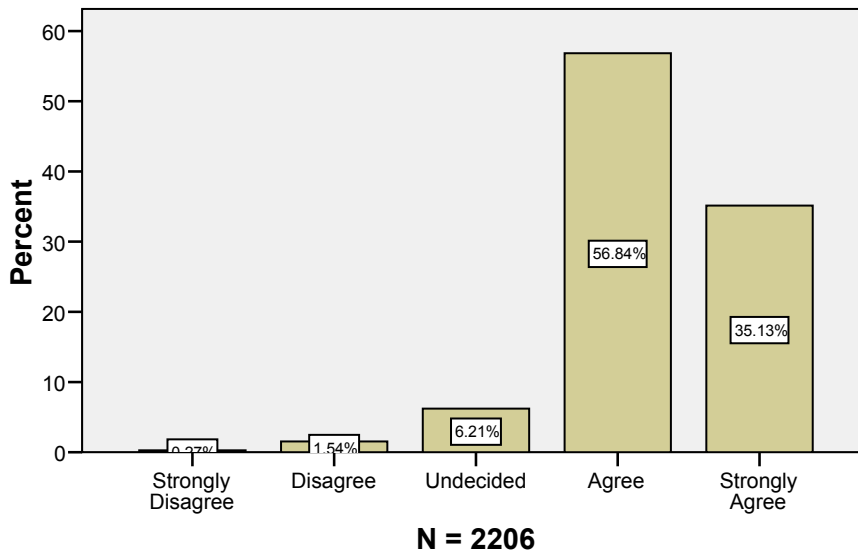
Likert Scale: Strong Agree; Agree; Undecided; Disagree; Strongly Disagree.

APPENDIX C: SURVEY RESULTS BY GROUP – BAR GRAPHS

Question 1. The accompanying text and displays provided useful information

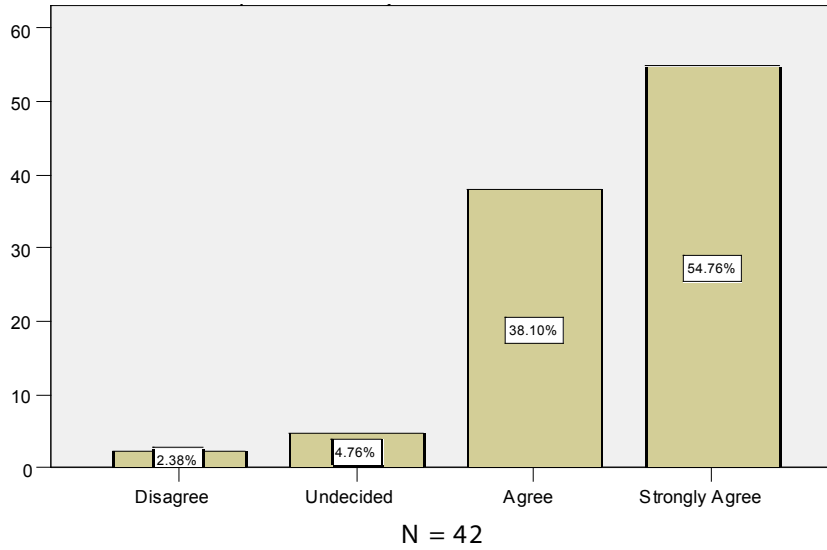
Question_1

Group: Secondary School Students

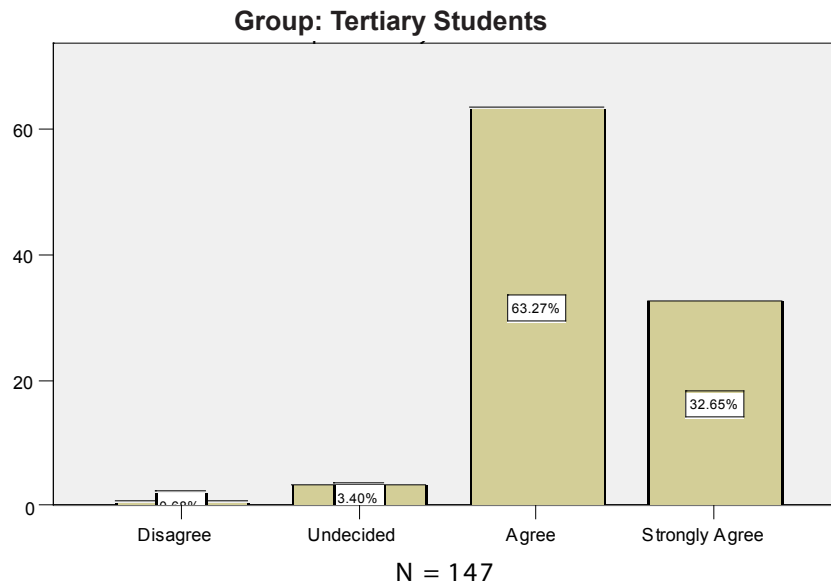


Question_1

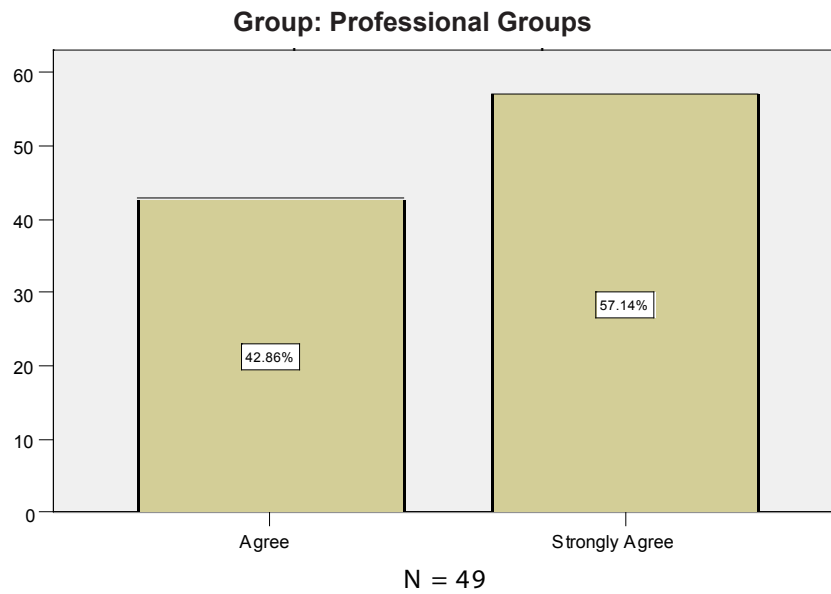
Group: Secondary School Teachers



Question_1



Question_1⁴

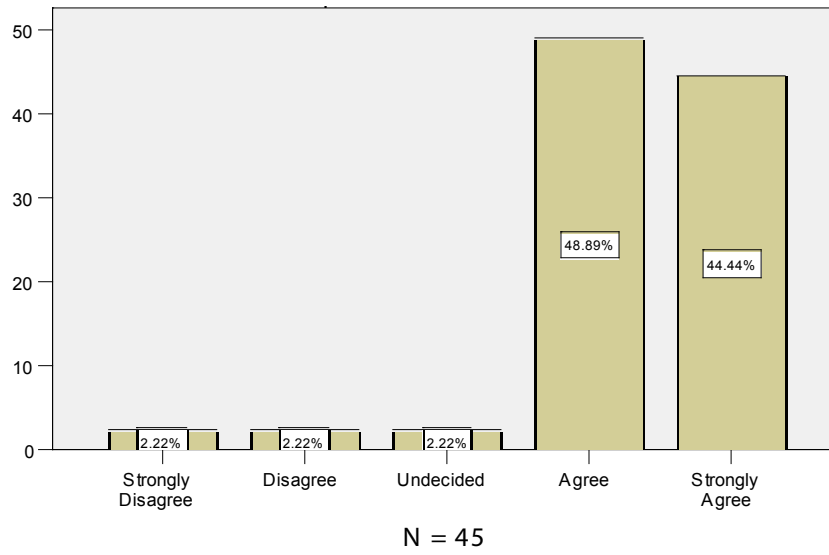


⁴ A number of the graphs in Appendix C, such as those on this page, contain columns that appear wider than those in other graphs. This occurs when respondents answers have not fallen within all five response categories.



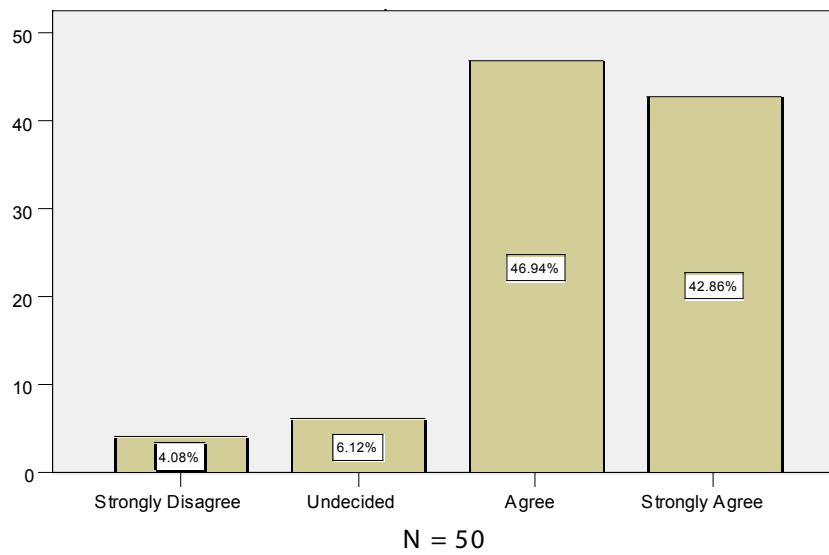
Question_1

Group: General Public



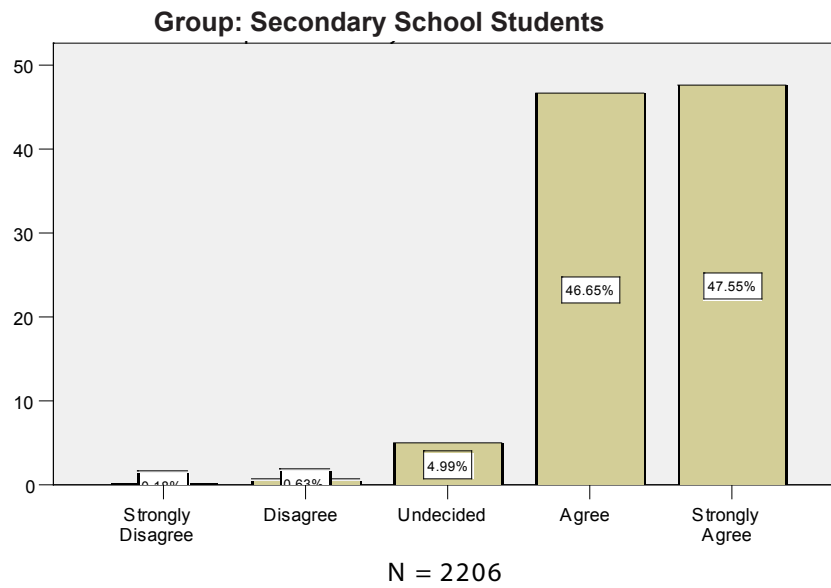
Question_1

Group: Other

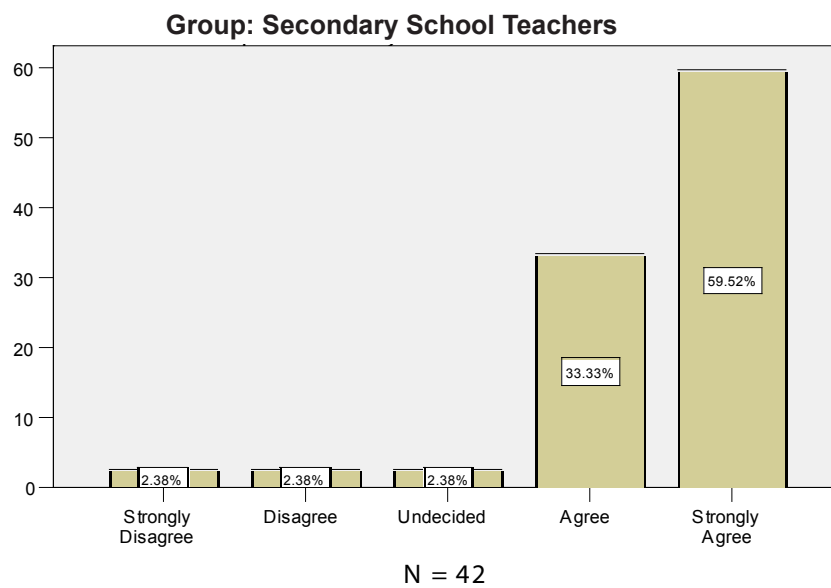


Question 2. The exhibition helped me appreciate that there are many different sides to the creative works of people with mental illness

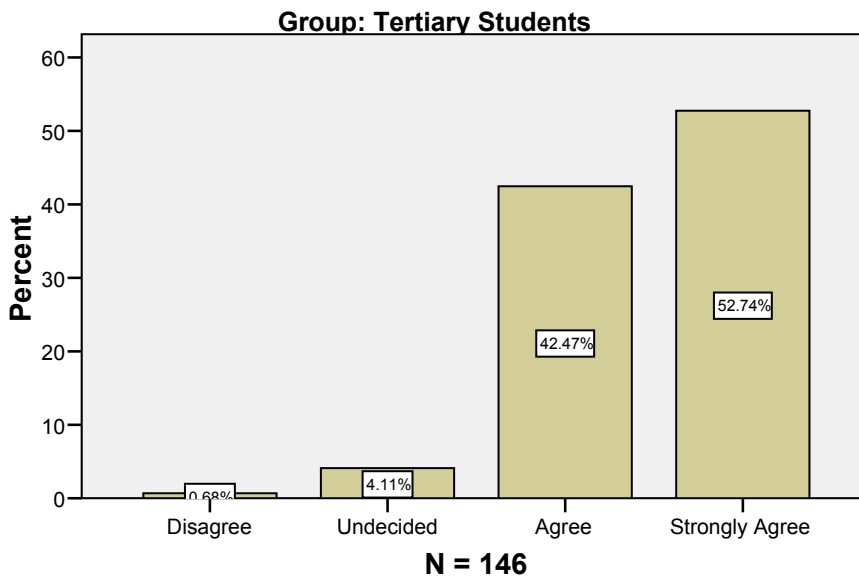
Question_1



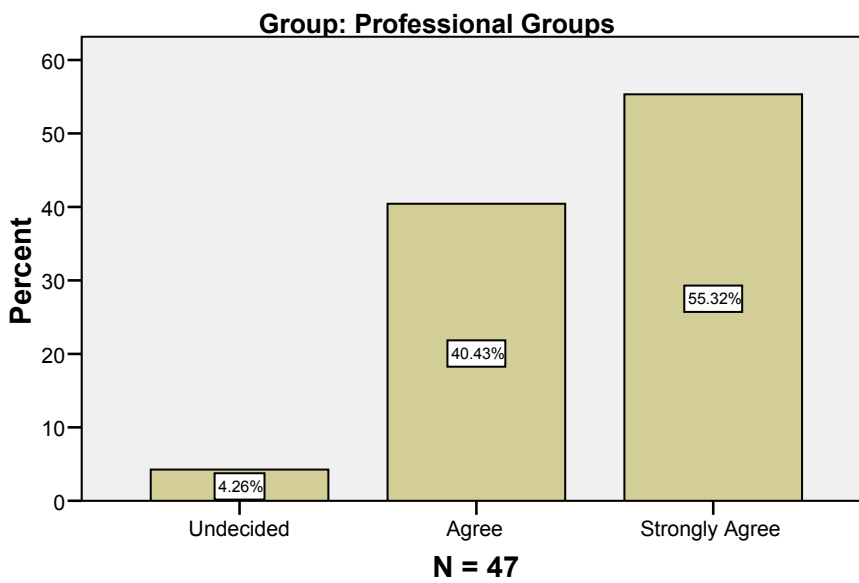
Question_1



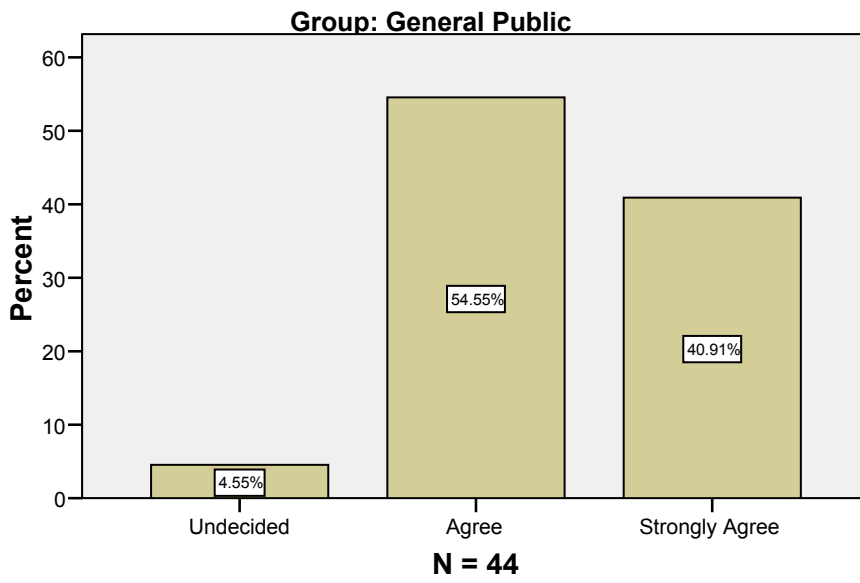
Question_2



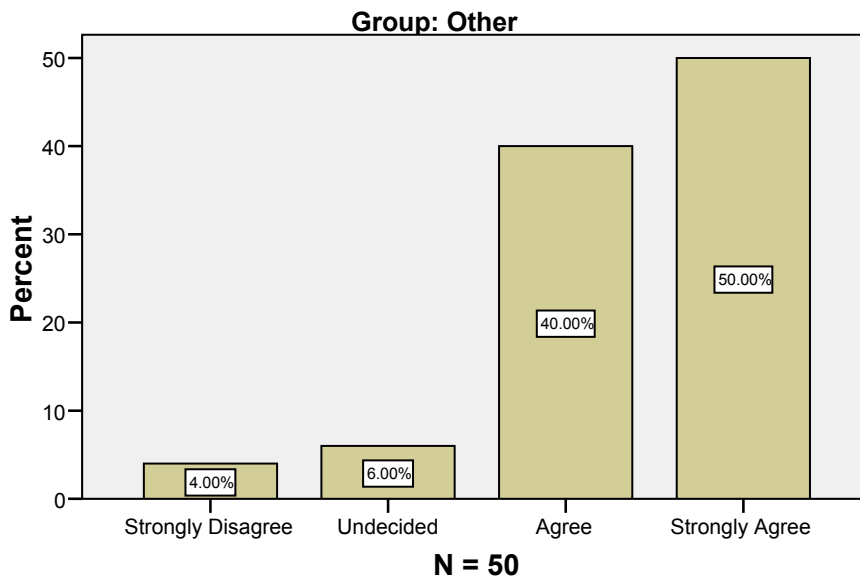
Question_2



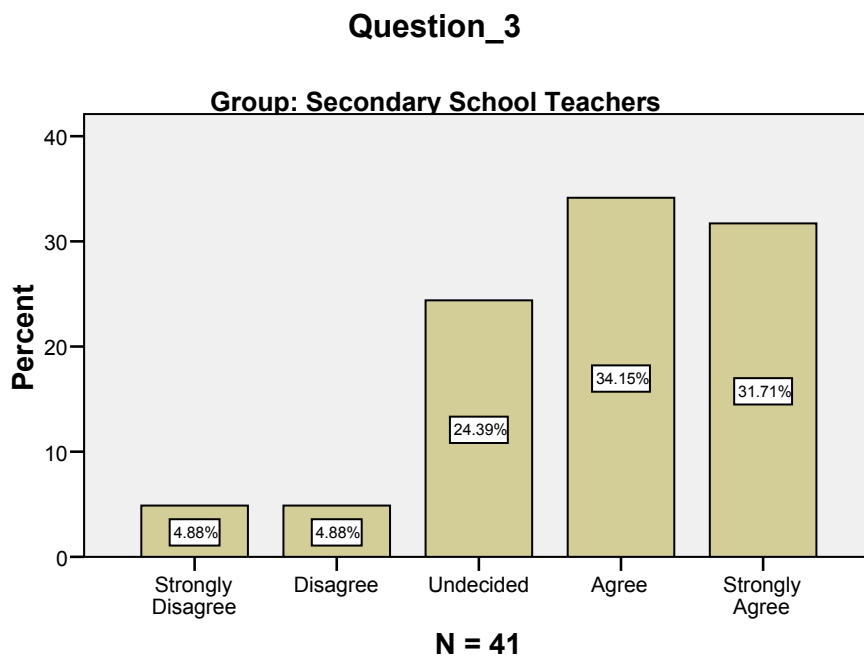
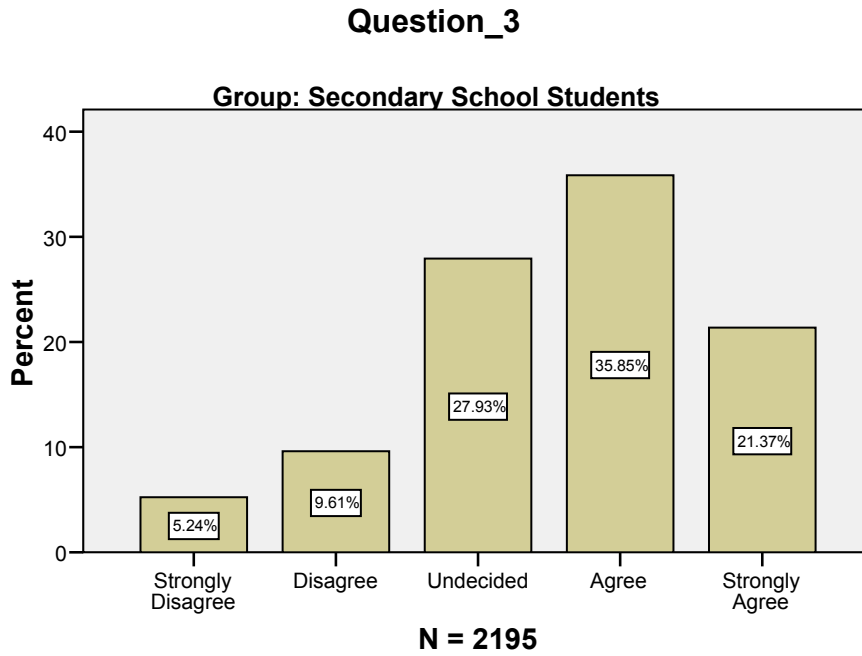
Question_2



Question_2

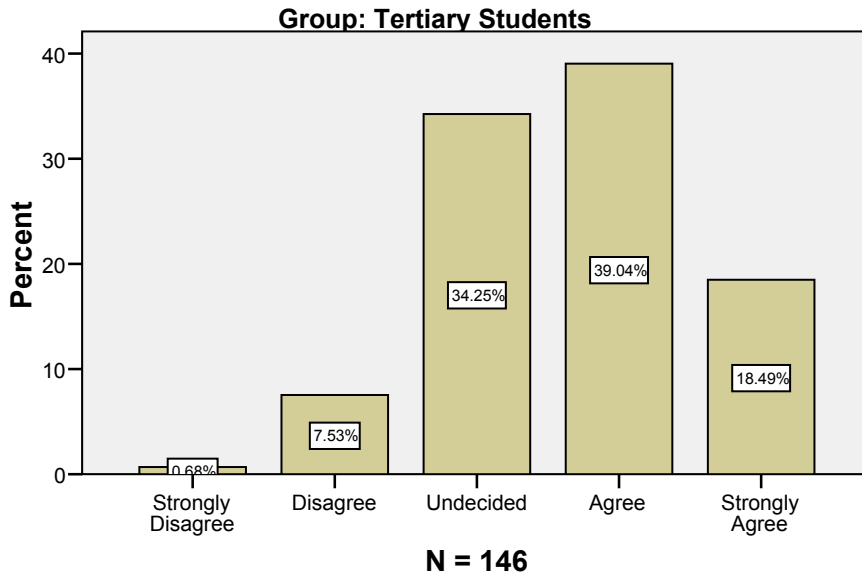


Question 3. I believe that it is acceptable to display works without the artist's consent, if it is not practical to get consent (e.g. because the artist has died, may not wish to be contacted, or their identity is unknown).

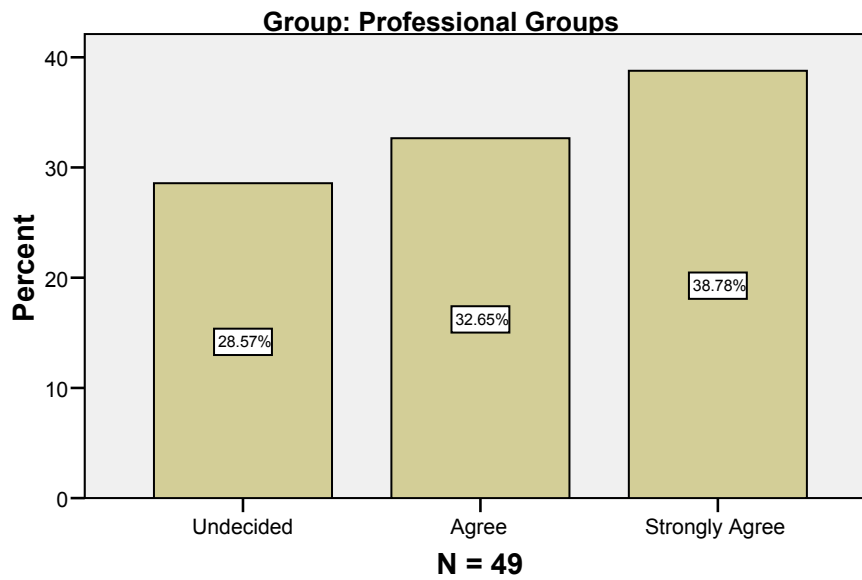




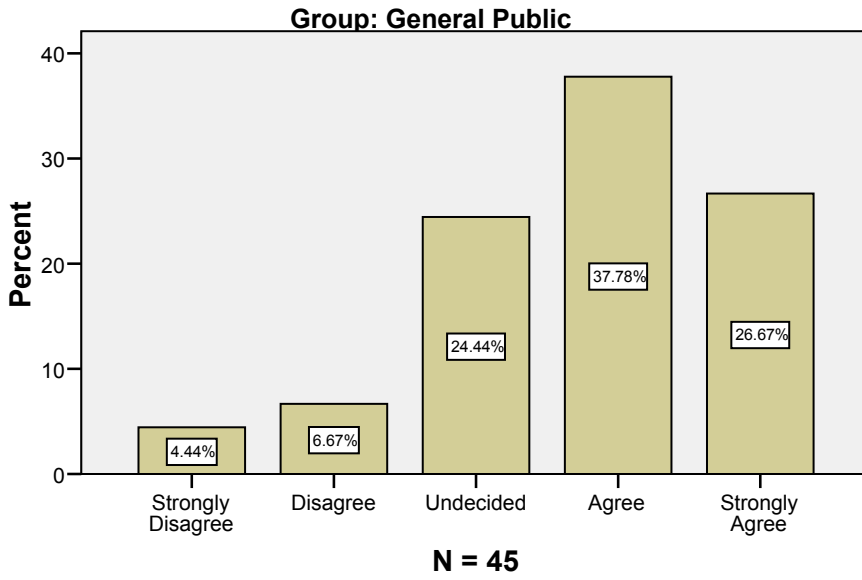
Question_3



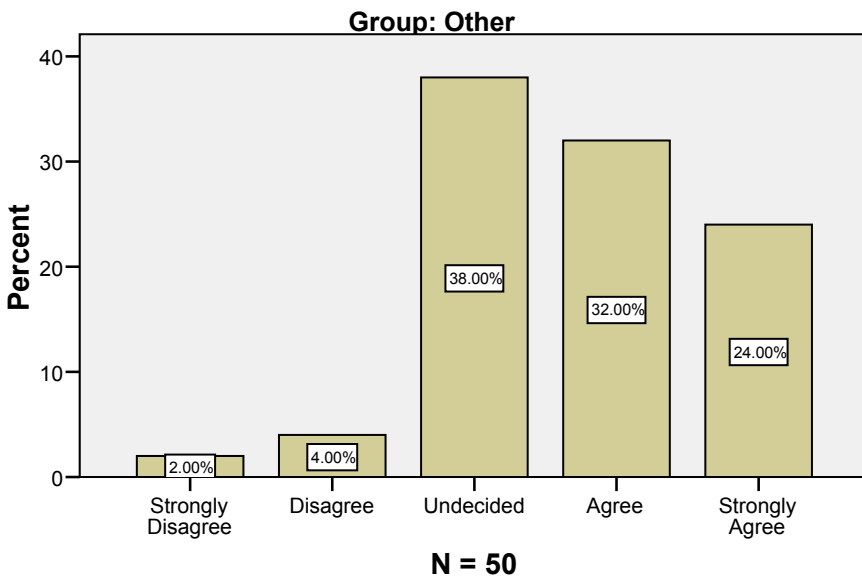
Question_3



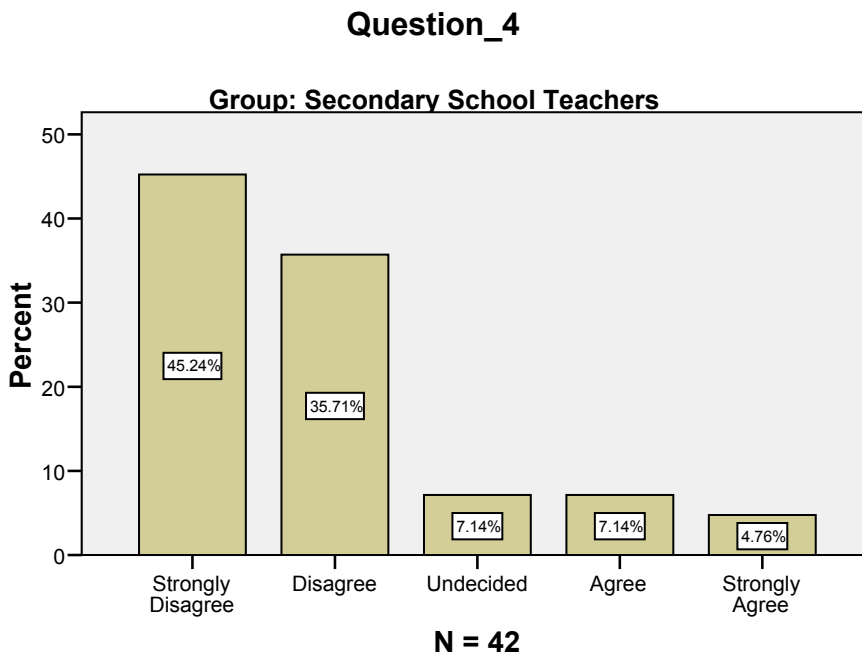
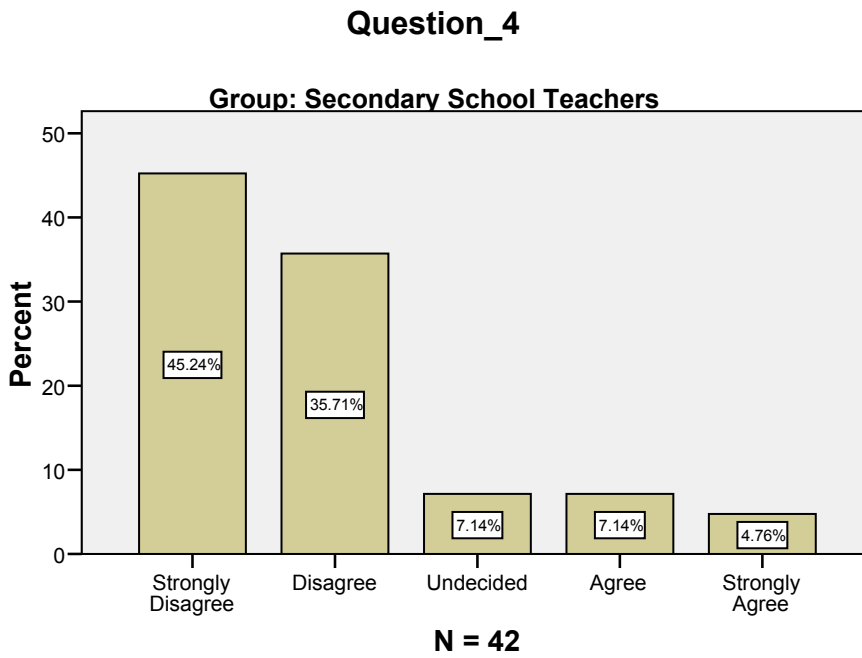
Question_3



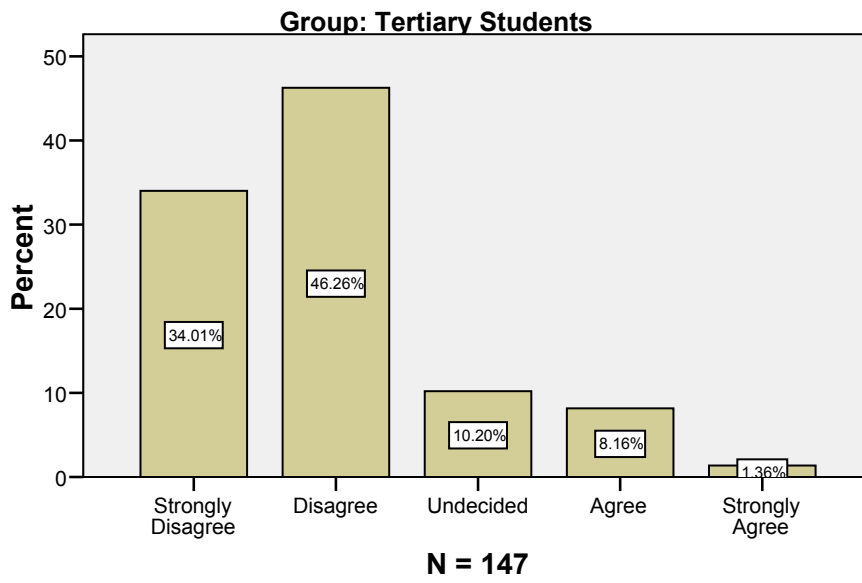
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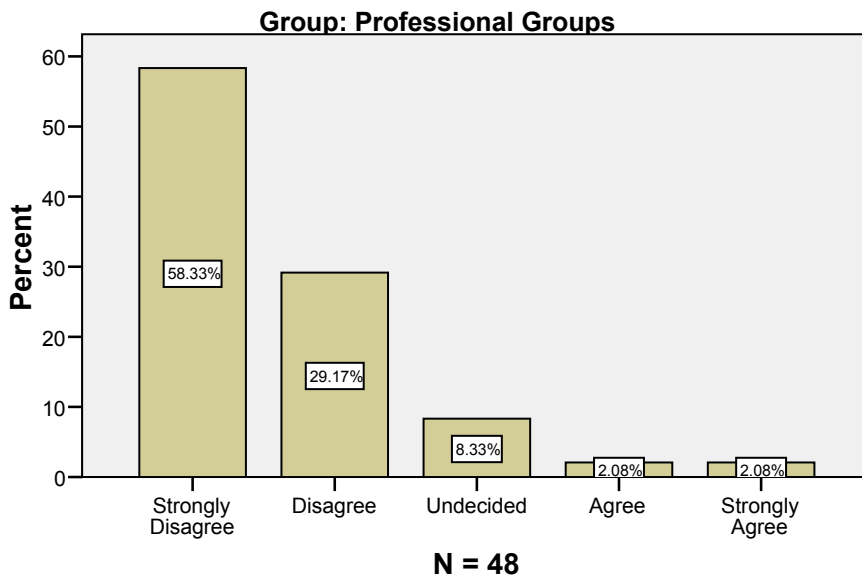
Question 4. I feel that the exhibition exploits people with mental illness



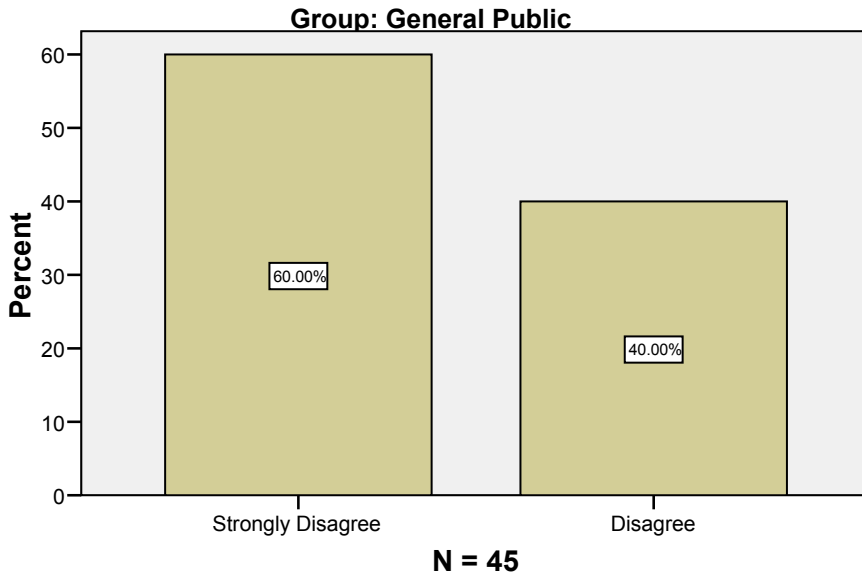
Question_4



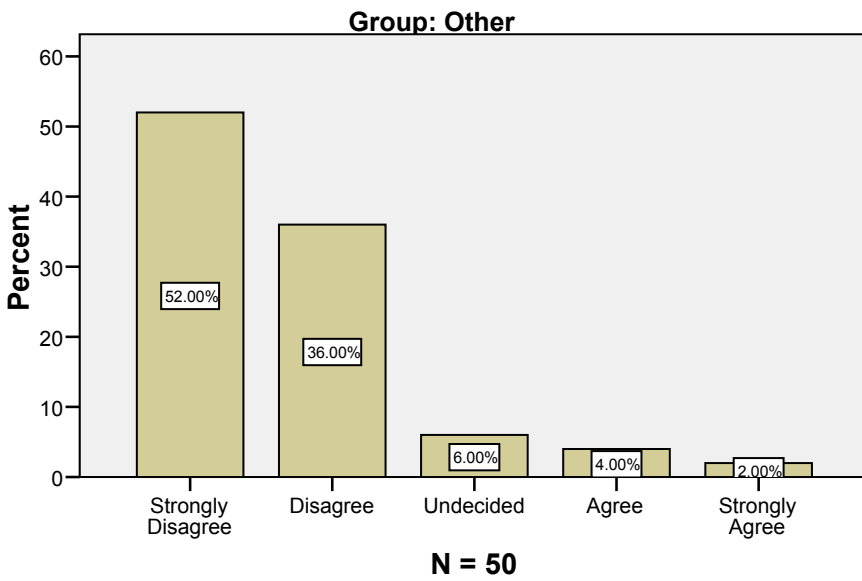
Question_4



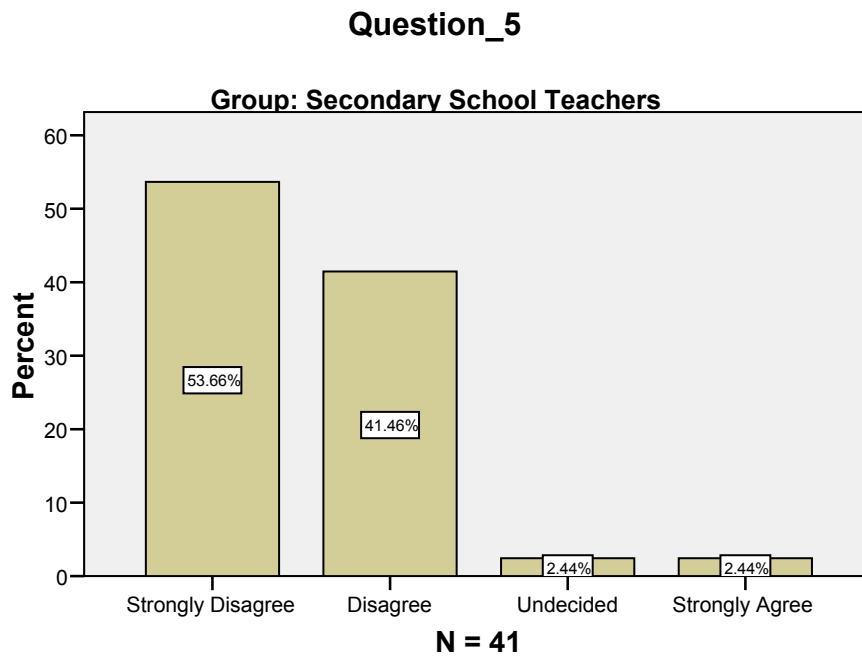
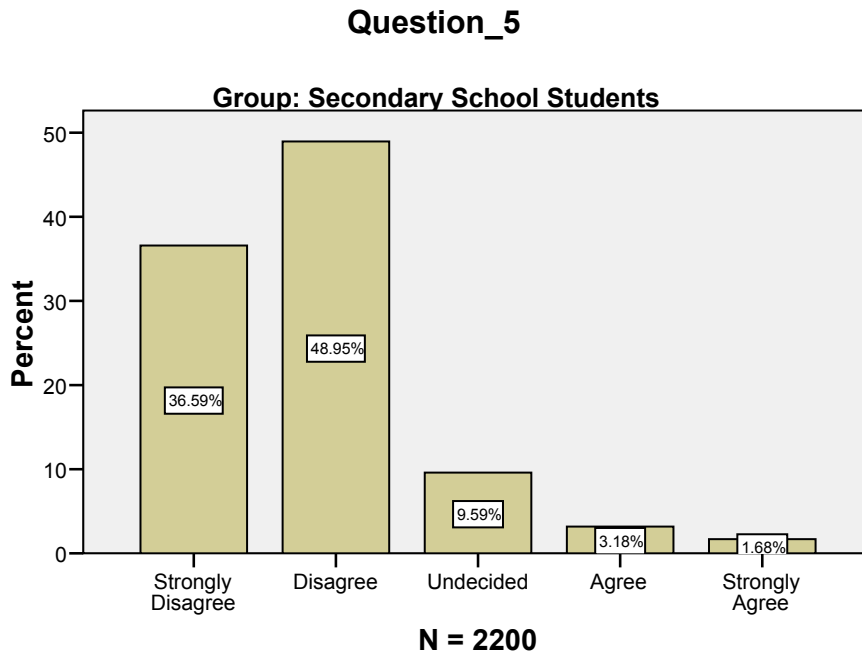
Question_4



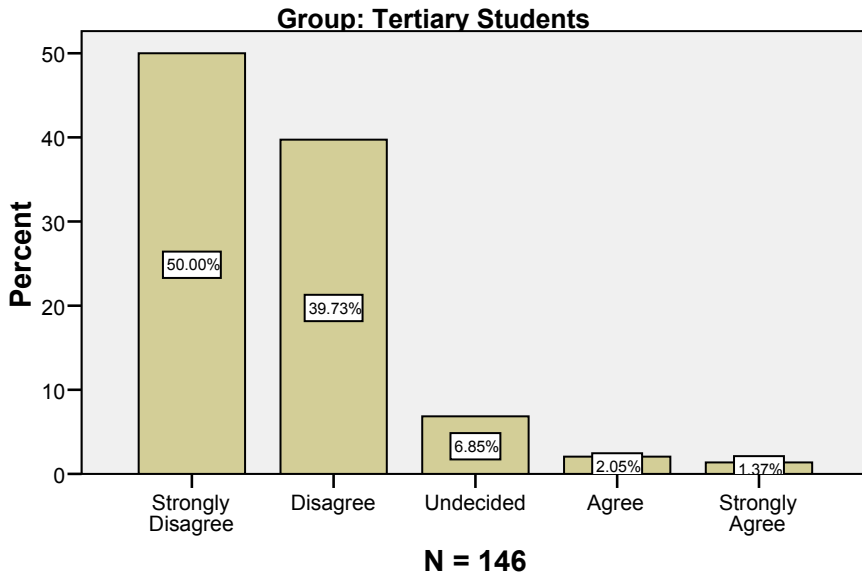
Question_4



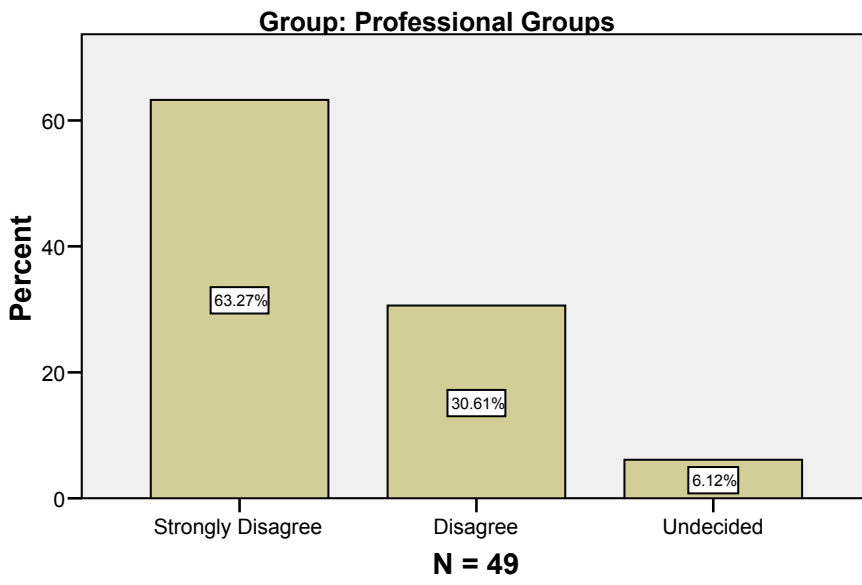
Question 5. I found the exhibition too disturbing for me



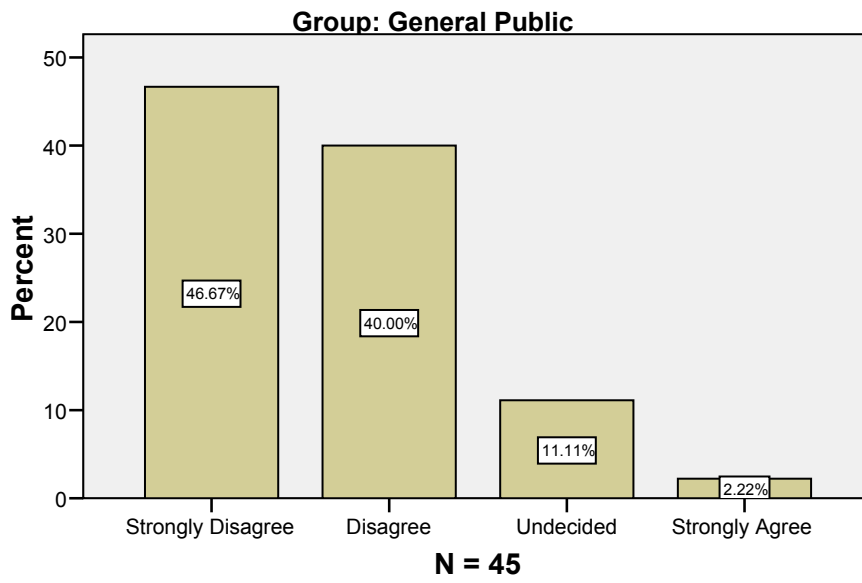
Question_5



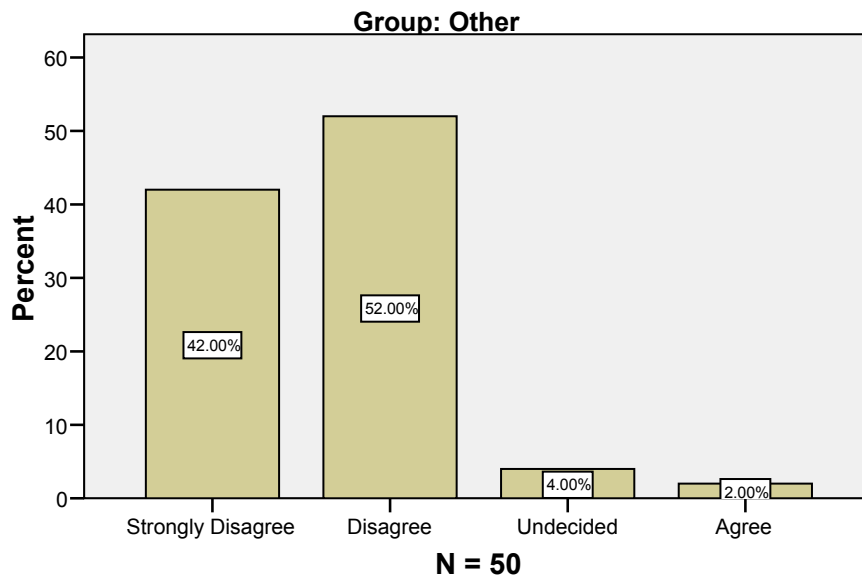
Question_5



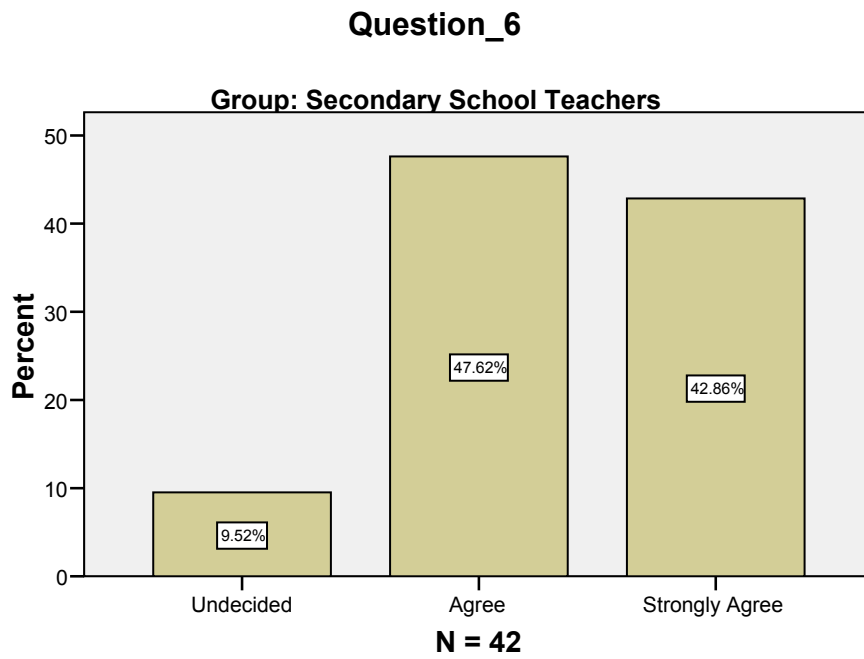
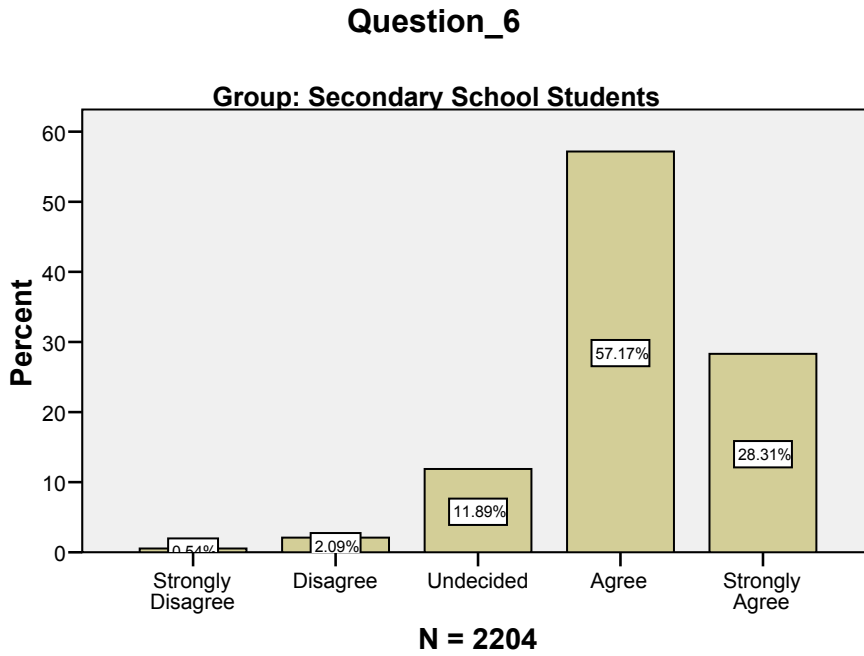
Question_5



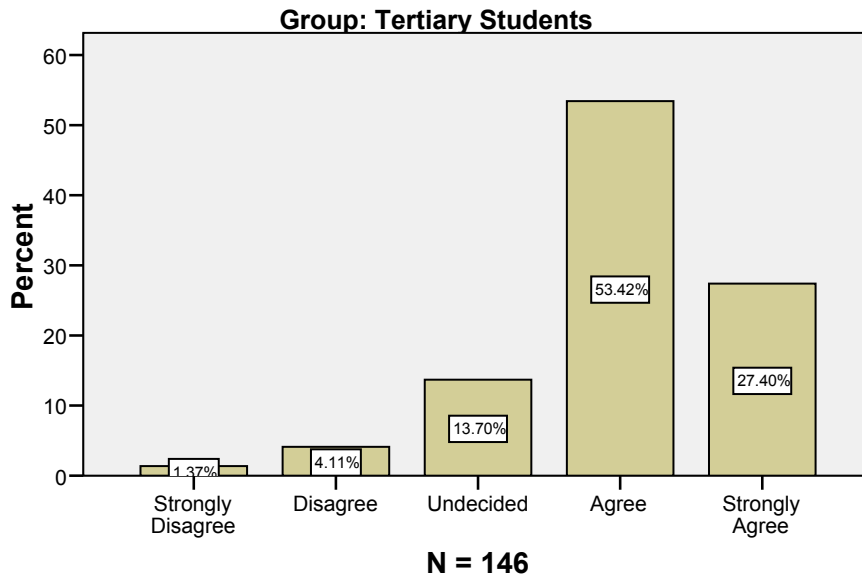
Question_5



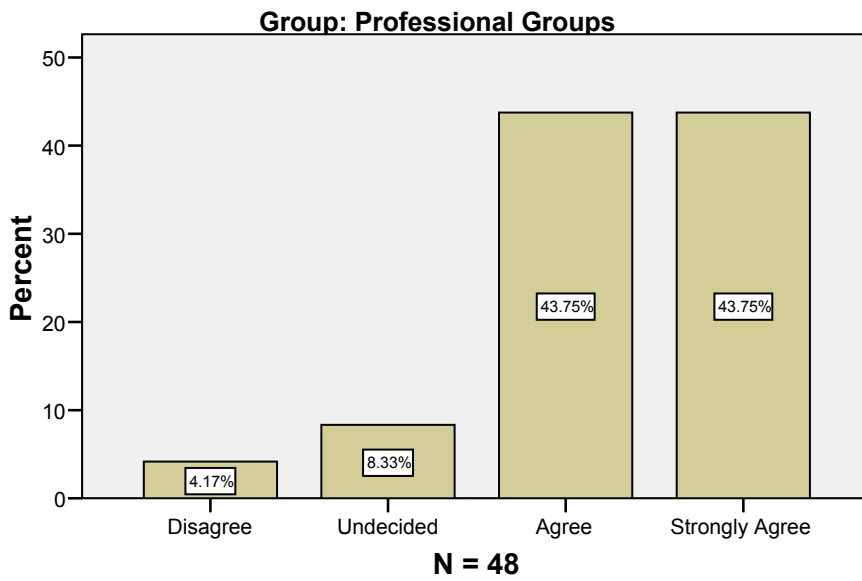
Question 6. I believe the exhibition has contributed to my understanding of mental illness



Question_6

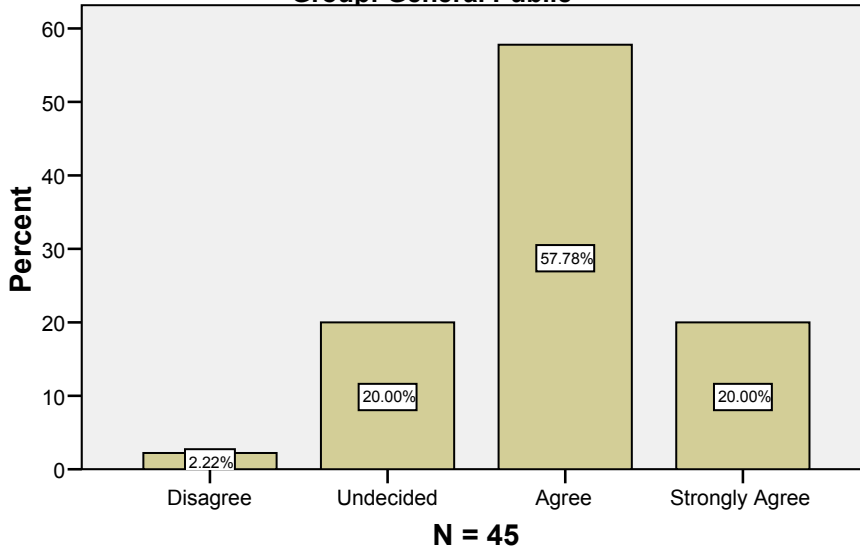


Question_6



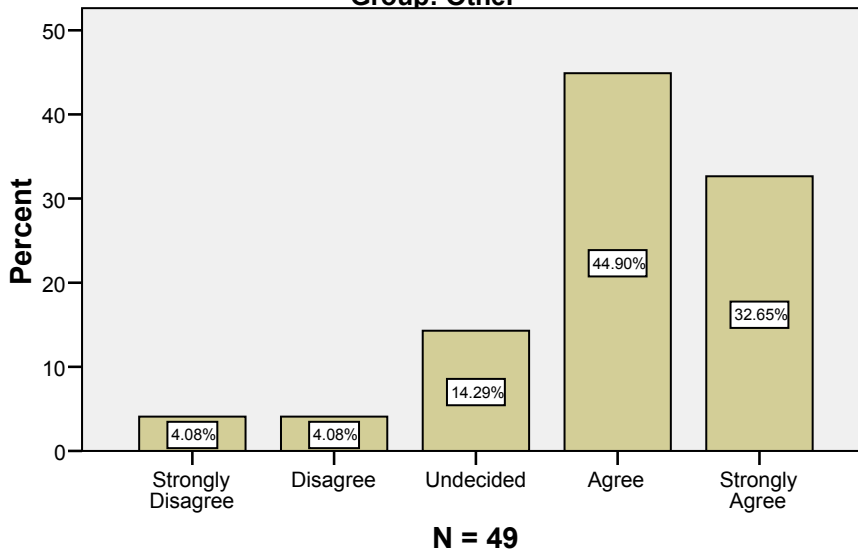
Question_6

Group: General Public

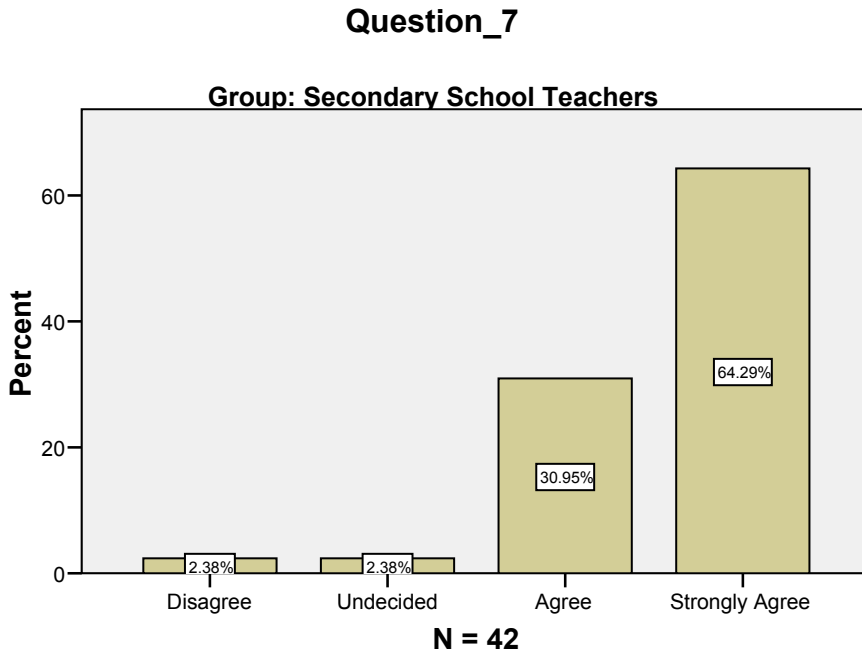
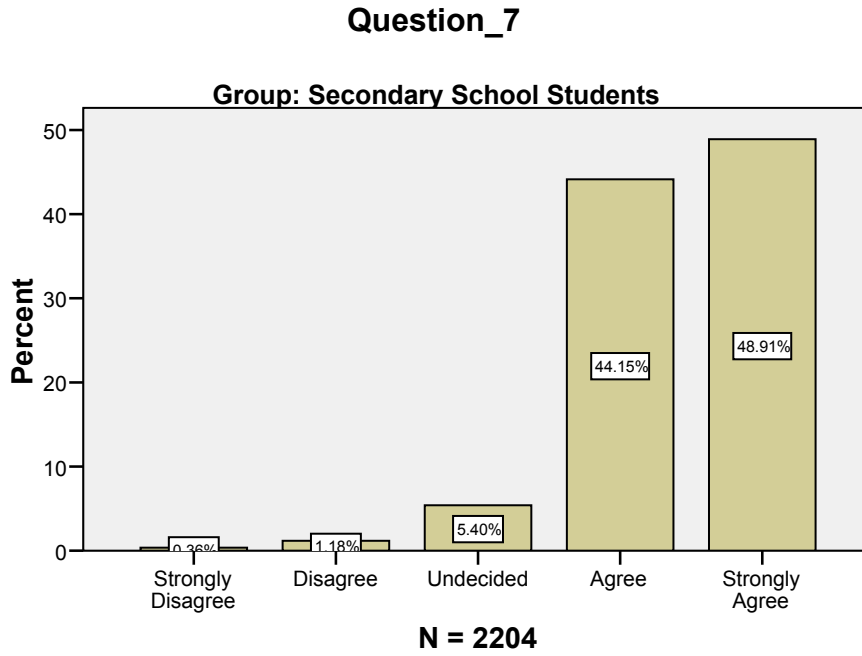


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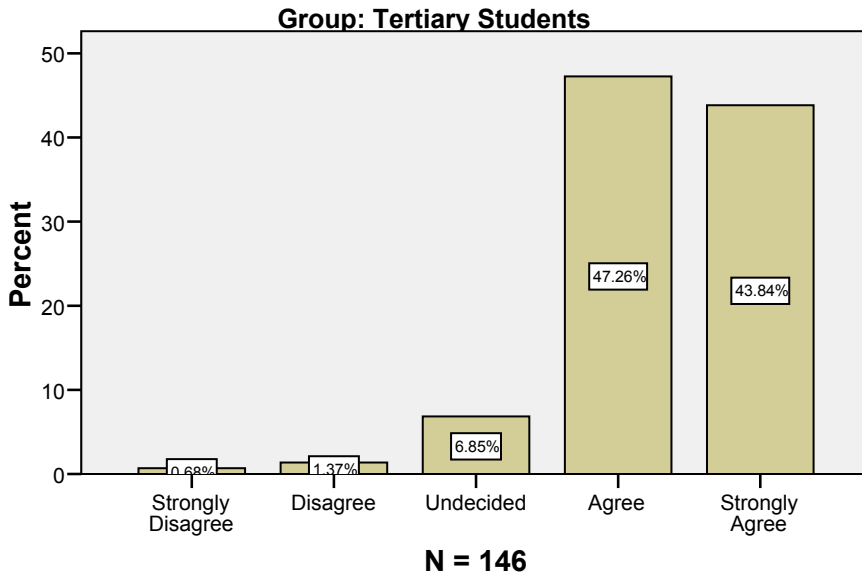
Group: Other



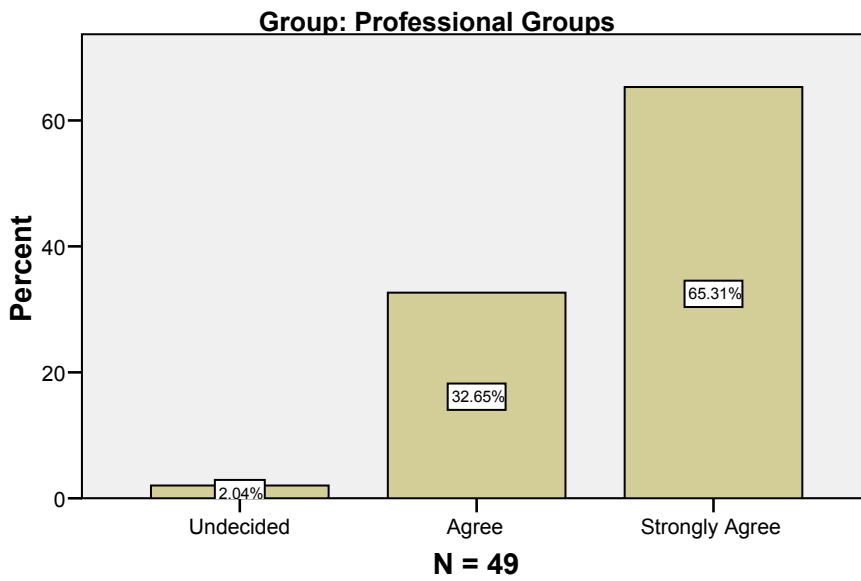
Question 7. I think this exhibition treats the artists with respect



Question_7

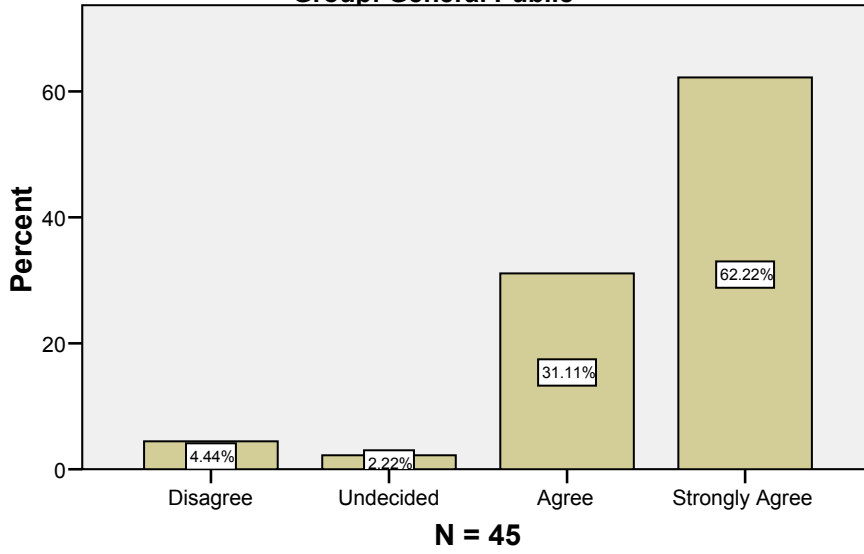


Question_7



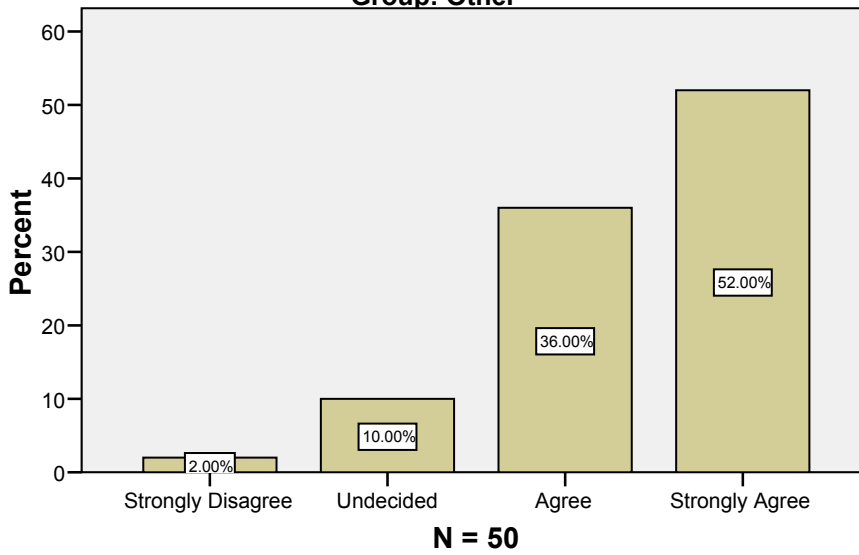
Question_7

Group: General Public



Question_7

Group: Other



APPENDIX D: SURVEY RESULTS BY GROUP - TABLES

Question 1. The accompanying text and displays provided useful information

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2206	4.2502	4	.66116
Secondary School Teachers	42	4.4524	5	.70546
Tertiary	147	4.2789	4	.55865
	49	4.5714	5	.50000
General Public	45	4.3111	4	.82082
Other	49	4.2449	4	.90210
All Groups	2538	4.2624	4	.66361

Question 2. The exhibition helped me appreciate that there are many different sides to the creative works of people with mental illness

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2206	4.4075	4	.63340
Secondary School Teachers	42	4.4524	5	.86115
Tertiary	146	4.4726	5	.61246
	47	4.5106	5	.58504
General Public	44	4.3636	4	.57429
Other	50	4.3200	4.5	.91339
All Groups	2535	4.4114	4	.64121

Question 3. I believe that it is acceptable to display works without the artist's consent, if it is not practical to get consent (e.g. because the artist has died, may not wish to be contacted, or their identity is unknown).

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2195	3.5850	4	1.08502
Secondary School Teachers	41	3.8293	4	1.09322
Tertiary	146	3.6712	4	.88754
	49	4.1020	4	.82272
General Public	45	3.7556	4	1.06931
Other	50	3.7200	4	.94847
All Groups	2526	3.6097	4	1.06968

Question 4. I feel that the exhibition exploits people with mental illness

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2195	2.0688	2	1.03155
Secondary School Teachers	42	1.9048	2	1.12205
Tertiary	147	1.9660	2	.94662
	48	1.6042	1	.89299
General Public	45	1.4000	1	.49543
Other	50	1.6800	1	.91339
All Groups	2527	2.0317	2	1.02299

Question 5. I found the exhibition too disturbing for me

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2200	1.8441	2	.84645
Secondary School Teachers	41	1.5610	1	.77617
Tertiary	146	1.6507	1.5	.81021
	49	1.4286	1	.61237
General Public	45	1.7111	2	.84267
Other	50	1.6600	2	.65807
All Groups	2531	1.8143	2	.83942

Question 6. I believe the exhibition has contributed to my understanding of mental illness

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2204	4.1062	4	.72350
Secondary School Teachers	42	4.3333	4	.65020
Tertiary	146	4.0137	4	.83861
	48	4.2708	4	.79197
General Public	45	3.9556	4	.70568
Other	49	3.9796	4	
All Groups	2534	4.1026	4	.73793

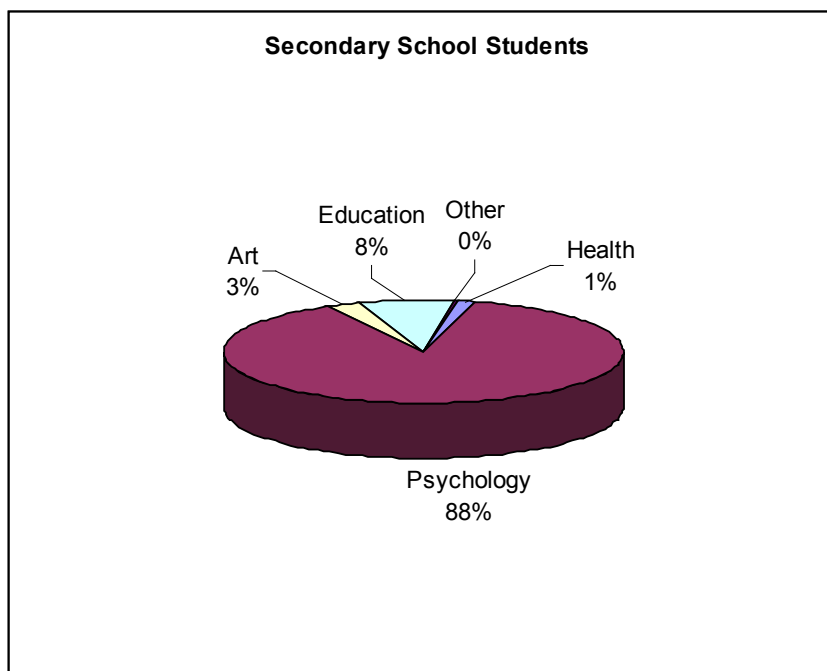
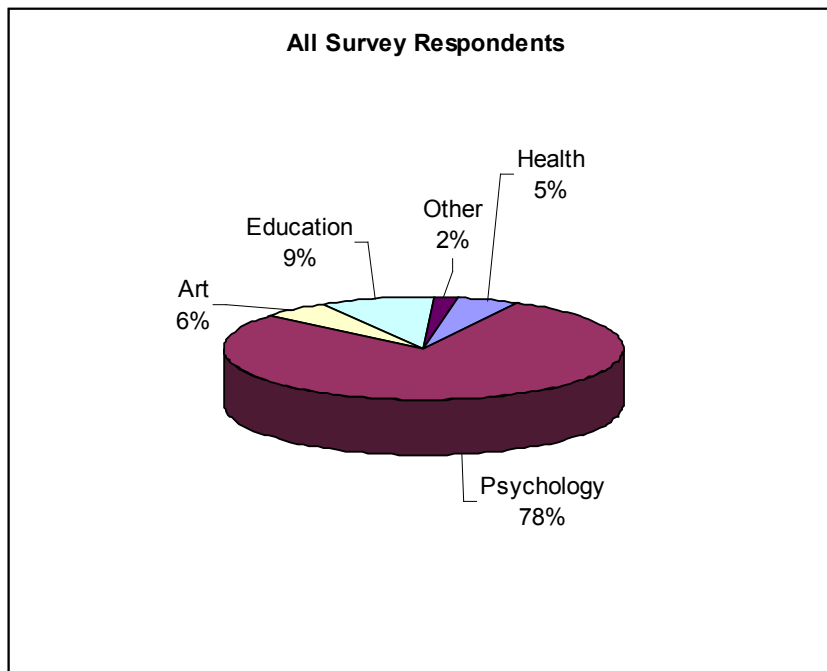
Question 7. I think this exhibition treats the artists with respect

Group	Participants (N)	Mean	Median	Std. Deviation
Secondary School Students	2204	4.4006	4	.68019
Secondary School Teachers	42	4.5714	5	.66783
Tertiary	146	4.3219	4	.72335
	49	4.6327	5	.52812
General Public	45	4.5111	5	.75745
Other	50	4.3600	5	.82709
All Groups	2536	4.4046	4	.68541

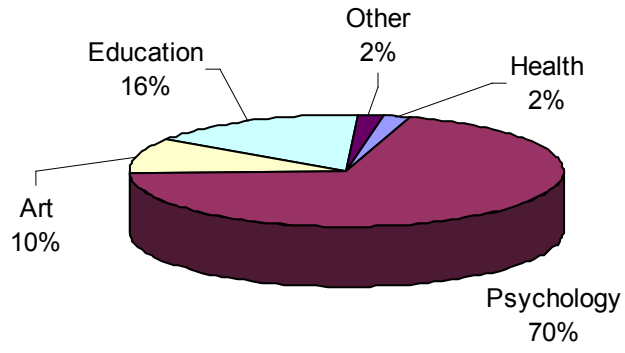
APPENDIX E: SURVEY RESULTS – PARTICIPANT PROFILE DATA

Question: Your visit to the Collection was principally associated with employment or studies in (tick one Box).

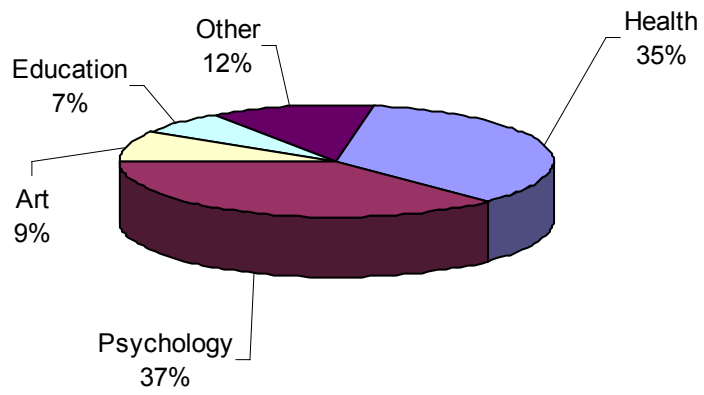
(Note: these results are indicative only as many participants chose to tick more than one box)



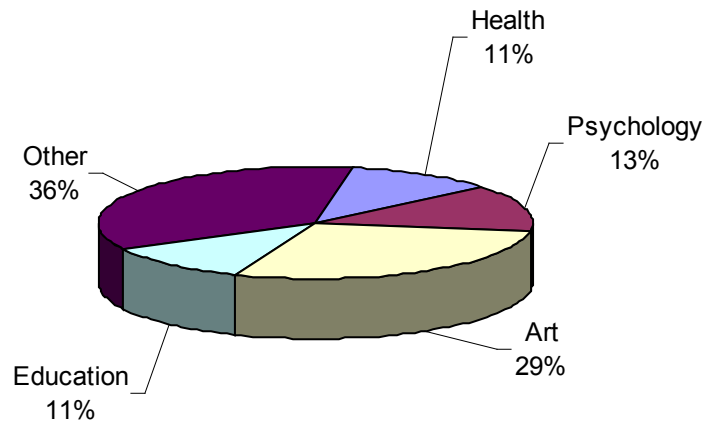
Secondary School Teachers



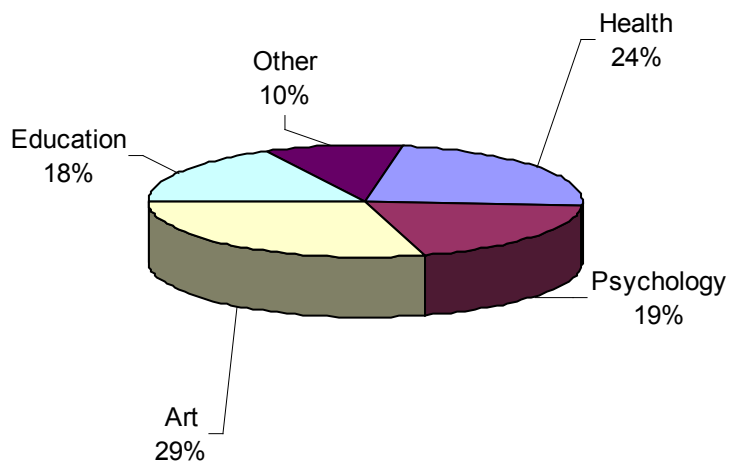
Professional Groups



General Public

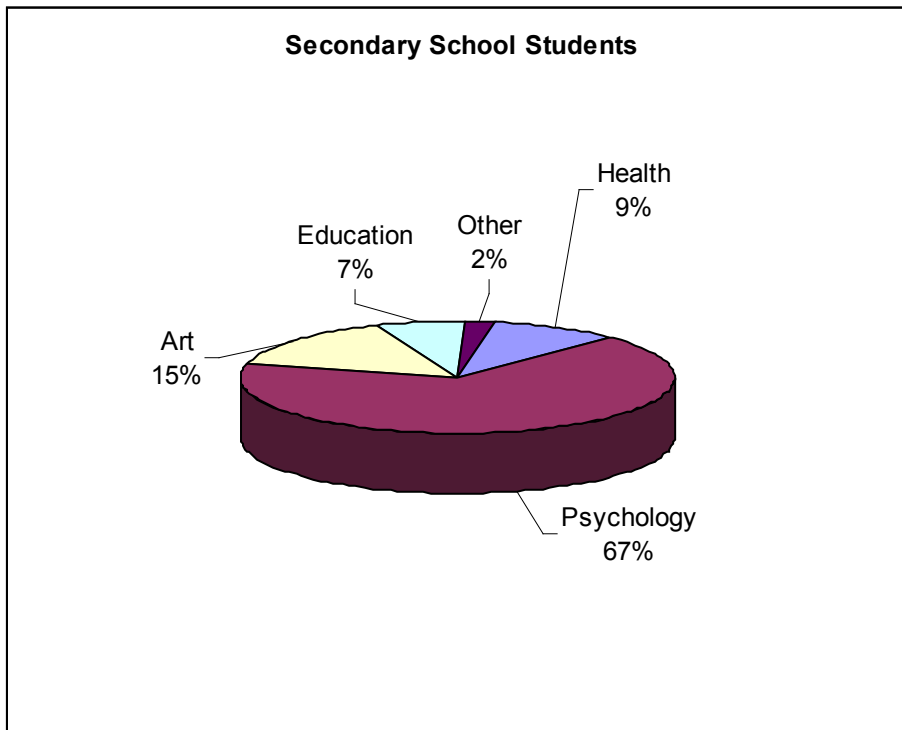
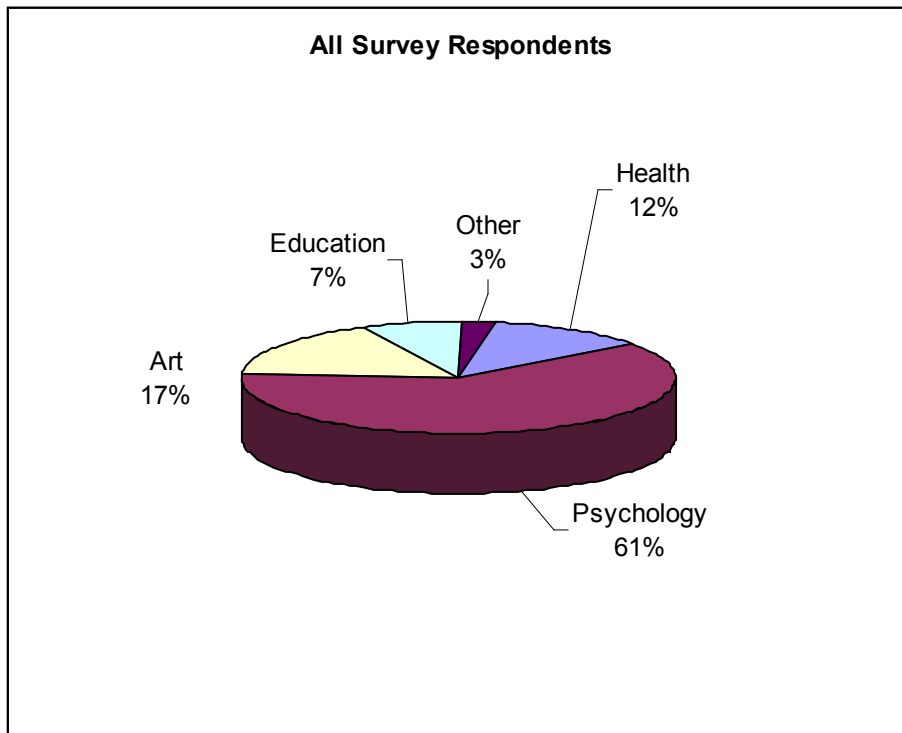


Other Category

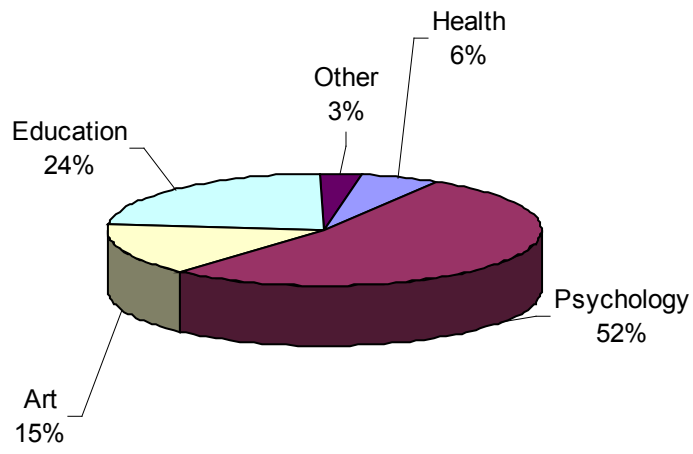


Question: Area of Interest

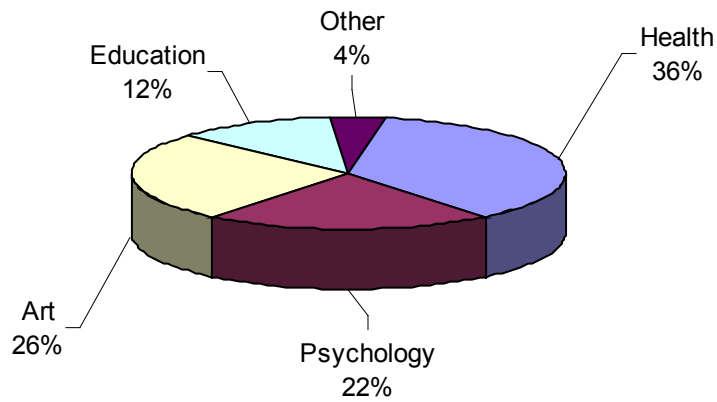
(This question asked participants to select from the following five options: Health, Psychology, Art, Education, Other)

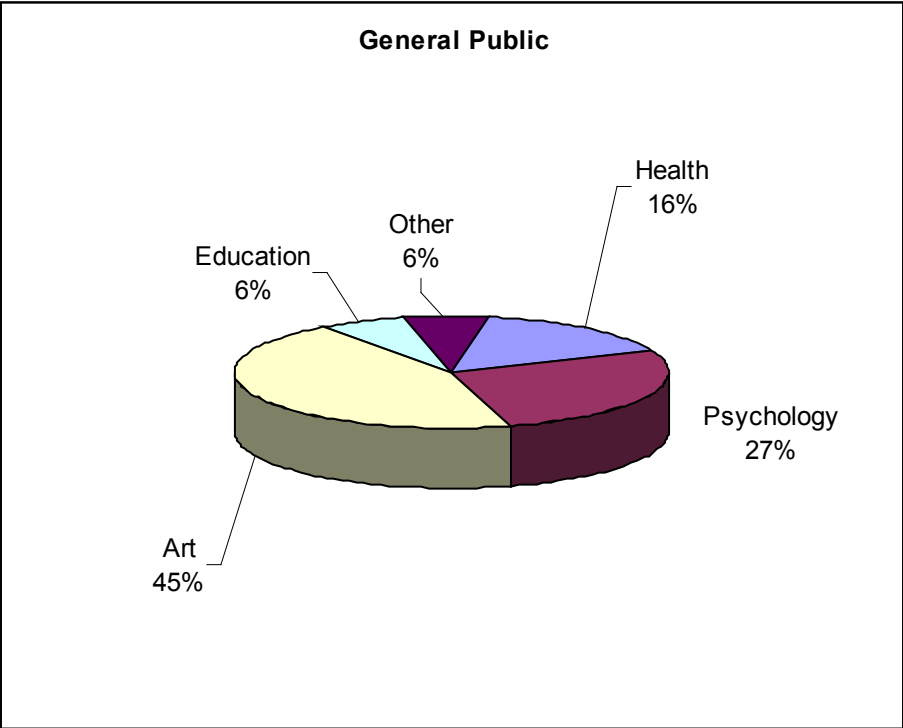
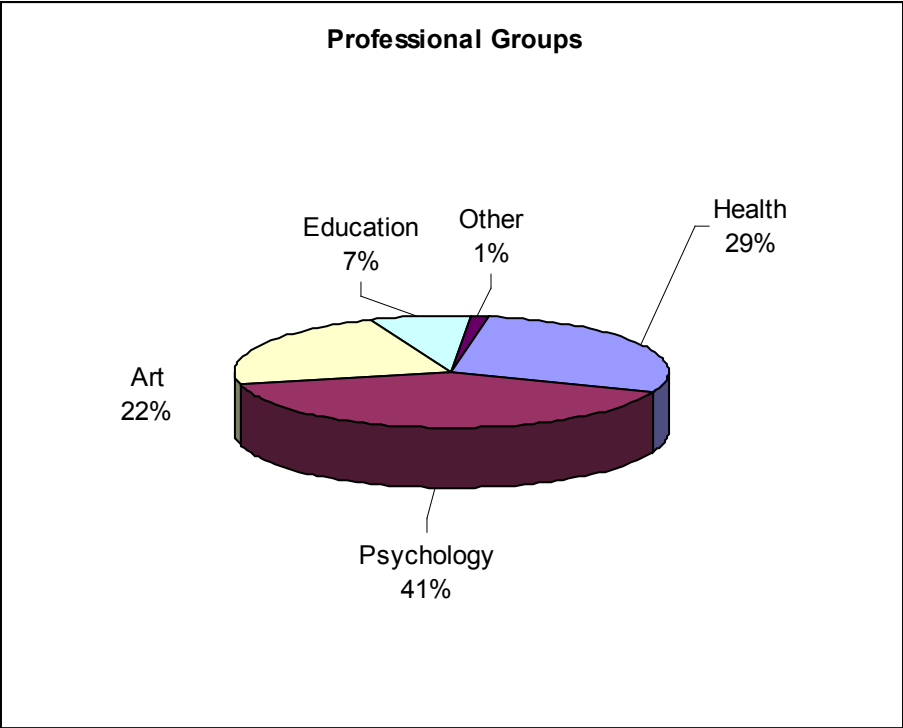


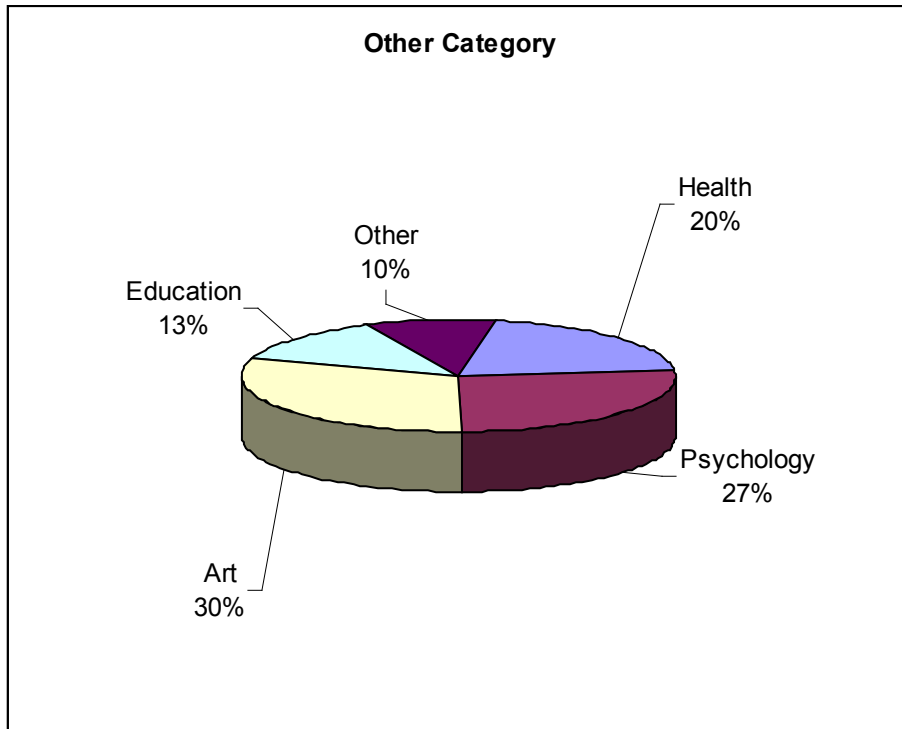
Secondary School Teachers



Tertiary Students









Appendix 2



Framing Marginalised Art **Research Assistant Report**

Anthony Fitzpatrick

2007



TABLE OF CONTENTS

INTRODUCTION	3
1. A HISTORY OF ART AND MENTAL ILLNESS	5
• ROMANTICISM AND THE “MAD GENIUS”	5
• CESARE LOMBROSO AND <i>ART IN THE INSANE</i>	5
• MADNESS AND CREATIVITY	7
• HANS PRINZHORN AND <i>ARTISTRY OF THE MENTALLY ILL</i>	8
• MADNESS AND MODERN ART	9
• DEGENERATE ART	10
• JEAN DUBUFFET AND ART BRUT	10
• ERIC CUNNINGHAM DAX AND PSYCHIATRIC ART	11
• ART AS A “WINDOW ON THE SOUL”	12
• THE PSYCHOPATHOLOGY OF EXPRESSION	13
• HOSPITAL STUDIOS	15
• ART AS A LANGUAGE	16
• SELECTION AND CLASSIFICATION	16
• INTERPRETATION	18
• FORMAL DEVIATIONS	18
• SCHIZOPHRENIC ART	19
• “NORMAL” REPRESENTATION?	20
• SPECIFIC CRITICISMS OF THE CUNNINGHAM DAX COLLECTION	21
• PARALLEL VISIONS	22
• ROGER CARDINAL AND OUTSIDER ART	23
• “TERM WARFARE”	24
• ETHICAL OBJECTIONS	26
• “BEYOND OUTSIDERISM”	27
2. RECENT EXHIBITIONS	28
3. COMMUNITY ARTS ORGANISATIONS	43
4. MEDICAL MUSEUMS	47
5. PSYCHIATRIC COLLECTIONS AND MUSEUMS	50
6. CONCLUDING REMARKS AND A PROPOSAL	61
CHRONOLOGY	65
BIBLIOGRAPHY	71

INTRODUCTION

A critical exploration of the idea of outsider art engages many of the most pressing concerns of our time. Gender, class, and ethnic equity; the relationship of high culture to social and political structures and agendas; the values and consequences of bureaucratized societies; the cult of specialization; conflicting claims to cultural authority; divergent visions of the functions and purposes of art; the gulf between as well as the confluence of, scientific and romantic world views; ethical and moral blindness; Western capitalism's insatiable appetite for novelty; the dominance of market values – all these and more can be found here. Studying the alleged outside necessarily and inevitably leads to studying the inside. Studying 'them' really means studying us.¹

– Kenneth L. Ames, "Outside Outsider Art", 1994

'Madness' cannot be understood apart from human history. Its form or its reception is shaped by its context. This does not mean that it is invented or merely a fantasy. Rather, it means that madness may well shift its form or its significance from age to age, from culture to culture, depending on the meaning attributed to it in specific times and places. Likewise 'creativity' is a universal category of thought, but what it means is historically and culturally determined. Each age invents, to fulfill its own needs, what the truly creative is, and each individual constructs a working definition that satisfies his or her own needs to place him or herself in relationship to the creative.²

– Sander L. Gilman, "Constructing Creativity and Madness: Freud and the Shaping of the Psychopathology of Art", 1992

The perspective from which psychiatric diagnoses are made is as much subject to historical influence as are judgements in the history of art. In the case of psychotic art, the two overlap.³

– David Maclagan, "Has 'Psychotic Art' Become Extinct?", 1997

.....

As a number of scholars have highlighted, since its "discovery" in the mid-nineteenth century, the art of the mentally ill has been the subject of a diverse range of readings and interpretations in a wide variety of cultural, political and medical contexts (Maclagan, 1997; MacGregor, 1989; Bowler, 1994; Hogan, 2001; Rhodes, 2000; Berge, 2000). Unlike most art historical movements and genres, the labels and the meaning attributed to works of people with an experience of mental illness have largely been generated and shaped, not by the artists/patients who made the works, but by those who have sought to use the works as a means to pursue their own particular interests whether they be aesthetic, political, cultural or clinical.⁴ This is immediately apparent in the various labels these works have been attributed over the years: the art of the insane (MacGregor); the artistry of the mentally ill (Prinzhorn); uniquely different Art (Prinzhorn Collection); *Art Brut* (Dubuffet); Outsider Art (Cardinal); Art Extraordinary (Bourbonnais); asylum art (Bowler); vernacular art (Carlano); psychotic art (Maclagan); psychopathological expression (International Society for the Psychopathology of Expression); schizophrenic art or psychoneurotic art (Naumburg); psychiatric art (Dax); captive art (Rosen); marginalised art (ARC Project).

Historically, studies of the works of people with an experience of mental illness have tended to adhere to one of two main approaches, the clinical and the aesthetic. The former values the work for the perceived insights they offer into the inner experiences of the patient/artist and the



symptoms of mental illness that they might convey. The latter is more concerned with the artistic qualities and creative aspects of these works. These two contrasting and sometimes conflicting, approaches contained in the broader historical discourse on the relationship between art and mental illness played a crucial part in the formation and development of the Cunningham Dax Collection.

More recently, a number of commentators on Outsider Art have begun to reappraise its definition and meaning. Other analysts have begun to explore the many ethical implications raised by some of the approaches to the collection and presentation of these works, particularly those that contribute to the social and cultural marginalisation of the individual. Finally, faced with the increasingly problematic issues surrounding Outsider Art, some scholars have begun to look for new paradigms for the exploration and presentation of works by the mentally ill. In concluding, it is highlighted that despite the different agendas for which the art of the mentally ill has been used by artists and psychiatrists, they both share a tendency to emphasise its otherness. In its place, I propose an approach that emphasises their commonalities with rather than their differences from “healthy” creative expression.





1. A HISTORY OF ART AND MENTAL ILLNESS

ROMANTICISM AND THE “MAD GENIUS”

As numerous commentators have highlighted, the Romantic movement of the nineteenth century was highly influential in altering perspectives and ideas about the mentally ill (Douglas, 1996; Bowler, 1994; Cubbs, 1994). As Caroline Douglas states, Romanticism not only affected the arts but also “the methodologies of philosophers, scientists and psychiatrists alike, leaving a legacy which is still discernable today”.⁵ In her essay ‘Asylum art: the social construction of an aesthetic category’, Anne Bowler credits Romanticism with “the construction of isolation as the ‘essential condition’ from which all great art is made and marginality as the mark of the authentic artist”.⁶ Douglas goes further claiming that:

Romanticism positioned the madman within nature, uninhibited by social or moral constraints, unfettered by reason; the romantic tendency towards extreme introspection made of the madman a kind of hero, in touch with a reality somehow more vivid and authentic, who served to underline the epistemic authority of the imagination.⁷

However, as John MacGregor points out, the Romantic view of madness was rarely based on any real experience of insanity but was rather a fantasy of madness “as a treasure trove of the imagination free of reason and restraint”.⁸ Furthermore, as Bowler observes, the focus of the Romantic artist is on the symbol of madness rather than the artistic expressions of patients of the asylum.⁹ Nevertheless, the Romantic projection of madness and insanity and its link to creativity has proved to have had a remarkably pervasive and enduring impact on both artistic and scientific discourses surrounding the art by people with a mental illness. As David Maclagan suggests, it is here, in the figure of the mentally ill artist, that it finds its ultimate expression:

The classic image of the psychotic artist is something like a compressed and distorted version of the heroic image of the post-Renaissance creative artist: someone driven to create, compulsively productive, living an idiosyncratic existence. The traditional convergence between genius and madness reaches a sort of apogee in the figure of psychotic creators and their work, isolated and driven in upon themselves by confinement.¹⁰

As Bowler outlines, the beginnings of this tendency can be traced to the late nineteenth century, a period when the “trope of the ‘mad genius’ is elevated to the status of an ontological truth through the emerging sciences of psychopathology” in which the focus shifts to the artistic expressions of the insane “as illustrative evidence of their illness or as a diagnostic tool through which the nature of insanity might be revealed”.¹¹

CESARE LOMBROSO AND *ART IN THE INSANE*

Whilst not the first, Cesare Lombroso’s studies of the art of the insane proved to be highly influential. One of his most pervasive tenets is that creativity is linked to a regression of rational thought processes: “the imagination is most unrestrained when reason is least dominant”.¹² As the locus of the archaic, primitive and undifferentiated elements of the human mind, any outward manifestations of unmediated unconscious material were seen to indicate degeneration or a lack of conscious, rational or logical thought processes. As Caroline Douglas highlights, Lombroso’s evolutionist argument: “relies upon nineteenth century notions of naturalism, of ‘correct’ drawing and perspective, seen as the products of centuries of artistic endeavour” where by, the insane,





“through their art, reveal themselves as psychologically primitive, arrested, somehow, at an earlier stage of development of the human race.”¹³

The notion that the art of the psychotic provides evidence of regression and archaic thought processes was one that gained currency amongst many analysts of these works, including Dr Eric Cunningham Dax who, in his book *Experimental Studies in Psychiatric Art* (1953), observed:

[T]he psychotic artist creates in order to transform the real world by the magic of his paintings ... The magic thinking of the schizophrenic is related to his regression and it may approximate to the thinking level of the primitives, a parallel drawn by Lombroso ...¹⁴

Furthermore, given that such material was found in both the productions of the insane and the more expressive types of art, madness and artistic genius became conflated.¹⁵ Again, following Lombroso, Dax also found clear parallels between psychotic art, modern art and the art of “primitives”:

Composite figures are not infrequently found in schizophrenic art. Their appearance is of additional interest because as evidence of archaic thought they may be compared to similar products in the primitive religions. By joining a number of images together their meanings are condensed ... If a person is ‘two faced’ he does not have to be painted in two situations, but he is conveniently shown so that both sides of his face or personality are displayed at once; this economic device was used by Picasso for some of his earliest double heads.¹⁶

These ideas were widely disseminated by one of Lombroso’s keenest students, Max Nordau, who began to amass examples of any new or eccentric art that he considered as degenerate, for his large volume entitled *Degeneration* (1892), a work that would later inform the Nazi’s condemnation of “degenerate art”.¹⁷ This book found a large audience and its widespread popularisation of Lombroso’s ideas in the early twentieth century led Hans Prinzhorn to observe that:

[Lombroso’s] effective writings, easily accessible to the most superficial mind, have given the saying ‘genius and madness’ currency everywhere on earth and have thereby reinforced the popular impression that unfortunately geniuses are more or less insane even if they are universally admired or the authors of classic works, and that one must look for the pathologic characteristics that are somehow inevitably connected with their abilities ... the border between psychiatry and art still shows the aftereffects of the saying ‘genius and madness’.¹⁸

The other influential aspect of Lombroso’s work is his classification and characterisation of the specific traits he perceived in the artworks of the insane such as “eccentricity”, “symbolism”, “obscenity”, “uniformity”, “absurdity” and “minuteness of detail” as visual evidence of mental pathology or degeneration.¹⁹ This work was preceded by the French psychiatrist Paul-Max Simon who developed classificatory schema of the formal qualities of patient art he believed corresponded to diagnostic categories. Bowler contends that these studies were:

part of a containment process in which insanity is ‘produced’ as scientifically isolatable phenomenon whose absolute distance from normality functions, in part, to legitimate medico-scientific rationality as the guardian of social order. The potential status of the creative products of the asylum patients was inherently compromised by their proximity to mental disease.²⁰



MADNESS AND CREATIVITY

Since its inception, the study of the art of the mentally ill has entailed not only the development of a graphical framework for the identification of pathological symptoms, but also a more fundamental drive to uncover the source of artistic creation in general. The art critic and psychiatrist Marcel Réja was one of the first analysts to find in these works a potential to reveal the origins of the creative process:

The systematic study of the work of the insane touches on an essential point: they illuminate with unique clarity the conditions governing the genesis of artistic activity ... it is in insanity, perhaps, that this genesis is to be recognized in its purest form.²¹

The art historian and psychoanalyst Ernst Kris was one of the only critics to question this widespread notion:

The study of psychotic art does not, in our view, encourage a general answer to questions concerning the origin of the urge to create in man, nor does it account for the nature of primitive configurations.²²

Since the early twentieth century, the discourse surrounding the interrelationship between mental illness and creativity has continued to expand. Whilst it is outside the scope of this report to examine this contentious area of study in detail, there are a number of broad trends that can be observed. The following recent studies, which examine the biographies and family histories of a range of artists and writers, maintain that there is evidence of a strong correlation: Joseph J. Schildkraut and Aurora Otero, *Depression and the Spiritual in Modern Art: Homage to Miró* (1996); Kay Redfield Jamison, *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (1996).

However, the discussion is complicated by the fact that mental illness affects people differently, in varying degrees and often occurs episodically. For instance, as many art therapists and psychiatrists attest, there is no clear indication that patients in a deeply disturbed or psychotic state are more “creative” than others. As Eugen Koh recently stated:

There’s a myth that mental illness gives rise to creativity ... The relationship between creativity and mental illness is much more complex. Many people are not creative when suffering from their illness; it’s when they recover that they begin to be creative.²³

A number of scientific studies have also attempted to conduct tests to prove or disprove the theory of the link between madness and creativity (Zimmerman and Garfinkle, 1963; Ghadirian, Gregoire and Kosmidis, 2001; Nettle, 2006). However, these studies often find that, although there are some indications of a link, the results are not generally conclusive.

Others take a different stance, arguing that the presence of creative expression amongst people experiencing mental illness can be considered just as much a sign of health as a symptom of illness. As Jean Delay contends, the very fact that a mentally ill person produces art is itself evidence that at least part of their personality remains unaffected by their condition:

The fact itself that the mentally ill person uses a method of expression, although it may be quite strange, is a sign that he is not totally alienated and that he has produced a conscious part of his psyche that allows him specifically to express the mental illness itself.²⁴

For the art therapy historian Susan Hogan regarding images as “evincing pathology, rather than as healthy expressions of individual emotions” has had “negative implications not just for art therapy but for the reception of modern art in general”.²⁵



HANS PRINZHORN AND *ARTISTRY OF THE MENTALLY ILL*

With the publication of *Artistry of the Mentally Ill* (1922), Hans Prinzhorn had a decisive influence on both psychiatry and modern art. As many commentators highlight, Prinzhorn's observations belong to a milieu in which exploring the creative dimension of the unconscious was an important subject of inquiry amongst artists and psychiatrists alike.²⁶ Not only did he introduce the art of the mentally ill to many artists for the first time, but his text was also one of the first studies to consider such works from an artistic as opposed to a pathological standpoint.²⁷ Nevertheless, whatever his intentions behind the study, Prinzhorn's text has had a far-reaching influence on how many researchers have since approached the field. Its thesis that studying the art of the insane can reveal fundamental features of human creativity and the drive to artistic activity perhaps had the greatest impact:

Prinzhorn's account of 'schizophrenic configuration' is offered less as a means of insight into psychotic illness than as an intervention in a post-World War One German aesthetic and political debate, in which the figure of the mad artist might reconnect with 'primordial' energies and return art to the 'purity' and 'authenticity' of its imaginative origins.²⁸

For Dax it was Prinzhorn's link between creativity and direct emotional expression that pointed the way towards the use of science to enhance knowledge about artistic production and investigating the parallels between psychiatric art and modern art.²⁹ As Belinda Robson contends, Prinzhorn also provided Dax with the model for both the collection of art by psychiatric patients and the position of a psychiatrist/curator who can both interpret the artists' works and present them to the public.³⁰

However, Prinzhorn differs from Dax in the application of his findings. For Prinzhorn, the similarities between modern art and the art of the mentally ill are best applied to demonstrate the common source of their positive creative urges and he is deeply sceptical about its reliability and usefulness as a diagnostic indicator. The following passages clearly delineate Prinzhorn's approach to the art of people with mental illness from psychopathological approaches:

We are more interested in those characteristics which cannot under any circumstances be considered pathological and in those which are the bearers of positive creative values rather than in the recognition of suspicious traits.³¹

In our ignorance about the act of configuration we may do gross injustice to the pictures by schematic testing. We believe, in other words, that even the best psychiatric and psychopathological methods will not protect us from drawing nonsensical conclusions about our heterogeneous material.³²

We cannot say with certainty that any given picture comes from a mentally ill person just because it bears certain traits.³³

However, although the Prinzhorn Collection continues to acknowledge its founder's contribution to revaluing the aesthetic value of asylum art, it is now critical about numerous aspects of his methodology and subsequent findings and their continuing legacy (see Recent Exhibitions). As the current assistant curator of the Collection Bettina Brand-Claussen explains:

Prinzhorn's idealized concept of mental hospital art has survived into our own day. Interpretations based on the identity between form and psychic state, or on the 'primordial' as a normative guarantee of quality, still tend to dominate the discussion, with the result that it is still hard to analyse the work as such, on its own terms and within the context of its making.³⁴

Prinzhorn and his book not only influenced psychiatrists like Dax, but also had a profound impact on avant-garde artists of the time.



MADNESS AND MODERN ART

Since its “discovery”, the art of people with mental illness has been the subject of intense interest for many artists and collectors who prize the works for their originality and singularity (see Cousseau, 1988; Foster, 2001; Gilman, 1984; Golding, 1997; MacGregor, 1989; Maizels, 2000; Peiry, 2001; Propokoff, 1984; Rhodes, 2000; Sherman, 1994; Weiss, 1992b; Tuchman and Eliel, 1992; Andrada, Martin and Spira, 2006). Paul Klee believed these works conveyed “direct spiritual vision”, whilst Jean Dubuffet saw in them as “a completely pure artistic operation, raw, brute, and entirely reinvented in all of its phases solely by means of the artist’s own impulses”.³⁵ For these artists the art of the insane represented a vital source of inspiration, setting a precedent for the invention of new styles and means of expression and liberation from the constraints of conventional representation.

Although there are some exceptions, there was also a marked tendency in this period to equate madness with artistic genius and uninhibited creativity and to project a highly romanticised image on the import of these artists and the context in which they created their artworks. A prime example is Paul Éluard’s proclamation:

[W]e who love them understand that the insane refuse to be cured. We know well that it is we who are locked up when the asylum door is shut: the prison is outside the asylum, liberty is to be found inside.³⁶

Another example is the following claim by André Breton:

[T]heir profound indifference to the way in which we judge them, and even to the various punishments meted out to them, allows us to suppose that they derive a great deal of comfort and consolation from their imagination, that they enjoy their madness sufficiently to endure the thought that its validity does extend beyond themselves ... These people are honest to a fault, and their naïveté has no peer but my own.³⁷

As is frequently remarked, such excessive valorisation of these artists downplays or overlooks the pain and hardship that they often endured:

Many such works (especially those originating in psychiatric hospitals) are expressions of pain, attempts at communication, cries of recognition — as well as productions of art. It is precisely this suffering that is often forgotten by those who otherwise valorize such art.³⁸

A devout congregation was formed that still remains rapt in envious admiration of the tenacious selfhood of the psychotic artists, without ever really perceiving the suffering that lies beneath, the biographical fracture, present in every case, which induced the artistic activity ...³⁹

One of the reasons for this oversight is that, for many of these artists, the art of the mentally ill played more of a symbolic role in helping to further their own explorations of artistic freedom and innovation and pursue their own particular agendas. It is therefore also necessary to explore some of the preconceptions and motivations surrounding the aestheticisation of these works and of madness itself.

As Hal Foster contends, the elevation of the import and power of these works often had more to do with promoting the aspirations and ideologies of certain Modernist art movements than any real sympathy or understanding of the individuals who created them.⁴⁰ As a number of essays explore, in the 1920s the Surrealists frequently challenged psychiatric thinking and attitudes



towards mental illness, positing in its place their own positive reevaluation of the art of the mentally ill and of madness and its liberating potential (Ades, 1998; Becker, 2000; Cardinal, 1992b; Conley, 2006; Jolles, 1998). As such, asylum art became an “effective weapon against prevailing artistic conventions” to deliberately provoke and shock.⁴¹ As Sander Gilman argues, these artists transformed mental illness into an aesthetic doctrine whereby they portrayed the insane artist as a unique individual who makes work without regard for established values or aesthetics but rather creates out of inner necessity and the spontaneous outpourings of their imagination.⁴²

In bestowing authenticity on asylum art, Bowler contends that the avant-garde sought to appropriate this legitimacy for themselves. As such their affirmation of common misconceptions about the works and the people who made them has created a legacy for the reception of asylum art:

Outsider art and art brut have had a serious influence on spectators’ assumptions about the continuity between the motions of the unconscious and the representations of art.⁴³

DEGENERATE ART

During the first half of the twentieth century, the “degenerate art” label gained increasing currency for the developing ideology of German fascism. One of the most infamous manifestations of this dogma was the 1937 exhibition in Munich entitled “*Entartete Kunst* (Degenerate Art)” in which examples of primitive art and art by the mentally ill were mingled with examples of modern art. The purpose of this display was to highlight the external similarities of these works in order to label, denigrate and castigate them all as products of mentally or racially degenerate individuals (Barron, 1991; Heller, 1992; Jodi, 1984).

The horrific culmination of this enterprise was the extermination of thousands of people with mental illness, the forced exile or death of many artists, and the destruction of hundreds of artworks. One of the consequences of this historic denunciation of psychiatric art has been the widespread dismissal of psychopathological interpretations of art:

For decades a narrow definition of how art was defined by art historians helped to exclude psychiatric or psychodynamic theories from art analysis because of fear of refuelling a potential condemnation of contemporary artists.⁴⁴

Perhaps this is why Jean Dubuffet and other proponents of Art Brut condemn attempts to pathologise works by the mentally ill and instead foster an aesthetic appreciation of art which, by and large, emphasises their inventiveness and novelty as original works of art.

JEAN DUBUFFET AND ART BRUT

Following up an early interest in Prinzhorn’s *Artistry of the Mentally Ill*, Jean Dubuffet began to amass his own collection of asylum art from the 1940s. He referred to these works, which came to include works by prisoners and non-professionals making art outside mainstream conventions of art history and the marketplace, as Art Brut (roughly translated as “Raw Art”). In a paper entitled “Make Way For Incivism” (1967) he described his collection in the following way:

Those works created from solitude and from pure and authentic creative impulses – where the worries of competition, acclaim and social promotion do not interfere – are, because of these very facts, more precious than the productions of professions. After a certain familiarity with these flourishes of an exalted feverishness, lived so fully and so intensely by their authors, we cannot avoid the feeling that in relation to these works, cultural art in its entirety appears to be the game of a futile society, a fallacious parade.⁴⁵



As this passage highlights Dubuffet's intentions were not only to valorise the idiosyncratic creative works of individuals which he considered to be outside "the system" but to directly challenge and undermine the authority of "high culture" and conventional definitions of art. Thus, as is apparent in his manifesto "Art Brut In Preference to the Cultural Arts" (1949), Dubuffet describes the art and artists in his collection in a way that reflects his highly polemical attitude about what constitutes genuine art:

We understand this term (*Art Brut*) works produced by persons unscathed by artistic culture, where mimicry plays little or no part (contrary to the activities of intellectuals). The artists derive everything — subjects, choice of materials, means of transposition, rhythms, styles of writing, etc — from their own depths, and not from the conventions of classical or fashionable art. We are witness here to a completely pure artistic operation, raw, brute, and entirely reinvented in all of its phases solely by means of the artists' own impulses. It is thus an art, which manifests an unparalleled inventiveness, unlike cultural art, with its chameleon and monkey-like aspects.⁴⁶

As Marcus Davies finds, in using the life of the artist as the yardstick by which to measure the degree of purity to be found in the artist's work, Dubuffet placed great emphasis on the degree to which an individual was removed from the taint of high culture: "According to his selection process, to be uneducated was good, but to be uneducated and interred was even better. Dementia, although not a prerequisite of Art Brut, was viewed as divine".⁴⁷ In recent commentary, Dubuffet's position is increasingly seen to be untenable. Jon Thompson speaks of the "impossibility" and "absurdity" of "a pure, stylistically autonomous, a-historical, unschooled art, arising out of the burning inner necessity of individuals who are detached from cultural processes and institutions and exist beyond the margins of 'normal' society".⁴⁸ Marcus Davies goes even further, suggesting that the whole notion of Art Brut is now an anachronism:

Best viewed as a well-intentioned but fundamentally flawed ideology, Dubuffet's ideas are difficult to sustain beyond their historical context, rendering the Collection in Lausanne a static testament to a moment passed.⁴⁹

ERIC CUNNINGHAM DAX AND PSYCHIATRIC ART

Since the late nineteenth century the diagnostic approach, which relies on the discernment and identification of the distinctive features of art by people with an experience of mental illness, has been taken up and investigated by a number of researchers in the field of the psychopathology of expression (Lombroso, 1891; Naumburg, 1950, 1953; Dax; Reitman, 1950, 1954; Bader, 1961; Plokker, 1964; Schmidt, 1961; Pickford, 1981; Barg, 1991; Jakab, 1991, 1996, 1998).

However, there have also been many questions raised about the validity and effectiveness of this enterprise, some even questioning whether there are, in fact, any recognisable characteristics exclusive to these works. Questions have also arisen about the appropriateness and accuracy of psychiatric diagnoses based on the formal and stylistic attributes of artworks and if there is sufficient evidence or proof of a direct correlation between works of art and mental states (Maclagan, 1997; Allen, 1992; Andreoli, 1969; Prinzhorn, 1922; Schoeneman, Henderson and Weathers, 2005; Rosen, 2006; Wadson, Lejsted and Nielsen, 2006; Berge, 2000).

The main underlying tenets on which the study of "psychiatric art" are based are that artistic productions by the mentally ill: communicate the patient's feelings; express symptoms of the patient's pathology; can be distinguished from fine art/normal expression; may have close similarities to fine art productions; provide insights into the patient's experiences which helps to facilitate their treatment. These notions are clearly apparent in the following excerpt from "Schizophrenic Images" (1990) by Eric Cunningham Dax:



The use of the arts allows patients to express their feelings non-verbally. So psychiatric art may be defined as “the skilful expression of pathological emotional disturbance” to distinguish it from fine art, although the two occasionally overlap, or may even be identical. The arts are of particular value when used in the study, understanding and treatment of schizophrenic patients.⁵⁰

In proclaiming that psychiatry “can use the arts as a universal language and a means of illustrating varieties and degrees of emotional disturbances”, (Dax, 1985) Dax aimed to establish art as an effective tool for the understanding of mental illness. It is therefore important to analyse the underlying philosophy and methodology on which his findings are based.

ART AS A “WINDOW ON THE SOUL”

A widespread interest in unconscious processes formed a common ground in which many analysts and artists contributed to the view of “psychiatric art” as direct and pure expressions of the innermost recesses of the psyche. As Berge explains: “Diagnosticism holds that there is such a link between mental state and artistic expression that a difference in one necessarily implies a difference in the other”.⁵¹ This notion constitutes the essential feature of most approaches and attitudes to the art of the mentally ill, including Dax’s.

There is a longstanding belief that the art of the mentally ill provides us with a direct “window” into the patient’s inner world. The degree to which writers in the field of psychopathological expression have adhered to this notion varies considerably. On the one hand, some caution that “an expression of work” can be “linked to any number of contingent circumstances affecting the patient and unrelated to his internal world”.⁵² At the other end of the spectrum is the notion that “the artwork presents the total personality of its creator, a fact which gives the works of the mentally ill a certain diagnostic and prognostic value”.⁵³ As the following passage reveals, Dax’s position is closely aligned to the latter view:

In every picture which is genuine — one which expresses the painter’s emotional feeling in his graphic designs — there must be displayed to a greater or lesser degree dynamic, unconscious and hence highly personal material ...⁵⁴

The first challenge to this notion lies in the deliberate decision making and inventiveness required in making an artwork. Many studies of art and perception show that in order to construct “an image of power and balance a great deal of awareness is needed. Making a picture is a constructive process and a complicated one”.⁵⁵ Despite a lack of training and skill, many works by people with an experience of mental illness demonstrate a sense for organisation, an awareness of balance and structure, and an understanding of the effects of colour that attest to the presence of conscious decision making and concentration on the part of the artist.

The second challenge is that, according to Anton Ehrenzweig, from a phenomenological perspective, it is actually impossible for unconscious material to be made conscious in an unmodified condition:

... we cannot produce the originally undifferentiated structure of the primary process for conscious inspection, but only its conscious derivatives like conglomerated, bizarre condensations, illogical displacements and the like.⁵⁶

Similarly, Maclagan argues that no artwork is ever a direct image of the artist’s mental state but rather it is a translation whereby, “like most translations, the ‘original’ is altered in the process”.⁵⁷





Finally, as Berge contends, it is a mistake “to interpret the romantic striving for self-expression not as a relatively recent ambition of certain artists but as a defining aspect of art in general”:

It was either not realized or conveniently forgotten that an artist might be doing something other than expressing his own feelings; he might for example follow the instructions of a patron, express someone else’s emotions or create an idealized image of himself. This short-sightedness was not just due to ignorance about the practice of art but was fostered by the apparently autistic character of the work of many mental patients. The observation that this work sometimes bore little relation to the ‘normal’ pursuit of a naturalistic representation of visible reality seemed to imply that it could be none other than the product of a mind withdrawn into a private world.⁵⁸

THE PSYCHOPATHOLOGY OF EXPRESSION

Directly related to the notion of art as a “window on the soul” is the belief that it must therefore display clear features of a patient’s underlying mental condition. This view is clear in the following observation by Edward Adamson:

Paintings can become a window through which we can see a person’s submerged thoughts and feelings. They can be an essential key for the doctor or psychotherapist who wishes to unlock the private door into the inner world of his client’s state of mind.⁵⁹

Here there is an even greater divergence of opinion as to the degree to which it is possible to find direct evidence of mental pathology in a creative work. At one extreme is the complete rejection and denial of the psychopathological approach to artistic expression as posited by Dubuffet:

Madness lightens the man, gives him wings, and promotes clairvoyance — or so it seems. Many of the objects in this exhibition (about half) are the works of patients confined to psychiatric hospitals. Yet we see no reason to establish a special department for them, as some have done. All of the numerous relations we have had with our comrades ... have convinced us that the mechanisms of artistic creativity are exactly the same in their hands as they are for all other reputedly normal people. Besides, this distinction between normal and abnormal seems quite untenable: who, after all, is normal? ... Can the artistic act, with the extreme tension that it implies and the high fever that accompanies it, ever be deemed normal? After all, mental illnesses are extremely diverse ... and it seems quite arbitrary to throw them all into the one special basket of ‘illness’. From our point of view, the artistic function is identical in all cases and there is no more an art of the insane than there is an art of dyspeptics or of those with knee problems.⁶⁰

However, from the psychiatric perspective, artworks are seen by some as “useful barometers” in which “information withheld verbally can be discovered in graphic productions”⁶¹; “Free art expression has become a new tool, placed in the hand of psychologist and psychiatrist for the diagnosis and treatment of personality disorders”⁶²; “the analysis of various pictorial elements and of their presence or absence in the patients’ art products lead to established diagnostic criteria”:⁶³

Painting is a very valuable form of non-verbal communication and makes a permanent record of the painter’s emotional disturbance and his unconscious imagery in pictorial projection.⁶⁴

However, as a number of critical studies reveal, there are several significant difficulties underlying this approach. First of all, in reducing the work to an example of a mental state, it not only overlooks the painterly and artistic qualities of the work, but also transforms the creative act itself into an expression of pathology:





The pathological elements of an artist's work cannot be simply tracked back to personal forms of suffering or disorder without losing just that metaphoric and imaginal resonance that results from their being works of art rather than symptoms or dreams.⁶⁵

John Birtchnell, a psychiatrist at the British Institute of Psychiatry, questions the assumption that because a mentally ill patient has made an artwork, the work itself must reveal this experience.

There are unfortunately still those who use the pictures painted in art therapy sessions as aids to diagnosis and such people may not appreciate that mad pictures are not necessarily painted by mad patients.⁶⁶

Suzanne Hacking found from her research into many works made by the mentally ill:

Even if certain aspects of a person's mental condition can be shown to manifest themselves visually in their creative works, there is no clear basis for assuming a direct association.⁶⁷

Others argue that by focusing on representational or symbolic abnormality to highlight symptomatic characteristics, psychiatric approaches to art not only overlook many qualitative psychological and aesthetic features of these works, but also contribute to the difficulties of other research approaches:

Psychiatric studies of 'psychotic art,' with their focus on representational or symbolic aberrations ... makes little or no attempt to investigate their psychological qualities beyond the usual diagnostic categories. These effectively reduce their psychological resonance to, for example, the manifestation of 'instinctual mechanisms' or 'obsessional motifs.'... [T]hey tend to exclude any cultural context and return such symptoms to a private or 'subjective' dimension that is part of the image of psychosis. The psychiatric context contributes to the difficulties of other research approaches because the patient's own account is usually either missing or re-presented in terms over which they have no control.⁶⁸

Others point out that all visual productions are necessarily mediated by contingencies other than the inner workings of one's unconscious:

The post-war increase in general literacy and the inescapable visual domination of advertising and the mass media are important factors in the impossibility of remaining impervious to the dictates of culture.⁶⁹

An artwork may not necessarily be communicating anything about the patient's psychological state. Instead it could possibly represent a depiction of a fictional narrative, an historical event, the artist's own memory or it may even have been directly inspired by or copied from another painting or photograph from a magazine.

Adamson also suggests that the fear, isolation and stress of institutionalisation often impact, not only on individual lives, but also on their creative expressions:

Many people who came to the studio used painting as a means to share their anxieties, their depression, their loneliness and their fears of being abandoned.⁷⁰



HOSPITAL STUDIOS

To obtain images that could be considered as pure expressions of a patient's condition, protocols were put in place in the hospital studios in order to minimise the possibility of any outside interference on the participants:

The pictures and models at Netherne and later in the Victorian psychiatric hospitals were all freely structured; no artistic instructions or suggestions as to content were given to the patients. The productions were confidential, and were never hung on the walls, nor shown to others or discussed, except when the person so wanted.⁷¹

Dax went to great lengths to create a studio environment in which materials are standardised, the supervising artist is not to attempt to interfere with or interpret the artistic products but is to take as passive a role as possible in facilitating the program, and, although the patients are there for the purposes of clinical research, they paint for their own pleasure. With this controlled environment in place Dax believed his patients "weren't painting for anybody else, just painting their own feelings and so they were completely free to express themselves."⁷²

These measures were implemented to alleviate concerns that "too uninhibited a transference situation might affect the content of the painting" (Waller, 1991). Dax and his colleagues were sceptical of Jungian and Freudian psychoanalysis, believing that the dialogue between analyst and patient about the symbolic content of the work would unduly influence the type of work produced:

[I]f the pictures from a number of different sources are examined, in some the influence of the artist or teacher may be recognized by a recurring technical device; in others the psychotherapist's influence may be seen by the repetition of characteristic symbols.⁷³

Dax believed that the methodology developed at Netherne distinguished itself by avoiding or overcoming such unwanted influences:

In the case of the pictures produced at Netherne there is ... a deliberate restriction imposed on the patient by the paper, brushes and colour and also the surroundings in which the pictures are painted. The strength of a person's desire to express himself and his ability for adaptation will thereby be shown in his products ...⁷⁴

The main problem that seemed to interfere with the results of Dax's studies was the patients' knowledge that their productions would form part of their clinical record: "The supervising artist passed them on to the therapist for examination and, if the patient wished, for discussion."⁷⁵ Hogan argues that the knowledge that artwork formed part of their treatment often had a pronounced effect upon patients' behaviour.⁷⁶ Dax conceded that it was always "necessary to decide upon the degree to which they [the patients' pictures] are genuine or conscious":

Thus it may be that a patient lacks interest, is bored and copies things about him ... Alternatively, as a result of resentment, he may in his paintings deliberately attempt to deceive for the satisfaction of showing that he is able to belittle the procedure ...⁷⁷

As indicated by Irene Jakab, a colleague of Dax's in the study of psychopathological expression, the occurrence of such deliberate deceptions in patients' art products, whereby art is used to either conceal thoughts or to express feelings that he/she does not actually have (a practice which she interestingly labels "forgery"), demonstrates a high degree of "sophistication in art expression and in psychology" and reveals their understanding of what the therapist is looking for in their artworks.⁷⁸ Even if, as Dax claims, "these pictures are very easily recognized and not often repeated", they reveal that, despite the imposition of standardised conditions and a controlled environment, the patients' knowledge of the audience for their artworks and how they were used, directly influenced the results.



ART AS A LANGUAGE

One of the main stated aims of Dax's research was to enable "the study of the creative products in relation to psychiatry" by providing "much interesting information as to their production and structure" and widening "the approach to the psychopathology of mental disorder".⁷⁹ One example is "The Pictorial Representation of Depression" (1965). By collating evidence that represented manifestations of different aspects of depression, Dax sought to establish a direct correlation between the varieties of depression and the artistic productions of psychiatric patients. After explaining the various signs and symptoms of depression, he claims that the same words that describe the condition can also be used to characterise artworks by people with depression:

The characteristics of the depressive patients' paintings are those one might expect to find in the usual verbal descriptions of the condition, although painting becomes a form of symbolic speech and a substitute for words.⁸⁰

In his supposition that a painting can be a direct substitute for words, Dax enters a longstanding and highly contentious debate that has been waged amongst art historians and theorists for many years. On the one hand, the renowned semiotician Umberto Eco considers painting to have the structural attributes of a language.⁸¹ However, many analysts argue that one of the dangers inherent in such a logocentric approach is that the specific visual aspects and qualities of a painting can be overlooked or dismissed by reducing them to their corresponding linguistic terms:

A work of art can never be a mental state: however powerful the experience or intention that prompts it may be, a painting is a material artefact with its own distinct properties.⁸²

Dax's assertion that "painting [is] a form of symbolic speech and a substitute for words" is highly debatable and inadvertently sidesteps the major obstacles for the establishment of a semiotic language for painting.

SELECTION AND CLASSIFICATION

In his paper "Beyond Outsiderism" (2000a), Berge finds that the underlying methodology of "stylistic diagnostics" features "debatable assumptions, the selective use of evidence" and "numerous circular arguments".⁸³ Some of these are apparent in Dax's paper "The Pictorial Representation of Depression" (1965). The first instance is in the highly selective nature of the material he uses to support his case:

[S]uitable depressive material is not easily available and over fifty thousand patients' paintings were examined to find the examples illustrated in this series.⁸⁴

Furthermore, there is a circular nature to Dax's approach whereby the examples he used to demonstrate psychopathological expression were predetermined by their very ability to illustrate the symptoms of mental illness:

Since depression is so widely experienced the descriptive vocabulary for its various components is extensive. These descriptive terms are mostly capable of simple, concise and powerful translation to the field of painting. On the other hand there is much that can be condensed into the paintings of a depressed person which would be difficult or impossible to verbalise. The following is a brief selection of words describing true depressive symptoms which are capable of representation in painting — sadness, misery, dejection, overwhelmed with grief, drooping, sinking, oppression, crushed, heavy laden, downcast, wretched, grieving, woebegone, sorrowing, in a sea of troubles, in depths of misery, agony, anguish, purgatory, guilt, clouded, blue, gloomy, withering, frustrated, deserted, unhappy, lonely, excommunicated, banished, exiled, abandoned, funereal, mournful, at the end of life, or dead.⁸⁵



The aim of such research is “to discover a pictorial framework analogous to the clinical framework for the various categories of psychological disorder”.⁸⁶ One difficulty with these studies is that they generally validate existing psychiatric classifications by incorporating the existing description of symptoms “as an *a priori* element of analysis.”⁸⁷ This is evident when Dax extrapolates from this sample of only twelve works, that in the “pathological depressive paintings”, a number of distinct characteristics, such as “a heavy black sky” or “a leafless broken off-tree” can be found.⁸⁸

However, there have been concerns over the lack of evidence for supporting such claims:

Dr Dax maintains that certain themes and subjects are repeatedly used in such illnesses [schizophrenia, depression, mania and neurosis] ... The psychologist may argue, however, that statistical evidence is required to plot the frequency of such images before they can be reliably correlated with the individual’s state of mind. Dr Dax does not supply data as to the frequency of occurrence but relies on his many years of experience instead.⁸⁹

In forming the Collection, Dax selectively chose the works for his classificatory system out of the many thousands of pieces that were scheduled to be destroyed:

All the pictures painted by patients at Royal Park Hospital were retained and stored, but after leaving for Tasmania I discovered they were to be thrown away. Over two weekends I examined many thousands of pictures, and chose about three thousand to take to Tasmania for further assessment, sorting and classification. The pictures were brought back to Victoria in 1984.⁹⁰

Thus, when examining the works in the Collection, one needs to be aware that their selection was, to a large extent, predetermined according to their diagnostic value out of many other productions that were available and therefore represent only a tiny fraction of works made by patients with particular mental illnesses.

Prinzhorn has also been criticised for overlooking more conventional representations that didn’t match his predetermined criterion of “specialness”. In his collection and presentation of “the artistry of the mentally ill”:

[a] concentration on an aesthetics based on the enigmatic and on breaks with convention has continued to foster the misunderstanding that the works of schizophrenic patients are marked first and foremost by originality, fantasy and veracity. Although the criterion of specialness was a prior stipulation in the circular that Professor Wilmanns and his assistant Hans Prinzhorn sent to the asylums, a good many works landed up in the Heidelberg collection that are not essentially original, but on the contrary are obviously informed by the official aesthetic canon of the day ...⁹¹

Nevertheless, Prinzhorn did acknowledge the danger of making assumptions about the mental state of patients based on only a select number of works and cautioned against the general diagnostic use of visual art on the grounds that “the percentage of patients who draw is very small”.⁹²



INTERPRETATION

Dax's approach may well have been influenced by the studies of Susan Bach, a Jungian analyst who developed a therapeutic painting group at St Bernard's Hospital in Southall, London, in the early 1950s, she found: "... specific states of mental illness reflected in definite and recurring colours, symbols and motifs".⁹³ For Bach, it was Jung's "discovery of the basic symbols of a universal nature" that is "expressed in such spontaneous manifestations" and this has "opened up an understanding and scientific approach to, and evaluation of, such pictures".⁹⁴ Dax also found "much to be gained from knowing the significance of the more commonly occurring features".⁹⁵ The difficulty with this approach, as Dax himself admits, is that common symbols "may be used without necessarily having a psychiatric significance and its appearance is not infrequent in modern art ...".⁹⁶ Furthermore, as Jakab also finds, there are no "subjects in the patients' art which have not yet been expressed in the fine arts".⁹⁷ Secondly, the very notion of universal symbols which have intrinsic, predetermined meanings, even across class, race, gender and cultural differences, overlooks the fact that the meanings attached to symbols are historically, culturally and individually specific and subject to changing meanings and definitions.

However, perhaps the greatest difficulty for this interpretative approach is the commonly reported occurrence, particularly amongst people with schizophrenia, of the development of private, symbolic languages whose meaning is known only to their inventors. As Dax finds, for those who experience this illness, "the simplest things may acquire significance and symbolic meaning" and out of this "a secret language may evolve" in which "the meaning may be condensed to express several thoughts and several persons at the same time".⁹⁸ Furthermore, for Jakab, "the subject of the drawings only rarely correlates with the delusions of our patients" and, even if traditional symbols are found, they are often endowed with a meaning at odds with the conventional one.⁹⁹ As a result, many commentators have found such works to be incomprehensible and inaccessible. To overcome this obstacle, Dax contends that "it is important to try to understand the schizophrenic's own means of symbolic construction for this will give understanding to the inner conflicts, often endowed with a magical meaning."¹⁰⁰

Given the many problems inherent in the interpretation of the content and meaning of the creative works of those with mental illness, it is not surprising that much research has looked to their formal and technical attributes.

FORMAL DEVIATIONS

In order to establish a graphical framework to effectively illustrate the clinical value of the "psychopathology of expression" it became necessary to distinguish how its material deviates from that of "healthy minded" works. Dax came to see that "it is not so much the symbol itself, but the way that it is painted, that is clinically relevant"¹⁰¹:

The products of modern artists differ from those of schizophrenics because they are deliberately trying to enter the unconscious to explore reality, whereas the schizophrenics are trying to escape from their unconscious fantasies into reality. In both, the material may be similar but the form will be different and the use of drawing skills, line, space, balance, light, shade and colour will accentuate the technical differences between the two.¹⁰²

Such approaches are derived from the same method as a clinical diagnosis which is based on "the observation of symptoms which are regularly found in the same illness":

[I]f we are successful in discovering the characteristic traits which are recurrent in the artworks of patients suffering from the same illness, we have then discovered the diagnostic value of these artworks.¹⁰³





With its formal conventions governing aspects of technique and representation, Dax sees art as a *langue* by which he can qualify and measure his research material.¹⁰⁴ By analysing the structure of a work Dax believes he is able to make “a psychological assessment of a patient’s picture, for the departure from the normal which are found provide a visual record of certain data which cannot at present be measured by any other means.”¹⁰⁵ However, when one turns to the works themselves, a number of challenges arise not only in terms of establishing a consistent criteria of normal or conventional art, but also in establishing any definitive characteristics intrinsic to the work created by individuals with particular mental illnesses.

SCHIZOPHRENIC ART

Since the “discovery” of the art of the insane many researchers in the field have been especially fascinated by the works of people with schizophrenia, and some have sought to describe and define its distinctive characteristics. Dax elaborated on these particular characteristics in his paper entitled “Schizophrenic Art” (1986):

[D]istortion of the head and face is frequent enough to be reclassified into a separate category of schizophrenic art ... Colour too assumes a different meaning and the schizophrenics may evolve their own colour schemes or display an inappropriate colour choice.¹⁰⁶

However, while some commentators agree that “distortion” and “inappropriate colour choice” are essential features of “schizophrenic art”, others find this an impossible position to sustain. On the one hand, Georg Schmidt states unequivocally that: “from the strictly formal aspect, anatomical distortion constitutes *the* characteristic attribute of the work of psychotics.”¹⁰⁷ On the other hand, Plokker argues that: “We would be committing a serious error if we were to make the diagnosis ‘schizophrenia’ or, more generally, ‘mentally ill’ on the basis of a work in which the human figure was represented in a distorted way.”¹⁰⁸ In terms of the significance of colour choice, Dax finds an ally in Barg who describes “unmixed colours” and “unusual colouring” as two characteristic features of schizophrenic paintings.¹⁰⁹ Plokker, however, finds that, although many of these works display an inability to “balance colours correctly”, there is no justification for reading very much about the person’s mental condition from their use of colour.¹¹⁰

As some argue, for every depiction of a grossly distorted human figure or a peculiar colour choices there are countless other examples by people with schizophrenia that show a high degree of “correct” representation and naturalistic colouring.¹¹¹ Many also find that even if certain distinctive features are found in a small proportion of works, the notion that such schema can be considered to be truly “characteristic” of all the productions by patients with the same illness is unsustainable:

Although the graphic and sculptural characteristics can provide information about the art therapy client’s state, patients of the same diagnosis may exhibit different graphic or sculptural characteristics ... There is no such thing as a ‘schizophrenic picture’. There are confused looking pictures, fragmented organization, bizarre representation.¹¹²

In considering the artistic productions of sufferers from schizophrenia we are confronted with a very limited amount of material. Only a small number of patients express themselves in this way, and those who do should ... be considered as forming a select group. The conclusions it is considered possible to draw from their work should also be treated with the greatest reserve and should certainly not be regarded as typical of the average schizophrenic patient.¹¹³

[U]nanswered is the question whether there is any consistency in the choices of colors made by all schizophrenics or by specific types. Our investigations, which have been





aided by experts, have so far led to no result; no regularity has been noticeable. The most glaring assortments occur just as often as any other color selection, ranging from strong, contrasting, harmonious combinations to subdued variations around a central color.¹¹⁴

David Maclagan questions the assumption that depictions of human figures by untrained patients should have customary shape and proportions, and that any variance from these norms can be directly related to disturbance or disorder.¹¹⁵ The problem with such an approach, as Delay finds, is that: “the relationship of the illness and the quality of the works is very inconsistent”.¹¹⁶ Maclagan also suggests it is extremely difficult to determine whether such distortions may be unintentional and therefore symptomatic, or if they are more considered, and therefore ambiguous or ironic.¹¹⁷ Ernst Kris finds that before establishing any definitive traits of art by people with mental illness, it would be necessary to distinguish the degree to which these productions are determined by want of artistic skill or knowledge, however, the greatest obstacle is answering the question of what constitutes “correct” or “normal” pictorial representation.¹¹⁸

“NORMAL” REPRESENTATION?

Maclagan argues that endeavours to classify and explain how these works differ from “normal” imaginative acts are a symptom of the “crisis of representation” in the first half of the 20th century:

The crisis in representation in art is linked to an emphatic shift in focus, from outer to “inner” reality; and since there is no equivalent to the previous consensus on figurative conventions for the expression of such an inner reality, the actual aesthetic handling of a painting has to carry an increasing weight.¹¹⁹

As Berge also observes: “It can be no coincidence that stylistic diagnostics came into vogue at practically the same time as the avant garde began jettisoning the rules of academic naturalism. The confused *derrière garde* responded with a line of argument that elevated the convention that art must use images from the perceptible world into a standard of mental health.”¹²⁰

However, as many commentators find, given that the understanding and appreciation of artworks is no longer reliant on prescriptive notions of “correct” technique or subject matter, the differences between the productions of the mentally ill and the mentally healthy are no longer easily, if at all, discernable. As many commentators attest, there are no clear distinctions between the content of art made by a mentally ill person and many works of modern and contemporary art. Many modern painters who are not regarded as mentally ill deliberately use distortion or unconventional colour choices and juxtapositions to obtain certain effects:

[After World War II] the stylistic characteristics [of psychotic art] that used to be its peculiar hallmark were now seen in a much wider range of artworks that were no longer confined to a psychiatric provenance.¹²¹

As such, the very conventions from which psychiatric approaches derived their understanding of “normal” art were overturned by the Modernist avant-garde:

The psychiatric translation of formal or aesthetic features into clinical indications of closely corresponding psychological states depends on a set of tacit assumptions about normal or proper representation, composition and symbolisation. Yet these conventions are precisely what were undermined by Modernism.¹²²



SPECIFIC CRITICISMS OF THE CUNNINGHAM DAX COLLECTION

Given the aims of the project Framing Marginalised Art are to develop a new model for displaying the works in the Cunningham Dax Collection, it may be helpful to list some of the criticisms of the old approach.

In her article “Mental Disturbance and Artistic Production” (1992) *Artlink*, the art historian Traudi Allen criticises Dax’s methodology and findings in his presentation of the creative works of the mentally ill. She highlights that, rather than the work, the artist’s mental illness becomes the focus of attention. She suggests that statistical evidence is needed to maintain Dax’s notion that certain themes and subjects are repeatedly used in particular illnesses. The paper cautions that knowledge of the diagnosis prior to interpretation of the productions would have influenced the readings. From a psychological viewpoint she argues that the narrative content of works is too subjective (and therefore variable) to be of value, and only personal interpretation is adequate to consider the many variables involved. She also makes the point that cultural diversity can lead to contradictory interpretations of the same painting.¹²³

In “Reclaiming Imagination” (2006), the artist and mental health activist Simon Champ criticises the “crude” symbolic understanding of psychiatric approaches such as Dax’s that look for evidence of symptomatology in art without recognising the artistic aspects.¹²⁴

In a 2003 conference paper, the art therapist John Henzell criticises Dax’s book *Experimental Studies in Psychiatric Art* (1953) for only acknowledging Edward Adamson’s role as “little more than a footnote” even though he played a crucial role in enabling “powerful expressive work in the patients who worked in his studio.” He argues that Adamson, along with several others, was a prominent figure in pioneering the uses of art in therapy in England. The author also describes his impressions of seeing the Cunningham Dax Collection in Faraday Street where he describes works “collected in plan chests and classified like specimens in clinical categories ... each of them according to simplistically generalized diagnostic labels ... just as if the collection was an illustrated version of DSM IV”.¹²⁵

In a letter to the editors of the *Psychotherapy in Australia* journal in 1997, two art therapists, Linda King and Loris Alexander, contend that the: “[p]ublic use of work created within the security and trust of a therapeutic environment raises critical questions about ownership of, and the decontextualised projective interpretation of, therapeutic art material” and suggest that there is a “need to examine the potentially undermining and seductive motives of our voyeuristic eyes and acquisitive hands, when faced with an intriguing and mysterious work of therapeutic art.”¹²⁶ They also find the absence of the creator’s voice in the use of this material and the apparent disregard of the creator’s authentic, reflective narrative highly problematic.

In his 1999 review of Dax’s catalogue *Selected Works of Psychiatric Art* (1998) for *Art Monthly Australia*, Angus Trumble finds that a number of questions are raised as to the nature of the art classes in hospital; “did they paint alone or in groups?; Was it compulsory?; What form did the supervision take...” He criticises the catalogue for not including details about the dimensions, dates and media of the works reproduced. He also finds it difficult to agree with Dax’s interpretations of the works, finding them “wildly conjectural”; he asks “would psychiatrists now treat what their patients said or wrote with the same interpretative latitude as this book treats the art of the mentally ill?”¹²⁷ He concludes by saying that although there is an undeniable sadness, richness and power in these works, he sees no more sense in looking for manifestations of pathology “than searching for symptoms of good health in the art of the sane”.¹²⁸

In an article published in *Artlink* in 1999, Jeff Stewart criticises the Cunningham Dax Collection (along with formalist approaches to art practices) for its restriction of alternative readings of the works they attempt to define by claiming an authoritative voice and ownership over the understanding of the works.¹²⁹



While acknowledging that clinicians like Dax at least took an interest and valued patients' art, the psychiatrist Alan Rosen criticises his diagnostic approach for processing and classifying artist patients and their creative works "like they were so many computer files".¹³⁰ He contends that the creative work should belong to those who made it. The historian Belinda Robson has also criticised various aspects of the Cunningham Dax Collection (see Medical Museums).

PARALLEL VISIONS

Historically there has often been great suspicion and even hostility between the psychopathological approaches to the art of the mentally ill and those that are more concerned with its expressive and creative aspects. On the one hand, psychiatrists contend that the aesthetic appreciation of these works overlooks the troubled and difficult lives of the people who made them, while on the other artists are often averse to psychiatry's reduction of creative expression to pathological symptoms. Despite this, there are many areas in which the interests and perspectives of these two camps converge.

The most notable congruence, as has been shown, is the notion that the art of people with mental illness are direct, pure, unmediated, raw and spontaneous expressions of the innermost depths of the psyche (Réja, Prinzhorn, Dubuffet, Thévoz, Dax, Jakab, Plokker, Cardinal). Similarly, Dax shares their interest in works which emerge compulsively and out of necessity and directly display highly personal expressions and emotions. This is illustrated by the following passages which despite the markedly different ideological positions of the two authors, Dax and Dubuffet respectively, bear a great deal of similarity:

It's very doubtful to me whether a person can produce anything adequate artistically unless they've got a desperate desire to express themselves, to get rid of their anxiety. To somehow tell people what they're bursting to tell them. Unless an artist has something they desperately need to say, they're no good as an artist.¹³¹

A work of art is of no interest, to me, unless it is an absolutely immediate and direct projection of what is occurring in the depths of an individual ... In my view, art consists essentially in the externalization of the most intimate internal events occurring within the depths of the artist.¹³²

As has been shown, early studies of artwork by psychiatric patients emerged from a milieu in which exploring the creative dimension of the unconscious was an important subject of inquiry amongst artists and psychiatrists alike. In the first half of the twentieth century, the art of the insane was a subject of fascination for both art and science, and their perspectives and approaches to these works are sometimes difficult to distinguish from each other. The main reason for this overlap is because the first psychiatrists who appreciated patients' work in aesthetic terms were often influenced by Expressionist theories that prized spontaneity and immediacy as the proper means to artistic communication. Although Dax consistently downplayed an aesthetic appreciation of the Cunningham Dax Collection, these values contributed to Dax's aesthetic bias towards works that display direct, unmediated expressions of disturbed minds.¹³³ They are also apparent in how he implemented his art programs which sought to eliminate any contingencies that might corrupt the purity of the results.

Moreover, they are also reflected in his anxiety about reforms in the treatment of mental illness that he felt impinged on the quality and style of the works. During Dax's career, a number of major changes in the mental health system took place, including: the shift from the long-term hospitalisation of patients to community-based care; the introduction of new drugs to treat mental illness; and the development of alternative practices such as art therapy. Although he undoubtedly had a vested interest in the improvement and recovery of his patients, Dax's studies highlight his concerns about the impact of these developments on the artistic productions of people with mental illness.





In the past 50 years the presentation of schizophrenia has changed considerably due in part to the advent of the physical treatments followed by psychopharmacology. Present day art productions seem, on the whole, to be less florid and bizarre than those illustrated in the classical writings. Moreover, the paintings may be less spontaneous when produced under therapeutic supervision.¹³⁴

The belief that therapy can stifle creativity and the related supposition that the most authentic artistic production is somehow linked to isolation and suffering, is one that Dax shares with many proponents and advocates of Expressionism, *Art Brut* and Outsider Art.¹³⁵

However, unlike many Modernist artists, who aligned themselves with the art of the mentally ill to further their own explorations of artistic freedom and innovation, Dax found in these similarities a means to explore the underlying pathologies of artists and patients. As a result, although there are some valid reasons why psychiatry is wary of the motives and agendas of artists who excessively valorise the art of the mentally ill, there are also many instances in which psychopathological approaches to artistic productions have had adverse impacts.

In recent times, the diagnostic approach to the art of the mentally ill has been seen as highly problematic and has been dismissed by most of the main museums and collections of these works.¹³⁶ In his recent essay “Beyond Outsiderism” (2000), the art historian Jos ten Berge observes that the diagnostic use of art has virtually disappeared from use and is virtually defunct:

[D]iagnosticism has more or less vanished from the mainstream artworld ... Yet more than one case suggests that even in the psychiatric context, style diagnostics carry a not inconsiderable risk of inappropriate pathologization and marginalization of the patient. Once diagnosticism began to lose ground to aesthetic appreciation in the 1920s the concomitant pathologization also gradually declined. But the glamorization of outsidership that followed failed to halt the tendency to marginalize the artists concerned.¹³⁷

ROGER CARDINAL AND *OUTSIDER ART*

In recent decades Outsider Art has received widespread recognition and support from mainstream galleries and museums through a number of high profile exhibitions. It has also been bestowed newfound credibility and value by the activities of the art market, gaining a large number of dedicated enthusiasts along the way. In many ways, Roger Cardinal’s book *Outsider Art* (1972) was for the latter part of the twentieth century what Prinzhorn’s *Artistry of the Mentally Ill* (1922) was for earlier decades in terms of its impact in raising awareness, particularly in English speaking countries, of the significance of creative works by people with an experience of mental illness.¹³⁸ Following Dubuffet, Cardinal’s original emphasis on biography as a means of reinforcing the notion of marginalised creativity has since become the most widespread approach to Outsider Art. However, perhaps the greatest contribution of his texts has been the term “Outsider Art” itself, which has spread beyond its original intended meaning to become an all-pervasive category for any works produced beyond the boundaries of the conventional art industry.

Cardinal’s original definition of Outsider Art initially closely paralleled that of Art Brut. In his catalogue essay for the exhibition “Outsiders”, which he co-curated, Cardinal discusses some of the features that distinguish Outsider Art and artists, such as: Outsiders living and working outside the jurisdiction of the system and “are happy as they are”; they are unconcerned about mainstream culture; they are untrained; they create their works in a spirit of indifference to the public world of art; their works are not contrived and are free of conscious artifice; too much publicity can jeopardise the natural spontaneity of Outsider artists; Outsider Art contests the authority of the establishment and maintains a dissident stance against cultural influences;





psychosis can enable the creator to bypass culture and directly access latent creative resources; there are plenty of Outsiders who haven't experienced mental illness but for those who have it is not the madness itself that is interesting but "the exciting art that comes out of it"; the Outsider really enjoys the creative process; their creative work represents a documentation of inner life; the Outsider's typical preference for indigent materials and substances which the cultural artist would never utilise is in keeping with their resistance to assimilation to cultural standards.¹³⁹

However, more recently, many of these notions have been challenged and Cardinal has revised his position several times. Furthermore, as will be discussed, the term Outsider Art, its meanings and its implications, have since become the subject of great contention amongst art historians, critics, curators, artists, psychiatrists and many others. This debate, in many ways, brings to the surface many of the underlying tensions and conflicts inherent in the current discourse surrounding artworks by people with an experience of mental illness, highlighting the great complexity required in determining any single, all-encompassing strategy for the exhibition and interpretation of such works.

“TERM WARFARE”

As many current commentators find, discussions about Outsider Art are now dominated by rival definitions and terminology. In his paper “On Outsider Art and the Margins of the Mainstream” (2007), Marcus Davies offers a broad overview of this debate, finding that while some use the term “Outsider Art” as critical shorthand to encompass a wide range of unconventional artistic production, others have reappraised the label, regarding it as a restriction that places these individuals into “aesthetic ghettos”:

While this multiplicity of jargon allows room for the recognition of a wealth of non-traditional visual production, it becomes increasingly difficult to speak of ‘idiosyncratic’ art in overarching terms without becoming bogged down by highly individualized, case-by-case deliberations. As a result, much of the study and public exhibition of this kind of art is aimed at establishing neatly compartmentalized, conveniently static categories. With the promotion of such far-reaching sub-genres as ‘naive’, ‘intuitive’, and ‘contemporary folk’, an overwhelming preoccupation with minutiae has become instrumental in the creation and perpetuation of a polemical debate that frequently escalates into outright ‘term warfare’. Sadly, these disputes tend to overshadow the artwork in question. All too often the content and expressive voice of a particular artwork is muted by the chatter of whether or not it reflects the narrow criteria of one genre or another.¹⁴⁰

What follows is an attempt to survey the diverse range of current attitudes towards and claims for the notion of Outsider Art.

For Davies, Outsider Art is not aligned within a singular aesthetic or theoretical foundation in which shared cultural assumptions inform the artistic process but is instead marked by both “the striking prevalence of self-referential visual language and a marked independence from overt influence by the codified conventions of market-sanctioned art.”¹⁴¹ He is careful to qualify that such artists are not unaware of their cultural surroundings and, like any artist, must be able to select from their particular cultural context those elements and methods that best express their personal statements. However, he does contend that there are certain defining features of Outsider Art: rarely do artists seek to be included within an art historical tradition; works are not intended for the marketplace; it is not the product of self-conscious attempts at alternative expressive approaches; it is not the result of efforts to convey instances of originality and authenticity; it is often the outcome of a search for transcendent means by which to overcome adversity and alienation. Davies also finds that the term connotes a degree of sensationalism that appeals to



“romanticized notions of a life unfettered by social conventions and intellectual expectations” and suggests that, to avoid these stereotypes, it is more accurate to think of the creators of Outsider Art as “those who make art indifferent to the typical workings of the art world”.¹⁴² Davies also maintains that, like mainstream art, Outsider Art requires careful consideration of the artists’ intentions and the context in which they create their works. He concludes that: “Because it is unlike anything before or after, and because it lacks the distinct context and comparison that perpetuates the academic model, I would argue that the term [Outsider Art] be allowed to stand on its own beyond the confines of overly-compartmentalized genres and rigid classification.”¹⁴³

In his essay “Imagining the Outsider” (2003), John Beardsley suggests that the confusion surrounding the understanding of Outsider Art is because it is “less a fixed phenomenon than a flexible construction, the meanings of which vary from time to time and place to place”.¹⁴⁴ He highlights that the idea of Outsider Art in Europe differs to its American counterpart where it has become more of a catch-all term encompassing folk, self-taught and naïve art, along with that of various ethnic groups and the institutionalised. He defines the original European conception of Outsiders as individuals who: live at some distance from prevailing cultures; are not part of the art world and may not see themselves as artists; work out of personal necessity, often obsessively, over many years; create independent lives or personalities through their art; seem to emerge with fully developed styles; are not heavily influenced by outward influences, particularly stylistic trends; have a propensity to create fantastic personages and events; share compositional strategies such as covering surface with patterns or ornamentation, or ,tendency toward, distorted, caricatured, and hybridized form; make art that gives a sense of entering another world with its own logic and codes of representation; and conveys an intensity and inwardness that has been described as an “autistic air”. Beardsley finds that the American approach is largely based on European precedents that trace the biography of the artist and look for evidence of stylistic originality and obsession. However, he identifies another approach that looks for Outsider Art’s links to particular historical contexts and social meanings. He then discusses recent criticism which focuses on the implications of the term “outsider”, acknowledging that while the term correctly implies a distance from high culture, it can also reinforce hierarchies rather than subvert them. Furthermore, while the term conveys the geographical, social, or mental isolation often experienced by Outsiders, it incorrectly conveys the idea that people can be entirely innocent or outside of culture. Finally, it reveals uneven power relations whereby the term serves to establish boundaries and to solidify the authority of one cultural group over another. The author concludes by stating that whilst one “mustn’t forget the predicament of individuals who made this art” and that there is a “need to move beyond the pathological construction of the Outsider as either social misfit or clinical curiosity”, he still considers the term “outsider” to be useful.¹⁴⁵

According to Davies, Tessa DeCarlo finds that the term “Outsider Art” provides an accessible and useful compromise. When compared to the alternatives, “‘Outsider’ functions to cut to the heart of the matter, acknowledging the biographical circumstances and unorthodox processes of its makers while simultaneously emphasizing the artful qualities of a given work.”¹⁴⁶

A number of commentators now consider the term and concept of Art Brut to be highly problematic. Rosen finds the term “conjures up raw, brutal, savage associations, or images of the artwork of earlier descendants of the great apes” and is therefore “highly stigmatizing for mental health consumers”.¹⁴⁷ Colin Rhodes and Marcus Davies contend that Art Brut as a genre has lost much of its cultural relevance over time and is now somewhat of an anachronism. Berge finds that its continuing adherence to the doctrine that insists on the physical, social and mental isolation of Art Brut exponents is untenable, and that its anti-psychiatry and anti-therapy positions are highly unethical.¹⁴⁸



ETHICAL OBJECTIONS

As has been seen, in recent years much commentary on Outsider Art has focussed on definitions and terminology. However, as the following discussion demonstrates, there has been an increasing interest in exploring the many ethical issues raised by the collection and presentation of these works, particularly those that contribute to the social and cultural marginalisation of the individual.

In his essay “Outside Outsider Art” (1994), Kenneth Ames unequivocally argues the case that “outsider art is a flawed and injurious concept that promotes and perpetuates a dehumanising conception of art”.¹⁴⁹ He highlights that the genre was not created by the artists but by its advocates and apologists. As such he contends that its political and social dimensions are just as significant as its aesthetic aspects, as the study of Outsider Art leads to the exploration of “power relations and the way people use other people for their own ends”.¹⁵⁰ He finds that many problems arise from Outsider Art’s colonial relationship to mainstream art, such as the projection of Romantic notions about the enviable freedom or liberation of Outsider artists whilst simultaneously denying these artists a voice. Ames also observes that the classification of Outsider Art can not only be misleading but it reduces human complexity and diversity and “conceals authentic ambiguity and fluidity behind a rigid reductionist mask”.¹⁵¹ In discussing works by people with emotional and mental disorders, the author contends that, while their works may have a formal dimension, they are not necessarily art. Instead he distinguishes that people in therapy are not usually making art but may instead be: creating graphic expressions; grappling in nonverbal form with internal demons; exploring their past; creating a graphic world that may not be accessible to anyone else. He argues that calling these works “art” immediately vanquishes this “complex inner exploration of its deeper personal meanings.”¹⁵² Furthermore, Formalist approaches close off much of the “cognitive exploration complex artifacts may invite” and overlook the “potential for learning and potential for compassion”.¹⁵³ Ames concludes by insisting that: “Aesthetics cannot be separated from ethics or morality. Intentions matter. Ramifications matter. Seeing the whole picture is critical to responsible living.”¹⁵⁴

In the same publication, Eugene W Metcalf, Jr’s essay “From Domination to Desire: Insiders and Outsider Art” (1994) also explores the power relations between “insiders” and “outsiders”. He finds that in most commentary on Outsider Art emphasis is placed on the artwork and its aesthetic merits whilst the social groups which influence the “binary existence” of Outsiders are overlooked.¹⁵⁵ Instead, he posits:

to begin to understand Outsider Art, we must view it not as the solely aesthetic creation of individual eccentrics disconnected from culture, but as the symbolic product of a complex and ambiguous relationship between more- and less-powerful social groups ... Seen in this perspective, the meaning of Outsider Art is not to be found ... in Outsider Art objects themselves, or even in their makers, but in the interactions of those who support various objects as this kind of art, and in the social and cultural processes that underlie these interactions.¹⁵⁶

As Metcalf Jr highlights, the relationship between inside and outside is unequal and the marginalised and colonised Outsider does not have the power to define themselves but are instead defined in the terms of the insiders. As a result, he contends:

Touristically seeking authentic experience beyond the boundaries of social convention through confrontation with the antimodern Other, some supporters of Outsider Art ... transform mentally disturbed, impoverished, or simply isolated and unusual people into willful, antisocial heroes. To the extent that they symbolically celebrate the very people they have, by implication, socially disempowered by defining them as deviant, many supporters of Outsider Art romanticize and trivialize the marginalization of



these people. Most reprehensively, for those individuals suffering from mental illness, supporters of Outsider Art can seem to deplore the very therapies which might make these so-called outsiders better socially adjusted.¹⁵⁷

Furthermore, the valorisation of Outsider Art is found to obscure “important ethical questions about the personal and social cost of the production of this art”.¹⁵⁸ However, for the author, the worst problem is that the “epistemology utilized to define and study Outsider Art ... has little place for the views or values of those whom it represents as outsiders.”¹⁵⁹ As such, he finds that such approaches reflect more about those making the claims for the art rather than the nature of the work or the artist who made it.

“BEYOND OUTSIDERISM”

In the wake of this recent self-reflection and analysis of some of the unethical assumptions and attitudes towards Outsider Art, a number of critics have sought to move the discourse beyond its emphasis on aesthetics and notions of the biographical preconditions required for genuine Outsider Art. In his paper “Toward an Outsider Aesthetic” (1994), Roger Cardinal acknowledges that there is a need to widen the focus “beyond aesthetic limits” to include a concern, not just with the art object, but “also with the creative activity which underlies their formation and, in turn, and unabashedly, with the mental and social context out of which the creative impulse emerges in the first place”.¹⁶⁰ However, in presenting the lives of the creators, he cautions against the danger of “mythifying the Outsider as a creature of beguiling paradox”. As such, he finds that while “extra-aesthetic considerations can be a revealing supplement to our understanding of artistic process” they can also distract from engagement with artwork itself.¹⁶¹ Cardinal also acknowledges that the notion that Outsider Art can be seen as without precedent, tradition, historical context or external influences is now defunct. He also questions the attempt to categorise or set down a set of stylistic conventions for Outsider Art. In terms of the reception of the work, the author contends that: “If Outsider Art comes into being through an intense investment of the private self, it follows that, as we gain access to it, we have the responsibility not to treat it flippantly or patronizingly”.¹⁶² Instead he posits that the aesthetic experience of the works “resides in its invitation to share in a creative process, indistinguishably both that which led to the work’s original construction and now its climax in the event of construal taking place within the receptive viewer ...”¹⁶³ Similarly, in his book *Psychological Aesthetics* (2001), David Maclagan posits the notion of “creative reception” whereby the artwork “is an arena for an exchange between the supposedly subjective dimension of the spectator’s experience and the work’s actual external features”, a “reciprocal exchange in which each is modified by the other”.¹⁶⁴



2. RECENT EXHIBITIONS

[I]t may be time to move past the project of defining and classifying outsider art in overarching terms for two reasons: first, as instances of outsider art continue to permeate mainstream and academic consciousness, we will continue to need a way to talk about these anomalous objects in a tone that recognizes their unique qualities, and second, it is important to acknowledge the possibility of a more practical, even progressive approach to outsider production by shifting attention to the organizations and institutions directly responsible for not only the collection and care of outsider art, but the way in which it is presented to, and received by the public.¹⁶⁵

– Marcus Davies, “On Outsider Art and the Margins of the Mainstream”, 2007

Beyond these semantic matters, we need to develop more empathic interpretive strategies, paying closer attention to the experiences and values of the artists themselves ... Much Outsider Art is the record of exceptional struggle – with illness, with personal misfortunes of various kinds, and with social adversities ... The use of art as a way of compensating for psychological struggle might represent a paradigm for all Outsider Art, helping us to see it as a way of dealing with personal difficulties of an uncommon order.¹⁶⁶

– John Beardsley, “Imagining the Outsider”, 2003

Any use of the material [artworks by the mentally ill] in a scholarly, scientific or cultural context brings in the overriding problem of the nature and appropriateness of our reception of it: the ways in which we respond. This is more than an issue of methodology: an ethical dimension comes into play, and we, as custodians of a heritage, cannot shy away from this ... Exhibits have to be prepared for visitors to see, and the way in which this is done depends on the point of view of the person mounting the exhibition: this, too, is therefore a question of reception.¹⁶⁷

– Inge Jádi, “Points of View — Perspectives — Horizons”, 1996

.....



Since the late 1970s, artworks by the mentally ill (and others deemed Outsider artists) have gained increasing prominence in mainstream galleries and museums. However, the way in which it is presented and viewed is far from uniform. In his paper “On Outsider Art and the Margins of the Mainstream” (2007), Marcus Davies distinguishes four main curatorial approaches to the presentation and interpretation of Outsider Art: biographical emphasis; formal emphasis; appropriative emphasis; and patrimonial emphasis. Whilst perhaps not definitive, these categories provide a useful framework by which to examine the relative merits and pitfalls of particular approaches that can and have been adopted in the exhibition of artworks by people with an experience of mental illness.

Davies finds that the most common practice in framing the work of Outsider artists is through biographical emphasis. He contends that the positive aspects of this approach are multiple. It enables the viewer to access work that does not immediately appeal to notions of art. It provides a means for promoting an art that has difficult cultural and aesthetic complexities. The unusual approach of Outsiders becomes more understandable as a dialogue with the circumstances that shape their need to create. It has the potential to amplify the voice of the disenfranchised, enabling a connection between Outsider artists and their audiences. It can be a powerful means to recast Outsider Art as a response to social disparities, helping to “map the boundaries and chart the nature of cultural identity”. The problems with this approach are: it can add to preconceptions that Outsider Art comes from a place of extreme otherness; the life of the artist may overshadow the actual art work, resulting in what Cardinal refers to as “biographical reductionism” whereby artistry becomes “subordinate to the unwitting impression left by the life-story” and the work is reduced to “a symptomatic presence that poses an absolute affront to the creative determinacy of the artist”¹⁶⁸. As Tessa de Carlo finds, it can become a “substitute for real intellectual engagement with [the] material” and makes the “discussion of quality almost impossible . . . [W]hen we hold up social, mental, or physical disadvantages as the primary standard, we close off our ability to talk about whether the work succeeds as visual expression”.¹⁶⁹ Nevertheless, this approach is found in most Art Brut and Outsider Art exhibitions, and is one of the most significant aspects in the marketability of artworks by Outsiders.

The second curatorial approach is formal emphasis, which favours “aesthetic engagement with the artworks and encourages critical evaluations of the assumed polarities of Outsider and mainstream art”.¹⁷⁰ The advantages of this approach are: whereas biography highlights the cultural disparities between art world insiders and the works of the Outsider, a formal approach strives to allow the work to speak for itself, inviting the viewer to make judgements based on the artists’ aesthetic choices; formal choices show the influence of cultural context either consciously or unconsciously and can communicate where artist’s perceives themselves in relation to the mainstream; it focuses on the product of the individual’s art-making process and the intended use of the art object; the issue of quality may also be examined by the success of the aesthetic choices executed in the rendering of a given artwork; and formal considerations function to level the playing field between inside and out. An example of this approach is the Musgrave Kinley Outsider Art Collection at the Irish Museum of Modern Art in Dublin. Following 1998’s “Art Unsolved”, a showcase exhibition of the Musgrave Kinley Collection, the museum has committed itself to including work from the collection in every exhibit of the permanent collection, presenting Outsider Art side-by-side with the work of mainstream artists. However, as Eugene Metcalf Jnr highlights, the problem with this approach is that basing a work’s value solely on the formal and aesthetic content does a disservice to its makers, muting their individual voices and “obscuring important ethical questions about the personal and social costs of the production of this art”.¹⁷¹

The next strategy Davies discusses is appropriative emphasis which seeks to highlight the intellectual and aesthetic interchange between Outsider and mainstream art. This involves replacing the standard frameworks of biographical and formal analysis with a valuation based on “interactions among object, beholder, and environment at a given time and place”. It focuses on individual relationships between the artwork and the viewer. The example he uses to illustrate



this is *Parallel Visions* (discussed below) which adopted a postmodern perspective in its approach to the traditional art-historical model by highlighting Modernism’s propensity for appropriation, and inviting the audience to consider a new vision of Modernity that, in Donald Preziosi’s words, “restores heterogeneity and multiplicity — complexities occluded by conventional art history and museology”.¹⁷² As such, Davies finds that in recasting the relationship between modern and Outsider Art, the exhibition replaced the standard frameworks of biographical and formal analysis with a more flexible model based on meaningful interactions between artwork, beholder, and context. He contends that by emphasising the individual relationships between the artwork and its audience, the viewer can become more aware of what Cardinal calls “the form giving presence”, the place where the internal and external meet in a powerful fusion of “expressive intimacy and communicative universality”.¹⁷³

Finally, the patrimonial emphasis is concerned with “the far-reaching cultural implications of outsider production” which provides “a philosophical outlook premised on the preservation of culturally significant creations in deference to their specific social contexts.” In other words, this approach arises from a perceived need to promote and preserve Outsider Art by “fostering relationships with artists grounded in a profound respect for their creative processes and the social/cultural environments that inform their work”.¹⁷⁴ This approach can be seen in “Vernacular Visionaries: International Outsider Art in Context” and the exhibitions from the Prinzhorn Collection discussed below.

While far from exhaustive, the exhibitions discussed below offer a range of different interpretative and curatorial strategies. Many of them reflect aspects of the four approaches distinguished by Davies, however, some go beyond these typical models and advance a different premise for displaying and responding to works created by the mentally ill.

Outsiders: an Art Without Precedent or Tradition (1979)

This exhibition was one of the first major survey exhibitions of Outsider Art to be presented in a mainstream gallery, London’s Hayward Gallery, a project funded by the Arts Council of Great Britain. As Jon Thompson contends, this exhibition “marked a moment where something that had been suppressed by the history of Modernism was brought into a major metropolitan gallery, the domain of ‘official’ art history”.¹⁷⁵ As one of the catalogue essays by Alain Bourbonnais states, the exhibition presents works that fall completely outside the art system and are not “premeditated nor calculating”.¹⁷⁶ In his essay, the Outsider Art collector and co-curator Victor Musgrave also adopts an essentially Romantic attitude to the works as an art without precedent, a journey to the depths of the human psyche, an art bereft of historical and cultural context, emerging from the source of creativity, and emerging from a state of utter self-absorption in which the exterior world is blanked out. The author clearly distinguishes it from therapeutic art which he finds, when seen in quantity, monotonous in theme and content and often influenced by the patient’s desire to meet the expectations of the therapist. He also suggests there is an “anarchic spirit with which all Outsiders are linked”.¹⁷⁷ Finally, Musgrave stresses that this exhibition is not an academic exercise, does not contain any historical perspectives, because none exist, and that no cultural comparisons are made as this would be a betrayal of the spirit of “chemically pure” invention.

For his part, Roger Cardinal, the co-curator, stresses the importance of understanding the heterogeneity of Outsider Art, whereby each Outsider artist must be recognised as an individual and each encounter with Outsider Art is a unique event and that there is no place for generalisations. Nevertheless, this essay reiterates many of the broad assumptions of his previous text *Outsider Art* (1972). As such it contains a number of claims about the art and artists in the exhibition, including observations that: they live and work outside the jurisdiction of the system and “are happy as they are”; they are unconcerned about mainstream culture; they are untrained; they create their works in a spirit of indifference to the public world of art; their works are not contrived





and are free of conscious artifice; too much publicity can jeopardise the natural spontaneity of artists; and that, while it is impossible to be completely immune from culture, Outsider Art contests the authority of the establishment and maintains a dissident stance against cultural influences. Cardinal also maintains that while psychosis can enable the creator to bypass culture and directly access latent creative resources, there are plenty of Outsiders who haven't experienced mental illness. For those who are mentally ill, it is not the madness itself that is interesting but "the exciting art that comes out of it". The Outsider really enjoys the creative process, the creative work represents a documentation of inner life, and the Outsider typically prefers indigent materials and substances which the cultural artist would never utilise, which is in keeping with the Outsider's resistance to assimilation to cultural standards.

Although the exhibition was subtitled "an art without precedent or tradition", this exhibition in many ways continued a tradition of insiders, such as Dubuffet, of establishing the criteria by which art is determined as "outside" or "other". It also set a strong precedent for the interpretation, presentation and reception of Outsider Art for years to come, particularly its emphasis on the artist's biography as a guarantee of their "authenticity" as purveyors of creativity on the margins.

Prinzhorn Collection (1984)

This exhibition was the first time works from the Prinzhorn Collection were shown in America, travelling to a number of university museums. The accompanying catalogue contained three essays which explored the collection from different perspectives. Bettina Brand's "Aspects of the Prinzhorn Collection" (1984) distinguishes between the Musée de l'Art Brut which emphasises the aesthetic character of the works they collect, and the Prinzhorn Collection, which, originally a medico-psychiatric resource (although its history reveals that it was conjoined with the art values of the day). She argues that it is the juxtaposition of these two differing concerns that prevents the viewer from confronting the works in the spirit of "disinterested pleasure", as works that appeal to us aesthetically cannot truly be understood without an awareness that they convey the pain and the loneliness felt by their creators.¹⁷⁸ Conversely, it is this awareness that enhances the power to move us particularly in works that may seem aesthetically less appealing on a first impression.

The Director of the collection and medical doctor, Inge Jádi, explores the history of the works, highlighting that Prinzhorn's ideas and findings were closely tied to the intellectual situation that had prevailed in Europe since the late 19th century. She refutes Prinzhorn's notion that the works uncover the basic drives to expression, finding instead that "we are left with the feeling of not having come very close to the true essence of creativity."¹⁷⁹ However, she contends that the strong responses of audiences to the works reflect the fact that the authors of these works have experienced dimensions of the human condition which are inaccessible to most, and that their creative expressions provide direct and unmediated contact with these experiences. She suggests that the works "speak of things that we do not dare to think and feel and they challenge us, thereby, to examine our own limits".¹⁸⁰

Constance Perin's essay, "The Reception of New, Unusual and Difficult Art" (1984), also discusses the nature of the reception of these "difficult" works. She contends that the works in the Prinzhorn Collection directly challenge our underlying predicates or systems of meaning and that instead of reflecting on these feelings the attention shifts to the artist's psychopathology. She finds that this then creates an obstacle to examining the same issues of colour, light and composition that occupy any artist. As such, these works do not participate in the same discourse used to discuss mainstream or fine art. This distancing leads viewers to experience the works as something other. Perin highlights that critics avoid addressing "the distress the images may elicit in their own labyrinths of meanings, aesthetic and experiential."¹⁸¹ Instead she finds there is an insistence on biographical material about each artist-patient as though this may explain the meanings of their images or help to familiarise their work, although this is not done for sane artists.





She also finds that pathological approaches, in which works were objectified as “medical records”, used for medical insights and to compare between the elements of style of healthy and ill creators, are another form of resistance. Thus, Perin argues, when reason is challenged by the imagination there is a tendency to insist exclusively upon external reality and deny internalities, and this is another way of distancing from the very products of the imagination. She concludes by stating that these works “invite us to enter into their doubts, and we can accept only insofar as our own capacities for deciphering them permit”.¹⁸²

Many of Perin’s insights seem to be confirmed by the reviews of the exhibition. Perhaps the clearest example is by John Ashbery whose byline to his article for *Newsweek* read “A haunting treasure trove of ‘mad’ art goes on tour”.¹⁸³ Although he recognises that it is tempting to look for parallels with the art of the past and contemporary art, he concludes by finding that “the lure of this work is strong, but so is the terror of the unanswerable riddles it poses”.¹⁸⁴

Portraits from the Outside: Figurative Expression in Outsider Art (1990)

As Jean-Jacques Courtine states in his catalogue essay “Raw Bodies” (1990), “the representation of the human body is a theme central to Art Brut productions”.¹⁸⁵ As such, this is the subject of this exhibition held in New York in 1990. According to one of the curators, Sam Farber, they selected a diverse range of works which “demonstrate a creative transformation of the human form” in order to “expand the horizons of the common perceptions of the face and figure in art”.¹⁸⁶ John MacGregor states that the works in the exhibition were selected because of their visual power, “their ability to move us, to bemuse, frighten, or disturb” and that “what is or is not Art Brut must be made on the basis of the work, not the life style”.¹⁸⁷ MacGregor and Thévoz are also both highly critical of works made in a therapeutic context and are firmly against the “psychopathology of expression” and attempts to use art as an aid to diagnosis. Cardinal’s paper “Figures and Faces in Outsider Art” (1990), undertakes a complex reading of a number of different portraits made by Outsider artists, highlighting that in each artist’s “*personalization* of the figure” one can distinguish an individual and idiosyncratic signature.¹⁸⁸ Courtine’s paper is concerned with how portraits by Outsider artists have deconstructed conventional representations of the human body and questioned, destabilised or disturbed “ordinary perceptions and sensibilities by the *depicted experience of otherness*”.¹⁸⁹ Simon Carr’s paper “The Visionary Body” (1990) finds that despite a number of significant differences between the creativity processes of mainstream and Outsider artists, the latter: “...undeniably fulfil our most basic criteria as artists and teachers; they communicate, directly and powerfully, through their art, to us, as viewers”.¹⁹⁰

Parallel Visions: Modern Artists and Outsider Art (1992)

This exhibition and catalogue were produced by the Los Angeles County Museum of Art in 1992. In the introduction to the catalogue, one of the curators, Maurice Tuchman, explains that one of the reasons for the exhibition is due to the lack of art historical writing on Outsider Art, particularly in relation to its influence in art history. As such, he claims that by exhibiting works by Outsiders alongside established, canonical artists, this is the “first exhibition to investigate systematically the linkage between the works of compulsive visionaries and mainstream artists”.¹⁹¹ In so doing he asserts “that all works are equally valid as art” as well as “aesthetically challenging and intensely involving.”¹⁹²

Donald Preziosi’s essay “Art History, Museology, and the Staging of Modernity” (1992) further explores the curatorial premise behind the exhibition, finding that the “increased appreciation of Outsider Art signals important changes to our general notion of what constitutes artistic



expression, creativity, and variety”.¹⁹³ He highlights that the domain of art history has expanded to encompass many forms that have previously been excluded to a point where “it has come to approximate the entire built or visual environment.”¹⁹⁴ Preziosi contends that Outsider Art challenges underlying notions of artistic practice itself as well as how it is interpreted and analysed. As such, in placing art by Outsiders alongside art by insider moderns and contemporary artists, *Parallel Visions* is seen as a significant critical and theoretical statement, whereby any notion of a hierarchy of aesthetic values between “inside” and “outside” is no longer applicable. Furthermore, the author finds that this strategy transforms the relationship of the work to the viewer, opening up the possibility of multidimensional interactions with the work, thereby placing the viewer in a more active critical role. In this light, the meaning of the work is no longer fixed but instead it “becomes a complex function of the specific interactions among object, beholder, and environment at a given time and place” in which the “artwork becomes the occasion for the production of meaning” and “the intentions of the artist become only part of an extended range of significations produced by the juxtaposition of object and beholder”.¹⁹⁵

The other essays in the catalogue are all written by well established scholars in the field of Outsider Art and explore a range of perspectives through which to contextualise these works within broader art historical, social, political, cultural and psychological discourses. There are detailed biographies given for each of the artists which, whilst discussing significant aspects of their lives, do not mention their particular illness or diagnosis and do not mention the possible impact of institutionalisation. This issue is addressed by Sarah Wilson in her paper “From the Asylum to the Museum: Marginal Art in Paris and New York, 1938–68” (1992), in which she criticises Dubuffet for suppressing any “evocation of the pain and tragedy of schizophrenia or of lifelong institutionalization” in his public presentation of Art Brut.¹⁹⁶

In his review of the exhibition for *Art in America*, Ken Johnson positions it in relation to other exhibitions by the same curator that explore “alternatives to formalist history” and highlight how the development of modern art has also been “driven by nonrational imperatives.”¹⁹⁷ He criticises the exhibition for failing to live up to its aims, finding that it is curated in a way that obscures the nature of Outsider Art, overlooking what distinguishes it from other kinds of art, and it confuses as much as illuminates the nature of Outsider Art’s influence on modern art. Whilst acknowledging that Outsiders and their works are varied, Johnson postulates two distinctive traits which they all seem to share: “isolation from the sociocultural milieu within which professional artists work” and “an unusually strong power of imagination and fantasy.”¹⁹⁸ For insiders, he contends, the connection to a shared reality is never completely severed and their training and education suppress the direct creative forces of the unconscious. He sees the main problem with *Parallel Visions* is how the presentation of insider and Outsider work together as though there is no significant difference, in that there is no sense that Outsiders differ psychologically or biographically from professional artists. Furthermore, unlike the insider artists who were displayed in their appropriate contexts, the Outsider works were displayed in different contexts which tended to diminish their uniqueness. The critic contends that showing these works in this way denies the fundamental quality that has made Outsider Art so fascinating and influential: its otherness. Instead, he suggests it would have been better to give each Outsider their own space to convey what is unique and individual about each artist: “the sense of each living in and giving expression to a singular psychological reality”.¹⁹⁹ Johnson also finds that in trying to highlight the influence of Outsiders on modern art the exhibition merely conveyed the impression that insider interest in the work was largely to do with developing an idiosyncratic and unconventional style. By framing Outsider Art in mainstream terms he finds that it misses the point, as the “art-world observer’s interest in the outsider is to find a way to escape the mainstream context, to join the outsider in the ... ‘psychic elsewhere.’”²⁰⁰ Nevertheless, he concludes that the exhibition is an important event from the point of view of both art history and philosophy.

Roberta Smith’s review for *The New York Times* is more scathing: “its superficial treatment of a complex subject, its unimaginative criteria for selection and its scattershot, often insulting



installation are confusing and infuriating”.²⁰¹ Despite claims by the curators that the influence of *Outsiders* is more than stylistic, Smith finds that many comparisons tend to position the *Outsider Art* as source material for mainstream artists. She finds the exhibition is more successful if the insider artworks are overlooked and it is viewed as a survey of *Outsider Art* instead.

In her paper “Asylum Art” (1994), Anne Bowler finds that contemporary responses to *Outsider Art* tend to use different terms and approaches to descriptions of established artists, whereby they either attempt to find signs of pathology in the work, or characterise the work using sensational vocabulary. In discussing certain reviews of *Parallel Visions* she finds examples which characterise the show as “troubling” and “mysterious”, with works regularly described as “terrifying”, “raw”, “uncanny”, suggesting that, even when exhibited in established art institutions, the art of the insane is subject to a different discourse to mainstream art.²⁰²

Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients (1995)

This 1995 exhibition presented paintings and sculptures by psychiatric patients in the Netherlands. The catalogue essays offer a range of different perspectives on the works. In his paper “Art of Meaning” (1995), Rutger Kopland contends that anyone looking at a work of art to learn something about the artist’s inner world is looking in the wrong place, as nothing can be found in the art of mentally disturbed artists that is not present in that of normal artists. He argues that being mentally disturbed means being shut up inside your own world and that creativity has more to do with health. He suggests a better approach is to consider what the artwork evokes in your own soul. He posits that whether the artists are mentally ill or not should be something they resolve with their psychiatrists and their families.²⁰³ In “The Smile and the Wound” (1995), Willem Jan Otten admits that there is a strong compulsion when looking at psychiatric art to look for signs of insanity, whether you want to or not. He finds this problematic as he also knows that they have been created by people, and are things that now stand outside the artist. He argues that one should not look for psychiatric elements but at the response in the viewer, arguing that the work exists only when it affects someone and gains meaning because someone attributes meaning to it.²⁰⁴ For the psychiatrist JB van Borssum Waalkes, however, the artworks of people with schizophrenia provide insight into their psychotic world and the progress of the illness. He considers their creative expressions to be illustrations and exceedingly sensitive indicators of the course of their illness. He argues that, through painting, they open a window in the hope that the symbolic expression of their psychotic experience will be understood. He contends that the aesthetics of the work, whether it be beautiful, ugly, repellent, interesting, fascinating, curious or noteworthy, to be irrelevant.²⁰⁵ In his paper “Beyond Outsiderism” (2000), Jos ten Berge cites this as the only recent instance of “diagnosticism”, which he finds “has more or less vanished from the mainstream artworld”.²⁰⁶

Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection (1996)

This was the first exhibition of the Prinzhorn Collection in Britain to foreground the Collection as a whole. The works were primarily chosen for their aesthetic interest, however, it is also acknowledged that the works offer “troubling insights” into the “predicament of those confined at the time as sufferers of mental illness” and that this should not be forgotten.²⁰⁷ The preface to the catalogue states that many of these works provided inspiration to many artists and stimulated many debates about art, which gives a much wider artistic significance to the Collection.²⁰⁸



Furthermore, it also highlighted that the many questions raised by the works about the nature of individual expression, about intention and authenticity, about the boundaries between artistic creativity and mental disturbance, and about definitions of art itself, are still alive today. As the historian Belinda Robson finds in her review, the catalogue offers three diverse voices that examine the Collection in the context of a range of aesthetic, historical and theoretical debates, enabling it to be interpreted anew by its audience.²⁰⁹ These papers are also notable for their highly self-reflexive and critical approach to the origins and history of the Collection. The catalogue also contains many reproductions of the works and includes details of the name, age, religion, occupation and diagnosis of each artist where available. A note at the start of the reproduction plates state that these details are included “in order to indicate the context in which the works were produced, and to illustrate the kind of documentation and systems of classification which accompanied the works when they joined the Collection. Details of Birth, ‘Case Number’ and ‘Diagnosis’ are Prinzhorn’s own; the remainder are taken from other contemporary sources”.²¹⁰

In her essay “The Collection of Works of Art in the Psychiatric Clinic, Heidelberg — from the Beginnings until 1945” (1996), Assistant Curator of the collection Bettina Brand-Claussen, is critical of many of Prinzhorn’s approaches to the Collection and interpretation of patient art. She contextualises his activities within the broader “discovery, annexation and transformation into myth of the ‘primordial’” in art.²¹¹ Her paper foregrounds the selective nature of Prinzhorn’s approach and reveals instances in which he encouraged patients to make work using suggestion and reward. She also discusses the fact that magazines and brochures were available to patients and were used as the support for drawings, in collages, for mounts, or for inspiration as subject matter. The author also reveals that Prinzhorn interviewed some of the artists and that some works reflect the influence of this interaction. Furthermore, research into patients’ records highlight that many patients had prior notions of visual design and training. She contends that increasingly “Prinzhorn’s notion of unconscious creativity stands revealed as Expressionistic wishful thinking” and these revelations all directly challenge Prinzhorn’s notion that work was produced spontaneously, unsolicited and without prior training in a transhistoric realm.²¹² In his search to find “genuine art”, the author contends that Prinzhorn constructed the model of the autonomous, mad artist, whose creative works were the products of pure, unmediated expressions of authenticity and primordality. As such, his primary concern was not in a rational interpretation of their messages, but in validating his own aesthetic and cultural critique. Furthermore, she contends that the art of patients was “enlisted in the cause of his self-dramatisation as a ‘man of the spirit’ and a nomadic outsider”.²¹³ Nevertheless, she commends Prinzhorn for bringing about a change in values by saving previously devalued works from the psychopathological and diagnostic approaches of his colleagues and placing them on an equal level with professional art.

Caroline Douglas’ essay, “Precious and Splendid Fossils” (1996), also describes the ways in which Prinzhorn brought works previously considered pathological into the realm of art. She also highlights that he selected works which most conformed to his theories and his search for authenticity. The author also finds that by overlooking or downplaying the nature and type of institutions his patients inhabited, Prinzhorn colluded in the tradition of “the occultation of the insane”.²¹⁴ Douglas finds that approaching the works from a broad historical perspective reveals that many of the works reflect social and cultural aspects of the time, the experience of institutionalisation, and the imagery of the industrial age. She also finds it striking that many of the works “do not lack logic or rationale” and that there is a “sense of a logic operating in parallel to ‘normal’ logic”.²¹⁵ She finds that by setting aside any Romantic notions, and remaining aware of the suffering that accompanies mental illness, we can still perceive the works in the Collection “as a new view of reality, born out of extremes of emotion and experience”.²¹⁶ However, she also contends that it is impossible to approach these works of art via the traditional canon of art history, or situate them within artistic genres, or look for influences and intellectual movements.

Inge Jádi’s essay also upturns Prinzhorn’s notion of pure, ahistorical works spontaneously emerging from the patient’s psyche. She contends that there is an historical dimension to the Collection which can be determined in almost all the works, contributing to their specific character:



It is expressed in formal aspects that refer back to the visual material common in the patient's own past environments, as governed by social origin and education. The same also applies to time-specific ideologies and forms of thought, those reminiscences of a former existence inside society which severe insanity often refracts and unmask in forms so exaggerated as to be macabre.²¹⁷

The author also highlights that, while the art section has been the main focus of interest, the Collection also contains some entirely conventional drawings and paintings in the bourgeois style of the period, and other realistic drawings, that illustrate the situation in the institution. She contends that, although the creators of the works may not have considered themselves as artists, their works have "a sense of existential urgency that brings them close to art".²¹⁸ However, she cautions that defining them as art has meant that a number of very different artists have been allotted to the same genre and discussed in contexts that are not appropriate. Jádi considers the main problem for any art-related reading of the collection is that the content of the images has to be handled with particular care, since its meaning has often been transformed by the psychosis. As such, "we are dealing with a genuine failure of comprehension: the person responding to the work, and the mental patient as represented by that work, exist on different planes of existence".²¹⁹ For psychiatry, on the other hand, she suggests that it is the aesthetic dimension of the work which constitutes a problem as:

works of art created by patients out of inner necessity, and with no ulterior purpose, are treated in psychiatric thinking as if they were communication, and significance is attributed to them. This fails to take account of the fact that every artistic activity on a patient's part is an act that creates meaning as a way of countering the existence-threatening erosion of meaning by the psychosis. A work of art is a building block of the creator's specific world, the presentation of a selfhood. To grasp such entities requires a cognitive ability that can be developed only through intercourse with art.²²⁰

The author suggest that although psychosis itself is not open to analytical understanding, the artistic expressions of those affected "arise from the periphery of core psychotic events" and make it possible for us to gain some insight into them.²²¹ She is also critical of the many psychiatrists who do not recognise or value the creative aspects of psychosis. Jádi also contends that the works often have nothing to do with art but are simply by-products of extreme states and that the Surrealists and others read things into the work that have more to do with their own agenda than with the nature of psychotic experience. She highlights that the danger of aestheticising the work is that one loses an essential quality of the work, its inseparability from the artist's existence as a whole, and thus it is necessary to see the creator's entire oeuvre to appreciate this.

The exhibition and accompanying catalogue were the subject of a wide range of reactions amongst reviewers. In reviewing the catalogue, Owen Grush, an American psychiatrist, admits to his initial impulse to place a diagnosis on the artists but later finds that this "not only proved non-productive but also detracted from the works".²²² He finds that although the patients may not have considered themselves as artists, their works "stimulate, educate, and arouse as works of art even if they originated in minds frequently devoid of reality and seeking relief from torment".²²³ Vera Lind acknowledges that the catalogue essays provide background on potential historical, artistic, or psychological evaluation of the works but also make it clear that each perspective has major shortcomings in negotiating the complexity surrounding works created by mental patients. She nevertheless admits that the works "become aestheticised and are easily considered 'beautiful' when they are shown in an environment familiar to society, like at an exhibition".²²⁴ In her brief review, Nadine Speidel states that the catalogue "shocks and engrosses like a car wreck; we don't want to gawk but we are compelled".²²⁵ She observes that the works don't fit with developments in psychiatric diagnosis nor in art historical categorisations but all "emanate from a place of extreme emotion and suffering".²²⁶ Sean Spence's review misreads the exhibition, stating that the curators intended for the works to be seen as "independent of those who produced them, as artistic artifacts in the wider context of modern art".²²⁷





Martin Golding's review "Shards of an Unknowable World" (1997) for *Modern Painters*, offers the most considered response to this exhibition. He agrees with the essayist that Prinzhorn's account of "schizophrenic configuration" was less an inquiry into psychotic illness than as an intervention in an aesthetic quest for the "purity" and "authenticity" of art's imaginative origins. He finds that the works are difficult to penetrate and suggests that the reason for their inaccessibility is the absence of the artist or their experience. As a spectator he finds that while we are "drawn into the anguish projected into these works", in their creators' absence, they remain "strange":

My own dismay when I first began to look at these images, as though I were being pressed to swallow a wholly indigestible knot of anguished and disowned feelings, which, in the absence of their owners, I could not process and return. Both the spectator's powerlessness and the clinician's original perplexity reflect the simple truth that these works display a pathos that is without possible redemption.²²⁸

He concludes that the works remain beyond the pale of comprehension, that: "[w]hat is communicated is impossible to know; what we may think we find, or think is resembled, must be acknowledged as the outcome of our opportunistically appropriating the works for our own internal purposes ... The documents remain shards of an unknowable world. We cannot annexe them to our repertoire of 'art'."²²⁹

Art Unsolved: The Musgrave Kinley Outsider Art Collection (1998)

The reason for the title of this exhibition is explained in the foreword to the catalogue as twofold: it suggests that Outsider Art is ultimately unsolvable because the conventional methods of art history are not applicable; and, because all art is unsolvable, there is no single, universal definition and meaning of art. Thus, the curator and director of the museum suggest that this exhibition argues for "a new way of looking and thinking about art which is open and inclusive rather than closed and exclusive".²³⁰ In this way, the exhibition calls for a broader definition of art that includes Outsider Art.

This approach is clearly evident in the catalogue essays. Dawn Ades examines the relationship between Surrealism and Outsider Art and Freud's notions of the unconscious. Jon Thompson also discusses the notion of Outsider Art in relation to Modernism. He contests the notion of Outsider Art suggesting that the question is not coming to terms with otherness but of understanding how the edge of something relates to its centre. He argues that to understand these artists we must bring them inside our existing social and cultural critical frameworks and try to understand "in what sense they are a product of modernity and therefore, a crucially important aspect of 'Modernism' itself".²³¹

Vernacular Visionaries: International Outsider Art in Context (2004)

As the curator Annie Carlano explains, this international Outsider Art exhibition intentionally "challenges the pervading premise that the raw, enigmatic, and even sublime attributes of Outsider Art stem almost exclusively from the mind of the maker, the collective unconscious, or supernatural beings, divorced from the realities of everyday experience".²³² Instead it emphasises the paradoxical nature of "vernacular art", which contains both the expression of deeply personal beliefs and belies visual and written references to the artist's particular place and time. She contends that culture is essential to the nature of their creative act and the works, and that this cultural context "presents a new way of experiencing these works of art beyond revelling in their feral beauty ..."²³³ This approach is also reflected in the catalogue, which explores the cultural context of the artworks in the exhibition, presenting "an interdisciplinary approach to the art of these individuals and to the multidimensional aspects of Outsider Art".²³⁴





La Cle des Champs (2003)

This exhibition at the Jeu de Paume was drawn from Saint-Anne Hospital in Paris which has a collection of over 70,000 objects, including many paintings and drawings. An exhibition entitled *La Cle des Champs* in 2003 displayed art by psychiatric patients as it would be presented in any group show, thus, as the reviewer Alan Riding finds “the art alone speaks here. The challenge is to decipher the minds and meanings behind the art”.²³⁵ He also finds that the exhibition demonstrates that the art of the mentally ill does not have any single source of inspiration.

Melancholy: Genius and Madness in the West (2005)

In 2005, the critic and curator Jean Clair grouped together prominent artworks from several centuries in a large exhibition at the Grand Palais in Paris. While not strictly an exhibition about art by the mentally ill, this exhibition explored the ways in which the theme and experience of melancholy have pervaded many works throughout Western art history. As Cardinal explains, “his aim was to pinpoint a symptomatic mood or ‘humour’ which informs a cycle of artworks across Western culture, from Classical times and through the Middle Ages to the modern period. This mood is manifested as a yearning for solitude and a weariness with life, though it is equally accompanied by positive shafts of original creativity which conduce to the equation of mental illness with creative genius. Works offered as symbolic representations of psychic states and thus, in effect, as samplings of ‘inner space’ — testimony to the persistence of a cultural myth of proven potency”.²³⁶

Inner Worlds Outside (2006)

In the introduction to the exhibition catalogue, the organisers explain that this show is a response to the shortcomings of previous displays of Outsider Art based on “sociological and psychological factors and the artists’ fundamental difference from a dominant cultural ‘norm’”.²³⁷ It aims to challenge some of the myths surrounding Outsiders and to uncover the parallels between “insider” and “outsider” art, considering them both as two aspects of the same Modernist tendency.

As the co-curator of the exhibition, Jon Thompson explains that, while this is not the first to show works of established artists alongside Outsider Art, it is the first to do so in an unqualified way. This rationale is based on two reasons: the premise that all human minds are fundamentally the same and this sameness is manifest in both groups of works; historically speaking, both insiders and Outsiders are products of the condition of Modernity which, in Marxist terms, is one of alienation. He contends that while Outsiders may constitute an extreme response to this condition, they are nevertheless thoroughly embedded in Modernity’s history and its cultural legacy. Thompson is critical of the fact that most discussion of Outsider Art have been dominated by psychological or psychoanalytical considerations and that its link with psychiatry has impeded acceptance of Outsider Art as an integral part of Modernist art history, as the psychologising of the work “continues to be a key instrument in its ghettoisation”.²³⁸ After discussing Freud’s model of the psyche, he encourages viewers of the exhibition to recognise that we share the same mind as those deemed as Outsiders and that their world is also our world.

In his catalogue essay, Cardinal surveys the history of approaches to Outsider Art and sets about defining the qualities of genuine Outsider Art, and how they relate to the strategies and products of avant-garde and Modernist art. He makes several claims: that Outsider artists have placed “deviance” and “self-engrossment at the centre of a new model of expression, a trait they share with many established artists who have intentionally subverted the ideology of reason”; Outsider Art is “made by non-aligned creators who lack institutional training, representing an extreme case of a trend to self-justification through the pursuit of an idiosyncratic style or strategy of



expression”; the creators are “largely detached from (and ideally unaware of) the expectations of other people”; “interiority is the key to the mentality of the authentic Outsider, whose work is predominantly shaped by musing and imagining; the works are characterised by their creation of an “integral alternative world””; “bemusement, trance and mental illness are all analogues of the state of creative euphoria in which social priorities are ignored ... some creators may remain permanently in exile from the realm of social interaction and commonsense, yet all true artists will at some time succumb to at least a temporary alienation”.²³⁹ He concludes by stating that “biography and psychological appraisals aside, it is the idiosyncratic imprint of the creator which strikes us with such immediate force” and that this exhibition is a chance to test whether “the same order of interiority and subjective investment” characterises both Outsiders and Modernist artists.²⁴⁰

Despite the intentions of the exhibition, it aroused a great deal of heated criticism and debate in the media. In her review for *The Times*, Rachel Campbell-Johnston finds that the exhibition has a point, in that the works share many of the same interests and seem to orientate themselves around the same cultural reference points. She suggests that maybe they should all be seen as insiders, particularly now that they are all shown in a major gallery. She also observes that if the show reflects culture, “it is less that of the Modernist past, but rather that of our own times”.²⁴¹ Inexplicably, in the next day’s edition, she writes the following about the exhibition: “the visitor is left staring with perplexed curiosity into the secret fantasies of — to put it quite bluntly — complete crackpots ... The screws are so loose it’s amazing the pictures don’t just drop off the walls”.²⁴²

Andrew Graham-Dixon’s review for *The Sunday Telegraph* offers a more balanced response, finding that the show manages to resist easy generalisations whilst highlighting some of the common preoccupations between insider and Outsider Art. He finds much of the work is “undeniably strange, nearly all of it is overwhelmingly introspective and some is undeniably powerful”.²⁴³ However, whilst acknowledging the premise of the exhibition is that Outsider Art deserves to be shown alongside more mainstream work, he finds there are irreconcilable differences because most Outsider Art remains out of reach and that, while it “may be deeply intriguing”, in the end “it remains too rooted in solipsism, too locked away in personal compulsion, to be truly fascinating”.²⁴⁴

Richard Dorment’s review for *The Daily Telegraph* is more scathing, labelling the show as “a wicked, pernicious exhibition based on a false premise and proselytizing for an evil idea.”²⁴⁵ While he acknowledges that a show of Outsider Art is worth doing, he objects to presenting art of people with severe mental illness alongside established artists while proposing there is “no essential difference between the two, that both are simply different manifestations of modernity”, labelling it “post-modernist crap”.²⁴⁶ He distinguishes between the two groups of works in the following ways: there is a difference between artists affected by neurosis and the mentally ill afflicted with psychosis, and this impacts on their creative works; for mainstream artists there is a gulf between the artist’s identity and his work which does not exist among Outsiders; Outsider artists are driven by compulsion not creativity; although anti-rationalism has a long history in art, in these cases, artists were voluntarily seeking new sources of inspiration; and Outsider artists’ work never develop technically or stylistically. Dorment concludes that it is “utterly ridiculous to hang works side by side without distinction”.²⁴⁷

In his review for *The Independent*, Tom Lubbock describes the artists in the exhibition as “distinguished weirdos” interleaved with famous moderns.²⁴⁸ He suggests that rather than remove the barriers between the two groups, the exhibition does the opposite and highlights how remote fine art and Outsider Art are. He contends that this is particularly the case in relation to the viewer, whereby, unlike the fine artist who can stand back from their work and gain perspective on it, Outsiders are too closely involved in their work, excluding any potential audience.



Reviewing the exhibition for *The Guardian*, Adrian Searle finds that it is complex and sometimes disturbing. While acknowledging the power of some of the works, he states that context matters, and that many Outsiders could never survive as artists, nor was that how they saw themselves. He argues that “making visible does not in itself make anyone an artist”.²⁴⁹

Brian Sewell’s review for *The Evening Standard* finds that the exhibition raises more questions than it provides answers. He asks if the artists worked in psychotic or non-psychotic states; whether their imaginations were enhanced or suppressed by prescribed drugs; where these artists stand in the range of afflictions between a merely discordant disposition towards society and the depths of manic depression; how far they have withdrawn into their imagined worlds and whether this was a profound withdrawal or merely a response to the harsh or repressive conditions of the asylum or institution in which they were incarcerated; whether creativity relieves psychological suffering; and why Outsiders immediately have a style, and never develop it. He labels it a “shallow exhibition masquerading as a serious enquiry” and concludes that: “The art of the Outsider is no more art than the primal yelps and screams of lunatics are music, or their scribbles are literature. The tedious material exposed at Whitechapel makes an utterly joyless exhibition”.²⁵⁰

In the wake of all this criticism, one of the co-curators of the exhibition Jon Thompson made a riposte in *The Guardian*. He expresses surprise at the “inattentiveness and prejudice” shown by some reviewers who he accuses of misrepresenting the intention of the exhibition and demonstrating little knowledge of the field. He states that they mistakenly ally Outsider Art with that of the mentally ill which only accounts for a small proportion of it, that artists shouldn’t be distinguished on the basis of training, and that the exhibition is not pretending there are no differences but offers a chance to see overlaps in how they deploy visual language. He concludes by stating that the show’s purpose “is not to dispense with categories but to offer a visual testing ground upon which the nature of previously held categorical differences might be refined or reassessed, beyond existing opinions and prejudices”.²⁵¹

For Matthew & Others: Journeys with Schizophrenia (2006)

This exhibition was staged across three galleries in Sydney in 2006 (and subsequently at Bundoora Homestead and Neami Splash Art Studio in 2007). It was an ambitious undertaking to explore the complex medical, artistic, social, legal and cultural issues surrounding schizophrenia. As the art critic and member of the curatorial committee Dinah Dysart states in her introduction to the catalogue, the aim was to develop a show “to challenge public preconceptions about schizophrenia”.²⁵² This involved broad discussions of mental health issues, teasing out of ethical issues, and testing decisions against accusations of sensationalism or stigmatisation. Some of these decisions included: focussing only on schizophrenia to avoid encouraging viewers to become “amateur diagnosticians”; avoiding stigmatising language and pathological and art therapy approaches; including artists who do not have the illness but have addressed the subject with insight and understanding through research or personal experience (artists with an ill-informed, speculative, or voyeuristic perspective were to be avoided); seeking a range of perspectives that would increase understanding of schizophrenia and generate debate about madness and creativity; using oral and social history material to “humanise” the exhibition.

Thus like the *Parallel Visions* and *Inner Worlds Outside* exhibitions, works by people who have experienced schizophrenia were displayed alongside works by mainstream and contemporary artists. As curator Ann Loxley states, this enables “a unique perspective on the relationship between mental illness and the archetypal visual artist”, and makes viewers reconsider their understanding of imagination.²⁵³ For Simon Champ, an artist with schizophrenia, the inclusion of well-known artists working with images about schizophrenia “dignifies” the exhibition by not only recognising people with the illness as artists but also helping to develop a more critical understanding of “how visual imagery impacts on our understanding of schizophrenia”.²⁵⁴



The exhibition also went beyond artworks and included oral histories, poetry, and other objects and documents that explored the social, cultural and legal issues surrounding the experience of schizophrenia. Lisa Havilah describes the importance of the development of trusting relationships with each participant in the process of researching and collating oral histories for the exhibition. She explains the intentions of the exhibition were to: “tell stories from a range of different contexts and times”; tell stories in the first person to “create a confessional space for the viewer”; find a language that articulates what is often unspeakable; recognise the presence of schizophrenia in the community; investigate new ways to engage with and define the idea of the consumer; and overcome prevailing misconceptions and stigmas surrounding the illness.²⁵⁵ She finds that sharing these stories provides the broader understanding and awareness that can strengthen a community.

The catalogue included an image and description or artist’s statement which contextualised the work and its meaning. It also included a number of essays written from a diverse range of perspectives. Anthony White’s paper, “Beyond Van Gogh: Art, Mental Illness and Art History” (2006), highlights how past approaches to art by the mentally ill have tended to either reinforce social stigmas or romanticise the experience of the illness, dividing them into three categories: studies that illustrate a work’s “otherness”; approaches that relate a work to common forms of artistic activity and understanding; and studies that examine work in its socio-historical context. He argues that a synthesis of all three approaches gives the most complete picture, one that reflects all the complexities surrounding the works of those with experience of mental illness. This approach is then applied to several works in the exhibition. The author concludes that whatever approach is adopted there is always a case for seeking the subjective voice of the artist.²⁵⁶

In his essay, the psychiatrist Alan Rosen critically examines what he perceives are the uses and abuses of art by people with an experience of mental illness amongst both the psychiatric and arts communities. Describing the work made by patients of psychiatric institutions as “captive art”, he contends that the creative work should belong to those who made it.²⁵⁷ The author takes a strong stance against the “colonisation” of these works for the purpose of furthering various ideologies, including psychiatric research, artistic expression, or degenerate art. He contends that terms like “Art Brut” and “Outsider Art” are highly stigmatising for mental health consumers who mostly “seek ‘social inclusion’, not ‘outsider’ status, and are alienated and excluded from society”.²⁵⁸ Rosen argues for a move to demarginalise the art of the mentally ill by empowering them to rebuild their lives as “autonomous practising artists” through joint cooperative ventures like Splash Art Studio, community awareness campaigns, and through clinicians, art historians, curators and dealers acknowledging their past complicity in the colonising of the artworks and lives of creative people with mental illness.²⁵⁹

In “Reclaiming Imagination” (2006) Dinah Dysart interviews the artist and mental health activist Simon Champ who discusses a number of preconceptions surrounding schizophrenia and art made by those living with the illness. These include the problem of stigmatising language, the idea of the mad genius, the notion that art is necessarily therapeutic, the “crude” symbolic understanding of psychiatric approaches that look for evidence of symptomatology in art without recognising the artistic aspects, the public need to pathologise the image, and the stereotyped metaphor of the “split personality”. He also discusses some of the issues of being an artist living with schizophrenia, such as the problem of self-censorship because of fear of indulging in imagination or pathologising one’s own creativity, art as a means of strengthening identity and worth in the face of stigma, and art as a source of empowerment at a personal and political level.

In his largely sympathetic review of the exhibition in *Art & Australia*, Leon Paroissien situates the exhibition as a contemporary exploration of a broader, complex and crossdisciplinary field of enquiry into art and mental illness. He finds that the curators and essayists in the catalogue do not make any “extravagant claims for widespread artistic talent among those suffering from schizophrenia”; rather, the exhibition demonstrates that, for the mentally ill, “creative expression can represent an important communication tool, assisting in the recuperation of a full imaginative

life”.²⁶⁰ Paroissien concludes by stating: “Long relegated to the domain of psychiatric treatment and intellectual analysis, the subject of mental illness and creativity was opened up by this project, committing it to public consideration and to wider understanding”.²⁶¹

In contrast, Sebastian Smee’s review for the *Weekend Australian* is highly critical of the exhibition, borrowing many of Dorment’s arguments from his review of *Inner Worlds Outside*. He begins by questioning why art in Australia is often used to solve social problems, suggesting that *For Matthew & Others* is the latest example of this tendency. He commends the exhibition for not making exaggerated claims for the aesthetic quality of the works and acknowledges the purpose is instead to raise awareness and combat stigma. Smee finds that this is better than the alternative of making grandiose claims for work by the mentally ill such as in *Inner Worlds Outside*. Smee contends these works should not be seen as equivalent to work by Modernist artists. While acknowledging that Outsider Art has inspired mainstream artists, he claims it is important to distinguish between artists who may experience neurosis and the experience of psychosis which “entails the kind of loss of control that is antithetical to the production of great art because it is involuntary”.²⁶² He finds there is a bind in addressing the art of the mentally ill between not wishing to stigmatise these works on the one hand and the danger of romanticising the illness when the works are celebrated. The critic agrees with the organisers of the exhibition’s decision to avoid diagnostic approaches to the work on the grounds that the “process is bound to be inaccurate and it can be terribly condescending”.²⁶³ He does see that the exhibition’s undifferentiated display between the healthy and the ill may help reduce stigma but he also finds that the illness does not necessarily confer artistic talent. Smee concludes by saying that the exhibition is “thought-provoking, moving and sobering”, but it is not art’s responsibility to solve social issues.²⁶⁴

Christine France’s review in *Art Monthly Australia* is in many ways a direct riposte to Smee’s criticism of the exhibition. She contends that art does have a role to play in raising awareness and addressing social issues:

The arts provide a way of establishing communication ... Art can ask disturbing questions. It is a means by which the unspeakable can be spoken and the very fact that it does not always support the way in which society represents itself can bring society itself into question. It is therefore most appropriate that art should provide a voice for those on whom society has turned a blind eye.²⁶⁵

She writes that the aims of the exhibition were to overcome stigma, make visible the experience of mental illness and explore the insights those who experience schizophrenia can offer to the community. France emphasises that this is the first exhibition of its kind and that it deliberately avoided previous diagnostic and Romantic approaches to the exhibition of art by the mentally ill. She highlights that in recognition that many who experience the illness are not creative, oral histories and personal materials were presented to tell a larger story and offer greater understanding of the experience. After discussing a number of the works she finds that there was an “absence of a particular dominant style or subject matter”.²⁶⁶ France also found that the multiple styles, themes, and viewpoints represented went against her expectations. She concludes by stating that there is a need to “stop relegating the art and writings of those with schizophrenia to the ghetto of Outsider Art and openly communicate with the ideas and creativity of those experiencing schizophrenia”.²⁶⁷

3. COMMUNITY ARTS ORGANISATIONS

The arts can empower people to develop their skills, concepts and confidence. But recovery cannot be achieved in isolation. There has to be a link between individual process and the rest of the community. The arts are a vehicle to facilitate participation and contribution, building connections and confidence.²⁶⁸

– Alix Hunter, Manager of Neami Splash Art Studio, 2003

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In a paper entitled “Arts-based Practice in Psychosocial Rehabilitation: An Overview” (2003), Susan Pepper explores the relationship between artmaking, creativity, mental illness and recovery, and how it has been impacted by the change from asylum-based treatment to community-based care of the mentally ill. She finds that, in the wake of deinstitutionalisation, the art therapy models developed for working with people in a psychiatric hospital are not necessarily the most appropriate and effective in a community context. Instead, Pepper finds that community-based services and arts-based rehabilitation have emerged as “a powerful force in recovery and empowerment for some people”:

In the evolving awareness of art and people with a history of mental illness, models of practice have developed that allow the consumer to own and direct their creative process, to claim, or reclaim, their right to be artists for the sake of the art, rather than for ‘therapy’.²⁶⁹

She quotes from a paper by Susan Spaniol and Gayle Bluebird in which they found that, following discussions between therapists and people who receive their services, it emerged that “it has become essential for art therapists to learn from people with psychiatric disabilities how they prefer to use the arts for their own recovery” and that they allow people the opportunity to explain how they want to experience art.²⁷⁰

In Melbourne, participation in community-based arts programs has been found to be a highly effective means for providing positive outcomes for people with an experience of mental illness. As the following three examples will demonstrate, community arts organisations are gaining increasing visibility as providers of supportive environments for the delivery of art programs and studio practices for mental health consumers. Through the exhibition and promotion of the artworks produced in these organisations, they aim not only to help empower people who sometimes lack self-esteem and the means to have their creative works displayed to the public, but in promoting the understanding of mental illness in the community, they also advocate social inclusion for the artists and social cohesion for the larger community.

Mind (formerly Richmond Fellowship of Victoria)

Mind (formerly Richmond Fellowship Victoria and South Australia) is a not-for-profit provider of mental health services to people living in the community. Its core role is:

[T]o support our clients in their journey of recovery, to rediscover belief in themselves and to support them in taking their rightful place in the community. In doing this we also act as a bridge between our clients and the community, raising awareness of mental illness and the issues that our clients face on their journey of recovery.²⁷¹



Mind is not a clinical service, but works alongside a client's medical providers, family members, carers, and other support people, to provide an array of programs and activities, including art programs and an annual exhibition, that support people experiencing the effects of mental illness.

As part of its work to destigmatise mental illness, the Consumer Reference Group organised an exhibition of client artworks entitled *I Love Your Work* at Abbotsford Convent during Mental Health Week in 2006. The show featured around 200 works, many of which were sold with proceeds going to the artists.

In 2007, a large exhibition entitled *Surroundings* was held at Federation Square, in collaboration with the Victorian Mental Illness Awareness Council and Douutta Galla Community Health. Alongside the display of each artwork was an artist statement in which the creator of the work was given the opportunity to explain their intentions or meaning behind their work. In the introduction to the catalogue, the organisers state that in exhibiting the works created by those experiencing mental illness:

the community is given an opportunity to gain a candid insight into the emotions associated with each artist's personal journey. Not only does the viewer develop a deep respect for the art-making process through each artist statement, but the artist also has the opportunity to be appreciated for their art, separate to their illness. It is this very approach that moves away from 'art for the mentally ill' towards art for the community, with a strong focus on social inclusion. Each personal story simply forms part of the final outcome.²⁷²

In this way it is claimed that the exhibition not only empowers the artists themselves, but the larger community also benefits from their increased understanding of mental health issues, leading to greater social cohesion.

In her catalogue essay, Theresa Van Lith reflects on the theme of the exhibition and how it relates to the artworks on display, drawing on the notions of an artists' surroundings and how they may impact on their lives and creative expressions. She reinforces the importance of displaying artist statements as she finds that only "the artists themselves can properly describe the role that art has played for them in their journey of recovery".²⁷³ The author discusses the role of art in personal development, finding that it can lead to great improvements in the lives and wellbeing of many artists. Finally, she urges viewers to treat the works respectfully and to appreciate the difficulties faced by many of the artists in the exhibition:

When viewing this exhibition, please remember the unique and individual expressions that have been captured in each artwork ... an achievement that has taken many months and a journey of many struggles ... I urge you to try and understand this on a deeper level and to connect with the artists themselves by reading the artists' statements. These artists have experienced their surroundings in a magnitude of ways and have overcome fears and challenges that should be respected, and we should feel privileged to be shown a glimpse of their surroundings.²⁷⁴

Neami Splash Art Studio

Neami Splash Art Studio is part of the larger organisation Neami whose mission is: "Improving mental health and wellbeing in local communities".²⁷⁵ The arts access program started in the mid 1980s at Larundel Psychiatric Hospital and a number of these works are held by Splash. It was taken over by the Neami agency in 1996 when Psychiatric Services sites were redeveloped and people with a mental illness moved to community living. It aims to work with people with an experience of mental illness to identify gaps in services, develop new services, and protect and



advocate for the rights of people with a mental illness to reach their potential and be included in the community. Within this larger objective Splash Art Studio describes its activities as:

a specialist service working exclusively through the visual arts towards psychosocial rehabilitation and recovery. We aim to promote a culture that fosters participation, cultural awareness and democracy. At a structural level, we aim to promote access across the arts community, and, ultimately to promote alternative and positive images of mental health within the community.²⁷⁶

It aims to achieve this through regular workshops in a variety of art media, and through a range of community arts projects and exhibitions. In an article published in *Artlink*, Jeff Stewart explains that the Studio “operates in between the dominant voices of the psychiatric and art institutions making possible a space for people to develop their own ways of working”.²⁷⁷

The Studio’s activities were evaluated in 2003 in a report entitled *The Secret Life of Splash: Putting words to a visual experience* with the aim of assessing the effectiveness of its service delivery to people living with mental health issues. The evaluation was undertaken by a consultant who worked four months part time at the Studio. The report found that: Splash’s arts-based practice service delivery model is unique from and complementary to clinical support and other day programmes, groups and outreach supports; two of the essential ingredients in its model are that Splash is a dedicated art studio and all the staff are practising artists; its arts-based practice includes a reflective practice approach to service delivery; it provides opportunities and possibilities that are not available anywhere else; from the range of key stakeholders interviewed Splash successfully delivers important consumer outcomes; and stakeholders found that it helps enable people living with severe and enduring mental health issues to maximise their recovery and wellbeing.²⁷⁸ The report also clearly distinguishes art therapy and arts-based practice as fundamentally different models. It states that, whilst there are some similarities in outcomes, the process by which these are achieved varies significantly, in that Splash offers the opportunity for people to self-determine how they use art and gain the power of self-knowledge. As such, the report concludes that:

Splash’s approach is to continually work at exploring ways to actively assist people to develop connections and experience being part of the community. Splash projects create the greatest range of possibilities for people to work together, problem solve, share, contribute, connect and experience an interconnectedness with others. Projects also provide participants with a shared history and common experience ... It is clear that the lasting effect for an individual in participating at Splash cannot and should not be underestimated.²⁷⁹

In terms of the exhibition of works made in the Splash Art Studio, the aim is to display the artworks in the same way that one would exhibit work made by any other contemporary artist. As Anthony White states in his review of the Splash exhibition at Bundoora Homestead in 2005, one of the aims of the exhibition is that the marginalisation often experienced by the mentally ill be overcome by having the artists’ works accepted as the products of people “who have full, creative, three-dimensional lives outside the accepted parameters of the social definition of mental illness”.²⁸⁰ As such, he finds that, in looking at the works, there is nothing inherently related to the mental health of the artist. Instead he finds that the formal and technical features of some of the works compare favourably with the work of a number of avant-garde and Modernist artists.²⁸¹

Stables Art Studio

Founded in 2001, the Stables Art Studio is a not-for-profit art studio run by Prahran Mission that provides a space for artists with experience of mental illness to practise their art. The Studio arose from the research that found: “participation in creative programs contributed to an improvement in quality of life and helped to maintain wellbeing”.²⁸² This is reflected in the Studio’s objectives which include:

[h]elping member artists to explore and independently develop their artistic potential with support of an experienced artist and participation in an artistic community; contributing to an improvement in quality of life and maintain wellbeing for member artists who also experience a mental illness; providing low-cost studio space and access to facilities and resources; encouraging member artists to exhibit and display work when ready.²⁸³

The Studio provides its members with all drawing and painting media, a variety of papers and equipment such as a small etching press, and airbrush and compressor. The Studio offers a friendly environment in which artists can interact with like-minded people, exchange ideas or simply work independently. The Stables also offers information on local art-related events, exhibitions and competitions.

Artists who join the Studio are usually referred from other Prahran Mission programs or community contacts and clinical service referrals. Again, the emphasis at Stables is on artistic development and self-determination as opposed to art therapy. A Studio Coordinator manages the studio space but also acts as a facilitator, mediator and mentor to the artists. Exhibitions are seen as an activity requiring sensitivity to the needs of the artists: “Holding an exhibition can be personally challenging while at the same time contributing to affirmation and progression of artistic identity ... [they] have also provided motivation for the artist to produce artistic statements or write commentary”.²⁸⁴ In the display of artworks, all the works are attributed to the artists, but no mention of their diagnosis or experience of mental illness is provided. However, some artists do choose to make work explicitly about their experience and may provide accompanying text to explain their intentions. In the Studio’s publications, comments and essays by artists are published alongside texts by those who work in the organisation.

For its 24th annual art exhibition *Pride & Prejudice: Creations from a Social Margin*, the Studio chose to address issues of self-esteem and stigma as the central themes. In the introduction to the catalogue, Kaz Mitchell discusses how these issues affect those diagnosed with mental illness, acknowledging the struggle for self-esteem and the misrepresentation of mental illness by the media. The intention of this exhibition was to represent an opportunity for artists to overcome these issues:

This exhibition is a chance for our artists to show themselves in a truer light. Not under a dismissive label, but as creative and inspired individuals ... Celebrate with our artists in recognising that art and creative expression can reach out and connect people, in a deep and meaningful way, without prejudice.²⁸⁵

4. MEDICAL MUSEUMS

[T]oday's curators and exhibition organizers are seeking more and more vigorous ways of exploring how medicine and the whole issue of health has both touched people in their diurnal experiences and, moving on from this, has influenced broader aesthetic, political, ethical and spiritual aspects of their lives too.²⁸⁶

– Ken Arnold, “Time Heals: Making History in Medical Museums”, 1996

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In his paper “Time Heals: Making History in Medical Museums” (1996), the historian Ken Arnold explores the history of medical museums and their changing role and nature. He begins by acknowledging the enduring fascination of the public for medical museums and their collections, highlighting that the common response to many objects often draws on primal and instinctual emotions of horror, fear and enthrallment. However, rather than deny or move away from these clichés, Arnold argues that the strength of feeling that is elicited by medical collections is one of their best assets as it gives them the potential to make a profound impact on visitors. He suggests that the deep seated feeling aroused by these objects is one of the reasons why medicine has been the subject of longstanding “scientific, intellectual, cultural, social and moral contention”.²⁸⁷ As such, he contends that it is the museum’s task and challenge to create an interest out of this inherent and fundamental concern. He suggests that this can best be achieved by drawing on the strengths of medical collections, including their potential to profoundly affect viewers, medicine’s links into a wide field of other human activities, experience and endeavours, and the visually striking nature of much of its material.

The paper then goes on to discuss the ways in which histories of museums and medicine have largely reflected the changing nature of collecting and museology. Arnold highlights how, in many ways, the histories of medicine and museums have been intertwined: many of the first museums were founded by medical men; many museums and medical collections were used for medical education and instruction; museums have been used to propagate public health policy on matters of health, sanitation and hygiene; many early objects collected were understood in terms of medical principles; and medicine and museums share a strong didactic approach. The author then discusses more recent changes in medical museums: they now collect from a far broader social terrain whereby the history of medicine is increasingly studied from the patient’s as well as the practitioner’s perspective; they now seek to engage broader audiences as opposed to a specialised medical audience; more time is spent on questions of interpretation and display; the public are presented with a range of social and cultural issues surrounding health and healing; and whilst many still begin with a history of medical science highlighting landmarks on a journey of successive improvements, there is now an emphasis on social and political influences, and acknowledgement and representation of conflicts and controversies surrounding medicine and its history.

The paper gives a number of examples of these new approaches: medical objects are used as “nodes” about which the wider influence of social, political and technological developments have been gathered, and attempts have been made to humanise medicine by emphasising the process of science as distinct from its product (that is, not what they know but how they set about finding this out). The author finds that this new type of museum-based medical history reflects an increasing willingness to see health and the healing arts as fully understandable only within the context of a larger more diffuse culture, one that reflects broader aesthetic, political, ethical

and spiritual aspects of humanity. Arnold concludes by stating that what once appeared to be a morbid curiosity with the darker side of life is now being used as a tool with which to explore and present issues in a direct and honest way and, as such, medical history museums “stand on the threshold of an opportunity to confront human frailty and mortality in increasingly creative ways”.²⁸⁸

Exhibition Examples²⁸⁹

- The *Picturing the Body: Five Centuries of Medical Images* exhibition at the Wellcome Institute for the History of Medicine, in 1993, explored the intimate connection between understanding and picturing by surveying the “dominant visions of the body produced during periods of prominence for a series of medical ideas.”
- L’Ame au Corp’s exhibition at the Grand Palais in 1994 explored the intricate relationship between scientific and artistic perceptions of the human body and soul and drew on collections which had traditionally been separated by specialised disciplines.
- The *Materia Medica: A New Cabinet of Medicine and Art* exhibition at the Wellcome Institute explored some of the major themes in the interfaces between medicine and art from the perspectives of artists.
- Food for Thought gallery at the Science Museum in England acknowledged that scientists argued over the reasons for a recent outbreak of food poisoning.
- The *Science Box* display at the Science Museum looked at the issue of passive smoking, thereby exploring an episode of conflict as its central theme.
- The *Fatal Attractions* exhibition at the Wellcome Institute looked at the range of medical, public and personal views on AIDS and syphilis, many of them involving strongly debated positions.
- The *Birth and Breeding: the Politics of Reproduction in Modern Britain* at Wellcome Institute presented aspects of the propaganda campaigns that influenced the changing debate surrounding who controls the process of birth, what the role of contraception, abortion, and sterilisation should be, and how far it is right to interfere with ‘natural’ processes.

The museological changes outlined by Arnold are clearly evident in the aims of the following medical collections:

Museum Victoria, Medicine in Society Collection

“The Medicine in Society Collection consists of some 3000 objects that reflect aspects of the changes in Victorian medical practice and research over the last 120 years.

This diverse collection is of national significance, telling many important Victorian and Australian stories of medicine, medical research and public health. It takes in items such as dental and surgical instruments, food models, prostheses, pharmacy furniture, medicinal herbs and psychiatric items.

Through research, collection development and documentation, the Medicine in Society Collection aims to:

- reflect historical and contemporary medicine in the State of Victoria;
- raise awareness of medical practice, past and present;
- examine scientific, social and cultural factors which affect our definitions of human identity and human life;
- research historical and contemporary health issues and facilitate their debate.”²⁹⁰



Wellcome Collection: An Exciting Destination for Explorers of the Human Condition

“Wellcome Collection is a unique mix of galleries, events, and meeting, reading and eating places where you can consider what it means to be human. It brings to life Sir Henry Wellcome’s vision of a place where people could learn more about the development of medicine through the ages and across cultures.”²⁹¹

Current Exhibitions:

Medicine Man

“More than 150 years after his birth in 1853, this exhibition reunites a cross-section of extraordinary objects from the Wellcome collection, ranging from diagnostic dolls to Japanese sex aids, and from Napoleon’s toothbrush to George III’s hair. It also provides a very different perspective on some of our own obsessions with medicine and health.

In *Medicine Man* some objects are gathered by type and others by broad cross-cultural themes. Seven other objects are presented individually and are examined by a variety of commentators from different backgrounds, to show that one object can mean many different things and tell many different stories.”²⁹²

Medicine Now

“This exhibition presents a range of ideas about science and medicine since Henry Wellcome’s death in 1936. It reflects the experiences and interests of scientists, doctors and patients.

Within the huge field of medicine this exhibition attempts to focus on only a few topics: the body, genomes, malaria, obesity and living with medical science. Each is explored through a range of exhibits from science and everyday life, as well as artistic responses to the issues presented in red ‘art cubes’.”²⁹³



5. PSYCHIATRIC COLLECTIONS AND MUSEUMS

Objects from the past are often framed by the discourse of the ancient institution and its more 'progressive' successor, modern psychiatric treatments. I would suggest that increasingly this discourse is being problematised by the effects of deinstitutionalisation on psychiatric patients and their communities. How historians of the asylum and its patients represent this past is, then, increasingly informed by current debates about psychiatric treatments in the present.²⁹⁴

– Catharine Coleborne, "Exhibiting 'Madness': Material Culture and the Asylum", 2001

Any interpretation of collections of psychiatric objects and their display must attempt to consider how the memories held by collectors have consciously or unconsciously shaped their collections.²⁹⁵

– Catharine Coleborne, "Remembering Psychiatry's Past", 2003

The history of psychiatry has traditionally been analysed from the perspective of doctors and policy makers ... for the most part, historians of psychiatry have not been particularly keen on taking seriously the views of the very core group of people without whom this history would not exist ... Ignoring this history constitutes a form of historical disempowerment of a group of people who were, and many of whom still are, disempowered in their own lives.²⁹⁶

– Geoffrey Reaume, "Mad People's History", 2006.

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As the quotes above attest, there are a number of complex factors surrounding the collection, display, and interpretation of psychiatric objects. As historians Ken Arnold and Catharine Coleborne both acknowledge, mental health is one of the "difficult" subjects for museums.²⁹⁷ The main issues that arise when exploring psychiatric collections are: determining who collected these objects and the reasons why they were collected; what purposes the preservation and display of these objects serve; how changes in mental health services and understanding and treatment of mental illness have affected the collection and display of materials; how historians can use these objects to uncover and interpret the history of psychiatry; and how to convey this "difficult" subject to the broader community.

Although analytic material directly pertaining to psychiatric collections is not particularly prevalent, Coleborne has written a number of astute commentaries on collections both in Australia and New Zealand. Her paper "Remembering Psychiatry's Past" (2003c), specifically addresses the question of why people have preserved the relics of past psychiatry. She finds that psychiatric artefacts serve a number of purposes: as one way of accessing the psychiatric past; as useful reminders of an institutional community and the space of the psychiatric hospital; and as evidence for historians who wish to examine the history of the institution. The author highlights how the closure of hospitals has occasioned many institutional histories, exhibits, oral histories and autobiographical accounts. By way of a case study she analyses Porirua Hospital Museum in New Zealand which occupies one of the buildings of the former hospital and is maintained and run by the Friends of the Museum, many of whom were formerly employed there. The museum's aim is to educate the public about mental illness and to preserve and collect materials relevant to the history of the hospital. It is visited by a diverse range of people, including educators, researchers and members

of the psychiatric community. By allowing the public to come into contact with a world once cut off from it, the author sees the museum as part of a wider trend in which the “closed” world of the asylum is being opened up by museums and historians, a process that parallels a greater public awareness of mental illness. However, despite this, she finds that asylums are still often characterised as dark places. Contemporary constructions of past practices often reinforce notions that asylums have been left behind by “more enlightened attitudes to the care of the mentally ill” and that psychiatric collections may “perpetuate the notion of medical horrors, a grim past, in order to emphasise the successes of modern psychiatric medicine in the present”.²⁹⁸ Coleborne is critical of a number of aspects of the museum, finding that such collections tend to be ‘ahistorical’. They lack the self-reflexive nature of more recent museological approaches which self-consciously assert that their “contextualisation and interpretation of objects is constructed through certain knowledges and subjectivities” and that the material does not “speak for itself” but is mediated by such subjectivities at particular times.²⁹⁹ The exhibition is an overwhelmingly positive, nostalgic rendering of their workplace that preserves the identities of the collectors whilst some memories, particularly those of the patients, have been erased or forgotten. Also former power relations have been dissolved by the juxtaposition of objects with very different functions and purposes. Finally, the objects on display are exhibited in a space that makes claims to authenticity and authority, however, “objects have been taken from their pasts and placed in a context that does not always succeed in explaining their meanings, their particular journeys as objects, or their effects on individual lives”.³⁰⁰

Another paper by Coleborne, “Collecting ‘Madness’: Psychiatric Collections and the Museum in Victoria and Western Australia” (2003c), investigates the collecting practices of psychiatrists and psychiatric nurses in the wake of deinstitutionalisation in Australia since the 1950s. She posits that psychiatric collections largely arose from an anxiety about keeping psychiatry’s past intact and also “distant” from the new psychiatry. Her reason for this research is not only to uncover why and for what purpose these objects were collected, but also because most collections don’t acknowledge their own histories and many objects assume new meanings when they are relocated into spaces where their original contexts are absent or overlooked.

In particular the author discusses the Charles Brothers Collection (now held by Museum Victoria) which began with objects being discarded by psychiatric institutions. Coleborne discusses some of the gaps in the collection, particularly items related to children, the entertainment of patients and occupational therapy. While she acknowledges this may be due to haphazard collecting practices, she also suggests that the psychiatrists concentrated on items that particularly related to medical treatments and that other objects relating to aspects of the lives of patients were seen to be less important. She then looks at the various interpretations given to the collection over the years from early readings that emphasised the custodial nature of the asylum and the “grim” nature of life inside the institution, to later ones that present the objects as material evidence of the physical environment of the asylum. This includes daily life, clothing, and medical treatments, highlighting the asylum as both a medical and also a social or physical environment, and how the treatments, conditions and administration of the mentally ill changed over time. She discusses the views of curator Elizabeth Willis (who catalogued the Brothers collection for the Museum), and how she hoped that the collection would be used to illustrate the inhumanity of past psychiatric treatments, highlight instances of resistance to institutional life, and offer “insights into the texture of institutional life” not provided by written records.³⁰¹ Willis and Coleborne also posit that, given the instrumental role of Dax and Brothers in the changes and development of mental health services, their collection of these objects has some political significance, despite the collectors’ insistence that it began as an “antiquarian interest”.³⁰² In addressing why psychiatrists collected this material, Coleborne suggests that it provided evidence that modern psychiatry had made a decisive break from its “dark” past.

The paper also examines the collection held by the Western Australian Mental Health Museum (MHM). Its mission is to “establish a record of the history of the treatment and care of people

suffering from mental illness in Western Australia.”³⁰³ A 1999 exhibition called *Out of Sight, Out of Mind*, used medical objects to place the history of two psychiatric institutions in the social and political life of the colony, and then state. Coleborne suggests that this collection, like the Brothers Collection, was formed “through the experiences and identities of the collectors who have been part of specific communities”.³⁰⁴ The difference however is that the MHM was founded by a group of former psychiatric nurses who collected objects related to their working lives as a way of maintaining a sense of community identity. As such, the objects are also interpreted differently: “mediated through the eyes of staff who spent more daily time with patients.”³⁰⁵

In an earlier paper entitled “Exhibiting ‘Madness’: Material Culture and the Asylum” (2001), Coleborne relates her experience of curating an exhibition at the University of Melbourne in 1998 with objects loaned from the Brothers Collection. The exhibition *A Closed World: The Asylum System in Victoria 1848 to 1920*, “aimed to plot the social (and not ‘clinical’) history of the asylum and its patients”, a world she describes as “closed in both the imagination of the public and often within histories of psychiatry”.³⁰⁶ The themes she chose for the exhibition were: the growth of the asylum system and its treatments; changing diagnoses and medical technologies; changing meanings of mental illness and the institution; changing patient populations; shifts in public policy; writing and documentation about patients; patient responses to their confinement; and contemporary trends in mental health. The curator also wanted the show to reflect more recent attempts by historians to discover and present the voices of patients confined in the asylum.³⁰⁷ As the historian Kerry Davies notes, “the history of psychiatry is one of multiple narratives – professional and cultural, legal and social, those of patients and those of psychiatrists”.³⁰⁸ Coleborne decided to curate a quite spare looking exhibition to symbolically evoke the privation of inmates of an asylum. The aim was for the objects to show “the past medical, physical, environmental and cultural construction of the patient within the institution, and the relationship of this to the outside world.”³⁰⁹ Written documents were displayed to explore the ways in which writing about patients could be seen as part of the asylum’s bureaucratic control of them. She also addressed ethical concerns about the privacy of patients and removed any names of patients from the display. Sensitivities and ethical issues (particularly in the display of restraints) were also encountered, and a certain distancing of the past was necessary when displaying the history of psychiatry. The curator also found it difficult to encourage the media not to focus on the more “ghoulish” aspects. The paper concludes by stating that, given the historical underrepresentation of the patients’ viewpoint, it is important to give voice to their lives, even if it is mediated through official writing.

In her paper, “Preserving the Institutional Past and Histories of Psychiatry: Writings about Tokanui Hospital, New Zealand, 1950s–1990s” (2003), Coleborne surveys current trends in the histories of psychiatry and institutions, finding that: there is a perceived problem of institutional memory following the era of deinstitutionalisation; many histories reinforce the role of psychiatry as a professional practice; more recent histories of specific institutions privilege the roles and experiences of those who lived and worked in them; there is a move towards multidisciplinary work about psychiatry’s history, including commentary by non-psychiatrists and non-historians; patients’ stories are often lost within the broad historiography of this field, as they are mostly used to illuminate individual experiences rather than collective historical meanings for patients and for psychiatric treatment; oral histories are increasingly being sought as a means to make sense of the different meanings attributed to the history of the institution; many psychiatric communities have sought to preserve their past since the closure of hospitals, many of which reinforce nostalgic ideas about psychiatry and lack the resources or experience needed to make sense of these histories and their significance; and there is increasing recognition that the history of psychiatry is one of multiple narratives and that “institutional spaces held meanings for different people”.³¹⁰

THE CUNNINGHAM DAX COLLECTION

Aside from his obvious interest in collecting “psychiatric art”, Eric Cunningham Dax was also clearly concerned with psychiatric artefacts more broadly. He not only helped collect objects for the Brothers Collection but he also wrote papers about the need to collect and catalogue records and artefacts to preserve the history of psychiatry. In his paper “Crimes, Follies and Misfortunes in the History of Australasian Psychiatry” (1981), Dax expressed concern that time was “running out to rescue this important material” and that “much needs to be done to preserve the history of psychiatry before it gets lost”, suggesting that “records and artefacts should be centrally located and catalogued in every state.”³¹¹ Similarly, Dax was also concerned with recording the history of psychiatry and perceived a need to clearly establish its significant contributions. In his paper “The First 200 Years of Australian Psychiatry” (1989), he wrote:

There is much to be learned from both the pitfalls and the achievements of the past and history may help to combat the ignorance which blocks the contribution psychiatry might and should make in a changing world.³¹²

Dax’s concern over recording the history of psychiatry is also evident in the number of publications he has devoted to the subject, including: *Asylum to Community: The Development of the Mental Hygiene Service in Victoria, Australia* (1961); “Psychiatry in Australia” (1967); “Australia and New Zealand” in *World History of Psychiatry* (1975); “Crimes, Follies and Misfortunes in the History of Australasian Psychiatry” (1981); “The First 200 Years of Australian Psychiatry” (1989); and his unpublished autobiography *The Evolution of Modern Psychiatry*.

The historian Belinda Robson has written many papers about Dax, including a PhD thesis. In her article, “A History of the Cunningham Dax Collection of ‘Psychiatric Art’: From Art Therapy to Public Education” (1999), she addresses the question as to why he originally collected artworks made in psychiatric hospitals and how the Collection and its purpose evolved. She finds that Dax’s initial drive to collect art came from two sources, the increasing recognition of its therapeutic qualities for patients, and its potential to provide clinical information to psychiatrists about mental illness. The author contends that Prinzhorn provided Dax with an important precedent by: consolidating a collection of art by psychiatric patients; defining a role of a psychiatrist/curator who could publicise and ‘speak for’ the artists; and articulating how artistic expressions functioned as an outlet for psychic and subconscious unrest and disturbance. She suggests that, although Dax acknowledged the potential therapeutic aspects of these works, he clearly saw the patients’ art as containing information that could reveal information to the psychiatrist about the nature and progress of their illness and thereby aid the clinician in diagnosis. She contextualises Dax’s ideas about art within the broader professional culture of the time, one that valued technologies that could cure their patients, or could provide more efficient and effective methods for treatment. Over time, however, a new purpose for the patients’ art emerged – to teach people about the experience of mental illness, and this became the rationale for his collection in the mid-1980s. Robson suggests that this change in focus reflects “two significant cultural shifts in the mental health system: the rise in community rather than hospital as the site for patients’ lives (facilitated by new chemical treatments), and the increased focus on public education about the experience of mental illness.”³¹³ In this way the Collection evolved into a site for preserving and communicating the experience of the patients. Furthermore, she posits that Dax’s aim was not only to teach but also to use art as historical evidence of the experiences of an earlier period, prior to the use of pharmaceutical treatments, in artworks that reflected symptoms more directly. She concludes that, by establishing the role of the collection as an educative tool and a historical archive, Dax created a new role for himself as psychiatrist and curator.

In a more recent article, “Preserving Psychiatry through Art: Historical Perspectives on the Cunningham Dax Collection of Psychiatric art” (2003), Robson again examines Dax’s purpose in



preserving artworks made by psychiatric patients. She posits that the current status of the works as public cultural artefacts of asylum life is mediated by the selection of pieces, their descriptions, and final categorisation by Dax, whereby “the public memories of psychiatry that are potentially communicated by the collection are guarded by the curatorial style of Dax.”³¹⁴ The author begs the question, whose life is being preserved by the Collection?:

Dax, as the person who initiated, organised, and ultimately gained professional and public status through the art collection? The artists, who themselves were sustained by the practice of art, albeit through mechanisms dictated by asylum conditions?³¹⁵

For the following reasons she suggests that it is the former: by inserting his name into the Collection it becomes comparable with the famed Prinzhorn Collection whose work has had an enduring influence; it carries significance as evidence of the transitional period from asylum to community care; the works are reminders of the period of the hospital as the site for long-term treatment and rehabilitation, and the authority of the psychiatrist over the patient; unlike other artefacts from the asylum period it has been reinvented as a tool that serves the needs of modern audiences wanting information about the experience of mental illness; Dax acts as the mediator between the private worlds of the patients and the public who are shown the art to gain insight into the “primary experience” of the mentally ill; by taking the art from its original therapeutic context Dax created a new entity — the Cunningham Dax Collection of Psychiatric Art — whereby his professional identity was enhanced whilst the private views and consent of the patients were left unknown; the biography of the artist and the individual struggles that inform the art are minimised so that the larger purpose of the Collection can remain intact; Dax interpreted the works for the artists and for the public, whereby his voice becomes the critical factor in how the Collection is read by its audience. As such, she concludes “removed from their original context the Collection is now a site for recalling the lives lived in asylums, mediated through the language of psychiatry.”³¹⁶

Of course, Robson’s analysis predates the developments undertaken at the Collection in recent years through the Buckland Project and now the ARC grant. In line with changing notions of mental health, art history and museology, the Collection is looking at ways of opening up the Collection to multiple and diverse perspectives and to devise a model that will encompass these multidisciplinary approaches in an ethically sound way. As such, it is useful to examine the purposes and aims of other psychiatric museums and collections and how they present their art and artefacts to the public.

Psychiatric Museums/Collections

Prinzhorn Collection: A Museum of Uniquely Different Art

Psychiatry University Hospital in Heidelberg, Germany
http://www.prinzhorn.uni-hd.de/index_eng.shtml

In 2001, the Prinzhorn Collection was rehoused in a purpose-built space at the Psychiatry University Hospital in Heidelberg. The collection has an active exhibition and publication program and is available for research. The collection consists of approximately 5000 pieces of art created by some 450 patients of psychiatric institutions. The majority of works were created from c. 1880 until 1933 and were mainly collected by Hans Prinzhorn (1886–1933), an Austrian art historian turned psychiatrist, between 1919–1923. The collection rose to fame in 1922 with the publication of Prinzhorn’s book *Artistry of the Mentally* whose significance, the museum now suggests, lies in its emphasis:

that all of these creative phenomena are equally valid in psychological terms, and that some have recognisably artistic quality — thus allowing this disparaged “insane art” and its creators to be given a positive re-evaluation. Prinzhorn’s great achievement was, in



effect, to open up the blinkered viewpoint of psychiatry to include the realms of both art and art history. This was a courageous step which, in the long term, helped the patients' creative production receive its just acclaim and to promote a reintegration of the patients into society.

The current aims of the museum are threefold, functioning as: a site of remembrance for the inmates of "mental asylums"; for learning about the nature of psychiatric illness; and for exploring the intersections of art and psychiatry.³¹⁷ In many ways, the current approach of the Prinzhorn Collection, as stated by Assistant Curator Bettina Brand-Claussen, reflects the current aims of the Dax Collection:

The collection today derives its uniqueness from the multiple meanings, both aesthetic and documentary, that reside in its objects: their relevance spans the borderlines between the histories of culture, art and psychiatry. It includes work by professional and non-professional artists of all social classes. As a documentary record of various artistic responses to hospitalization and sickness, it preserves a realm of experience that has almost vanished from the social memory. This is the only place that holds the aesthetic experience of these individuals who were doubly marginalized, by social and psychiatric exclusion.³¹⁸

The Collection tends to present works within the context of their creation and they are often used as a springboard for the exploration of broader socio-cultural and historical themes. The Collection is also self-reflexive and critical of its origins and history, and this is often reflected in exhibitions and accompanying catalogues. In her report on the Collection, Fiona Salmon finds that their display techniques are consistent with those that might be found in a social history museum where art is presented with other objects and/or props with the aim of telling a particular story.³¹⁹ Salmon's report also finds the Prinzhorn approach differs from the Dax Collection in the following ways: identifying the artists, which is seen to give a positive reevaluation to the works and a proper recognition and celebration of their creative achievements; it does not provide tailored education programs which link exhibitions to established educational curricula; it does not use the works for diagnostic purposes as this is regarded as highly problematic.³²⁰

As the website states, many of the works in the collection "use aesthetic means to convey an understanding of extremes of human feeling" and, thus, "enable us to experience an underlying dimension of humanity that is potentially present in us all".³²¹ This was the response of Gabrielle Hessling in her review published in *The Lancet*, of the collection's first exhibition, *Vision and Revision of a Discovery*, in its new premises: "I left the exhibition with these fascinating pictures in mind and the vague idea that the nature of madness might lie within the dimensions of thought and experience in us all".³²²

Since then the collection has staged a diverse range of exhibitions including: *The Air Loom and Other Dangerous Influencing Machines* which explored the range of delusional machines are constructed by patients, their purposes and meanings, and how they have changed over time with the development of new technologies; an *Outsider Art Market* which, in recognition of the difficulties for people with psychiatric problems to promote their artwork, is an exhibition of selected artists who would like to sell their work; *Wölfli, Grieshaber, Lohse-Wächtler, Bender — The Collection Grows* was an exhibition highlighting new acquisitions of the collection; *Artists off the Rails* is a forthcoming exhibition exploring the reasons why the career of some artists leads them into an asylum and will include little known works of the collection by academic artists and art students to dispute the myth that all asylum art is the "authentic" work of the untrained and the insane and *Lunacy is Feminine* was a touring exhibition which examined the artistic intentions of women in psychiatric institutions at the turn of the 20th century. Other titles of exhibitions include: *Soleil Noir: Depression and Society, Expressionism and Madness, Psychiatry in Africa — Photographic Discovery, Images of Intoxication — Intoxicated Images: Drugs as media of art in the 70s*, and *Cause of Death: Euthanasia: Hidden Homicide in the Nazi Era*.

The Bethlem Royal Hospital Museum

Beckenham, Kent

<http://www.bethlemheritage.org.uk/>

As the following excerpts from its website highlight, The Bethlem Royal Hospital Archives and Museum shares a number of aims with the Dax Collection:

The Bethlem Royal Hospital Archives and Museum records the lives and experience and celebrates the achievements of people with mental health problems. Our mission is: to collect, preserve and interpret for the benefit of the public, archives, pictures, artefacts and manuscripts relating to mental health; to promote wider knowledge of the history of mental health care and treatment; to contribute generally to the public understanding and de-stigmatisation of mental illness. To achieve our goals we will: promote the use of the collections for purposes of education and lifelong learning in accordance with our declared education policy; promote access to the collections for the widest possible audiences, both national and international, through personal access to the archives and museum displays at Bethlem Hospital, by remote access through information technology, and through programmes of off-site exhibitions and outreach; undertake and facilitate research into the history of mental health care and treatment, and the relationship between art and mental health. We aim to become a leading information and learning resource for the history of mental health care and treatment.³²³

The Archives and Museum, established in 1967, houses archives gathered from several hospitals and a collection of paintings and drawings by artists, past and present, with mental health problems. The collections contain many other items of historic and artistic significance. The Bethlem Museum is used mainly to show works from the art collection, but it also contains some historical material, including a selection of restraint devices in use up to the 1830s and a selection of documents relating to some patients, staff, and governors who have been associated with Bethlem Hospital over a period of three centuries. The collection, which was founded by two psychiatrists Dr Eric Guttman and Dr Walter Maclay who worked at the Maudsley Hospital in the 1930s, owns around 950 artworks. Since then a trust has been set up and paintings have continued to be acquired. As the following passage highlights, the collection specialises in art about mental illness and by those who have suffered from it:

Our starting point is that we collect art because it is good art. We do not collect items solely because they have been drawn by a past or present patient. We collect art with the specific purpose of exhibiting it. Our role is to drive forward the de-stigmatisation of mental illness. Our art falls into three categories: work by artists who became mentally ill; work by psychiatric patients who became artists; communicating mental distress through art. These three categories often overlap.³²⁴

The documents, photographs and artefacts are also seen as an effective educational tool, offering “an effective way of bringing the past alive through the study of real people and their experiences. Primary sources support the teaching of History and the skills of the historian.”³²⁵ The Archive and Museum organises visits from schools and other educational groups and events for teachers and specific educational projects.

The Museum Dr Guislain: A Museum of All Things Different

Ghent, Belgium

<http://www.museumdrguislain.be/>

The Museum Dr Guislain is housed in the first insane asylum in Belgium which was established in 1857. As stated on its website, one of the main reasons the Museum opened in 1986 was due to the lack of knowledge and information on mental healthcare in general and on psychiatry in

particular. In the wake of deinstitutionalisation this unrecorded cultural heritage was also at risk of being lost, initiatives were undertaken for its safe-keeping. It therefore aims to play a social role in providing “neutral and scientifically reliable information on the history of mental healthcare” and to overcome prejudices with regard to psychiatry and public preconceptions surrounding mental illness. The museum also seeks to demonstrate that psychiatric disorders are not purely medical concepts, but that there is always a socio-cultural and ideological structure behind them, and it is these aspects that often determine public attitudes towards the mentally ill. As such, unlike traditional medical collections which tell a story of progress and improvement, the Guislain Museum acknowledges that problems still exist. It also recognises that the social and historical aspects of mental healthcare and welfare have been brought to the public’s notice by authors such as Michel Foucault, and that there is a need to reflect this consciousness in the Museum. Thus, the Museum’s scope has broadened in recent years from its origins in exhibitions about the difference between normal and abnormal.

There are three elements to the Museum’s collection: artefacts related to the history of psychiatry; a large photographic collection illustrating life in a psychiatric hospital from 1860 until today used to highlight how perceptions of the mentally ill have changed throughout this period; and an extensive Outsider Art collection. The common theme of these collections is described as:

... the fascination for all things different. Madness confronts us with the question of how we should deal with the other and with things different in ourselves. The Museum Dr Guislain wants to keep on drawing people’s attention to these topical issues by organising original exhibitions in which madness and science, art and culture are looked at from a different perspective.³²⁶

From its inauguration the Museum has also pursued an active acquisition policy. The majority of the pieces in the collection belong to the Museum because they were either purchased, received as donations or given to the Museum as a bequest. The collection is heterogeneous, consisting of objects that belong to the pre-psychiatric period, to the period in which the pre-Freudian human sciences were popular, and to the period of biologically-oriented psychiatry. The art collection developed from a small collection of plastic work produced by people in the asylum. Since the purpose of the Museum is to question the borderline between “what is normal” and “what is abnormal” it has chosen the term “Outsider Art” as it “does not say anything about the “normality” or “abnormality” of the artist”.³²⁷

There is also a strong research component to the collection and the Museum looks at ways in which it can raise the interest of academics. It also addresses broader questions as to what is normal and what is not, and the ways in which society responds to that distinction and debates surrounding psychiatric care. Researchers, teachers, and other interested people can also consult their library.

The Museum organises guided tours of the permanent collection (The History of Psychiatry) and of the temporary exhibitions. They provide multilingual tours and have special tours for children, students, and other specific groups. It also offers lectures on recent developments in psychiatry and how contemporary psychiatric hospitals function given by a member of the medical staff of the Psychiatric Centre; and contemporary syndromes and therapies given by a member of the teaching staff of the School for Psychiatric Nurses.

In its approach to display the Museum decided to avoid being overly didactic and pedagogical. Adopting aspects of new museology, it contends that to create a Museum is to ask questions, to try to define its position. However, whilst acknowledging that cities now use museums to bring in tourists, it has been careful to keep its distance from this marketing approach given the sensitive nature of the content of the Museum. It has also aimed to expand and diversify its audience by trying to integrate real-life stories in the context of the Museum and devoting attention not only to

the history of psychiatry but also to the patients and the people who worked in the field. It also strives to address wider social issues such as the media's portrayal of psychiatry; how the issue of normality versus abnormality has inspired artists, and many more.

Aside from its permanent exhibition on the history of psychiatry, the Museum has an active range of temporary exhibitions which aim to address different topics that offer a new aspect of the museum. Some of these exhibitions include: *Fasting Saints, Miraculous Maids and Hunger Artists: A History of Anorexia Nervosa*, which adopted a broad cultural and historical approach to anorexia nervosa; *With Right and Reason: Madness between Law and Medical Practice* was a thematic exhibition which examined the relation between psychic illnesses, institutions, and the courts; *Bric a Brac* displayed artworks from the workshop "La Pommeraiie" to explore a range of issues surrounding art by the mentally ill, such as whether art can say something about our own delusions or the healing aspects of creativity. It highlighted the aesthetic value of these artworks, questioned prejudices about being mentally ill, and explored issues around the commercialisation of these works. *The Head: A Full Length Portrait* explored the preconceptions behind what someone's face or head tells us about them. *Twins* displayed the phenomenon of twins as seen through the eyes of both scientists and artists. *Under Cover* displayed a collection of notebooks, self-made books, and self-designed systems from the Prinzhorn Collection, highlighting the dedication, the concentration, and the great concern with which these works were produced. *Human, All Too Human* was an exhibition of psychiatric photography focusing on psychiatric institutions from Prinzhorn's days to demonstrate the close relationship between photography and psychiatry. *The Rest of the World* was a photographic exhibition documenting life in psychiatric institutions in various parts of the world and highlighting the differences between cultures and institutional settings. *Playmakers* displayed a range of Outsider Art from several collections alongside contemporary art to highlight their shared "surprising, imaginative, and authentic creative powers".³²⁸

Museum at the Psychiatric Hospital

Aarhus, Denmark

<http://museum-psyk.dk/>

The Museum at the Psychiatric Hospital in Aarhus claims to be one of the most extensive of its kind in Europe. It is unique in its combination of a traditional museum with a range of open workshops and studios. The Museum is located in a building at the hospital. It contains a large collection of furniture, kitchen utensils, medical tools, patient artefacts and tools from the hospital workshop. The website describes it as a "multidimensional museum that brings you close to the history of psychiatry", and its permanent exhibition aims to demystify mental illness "through a thought provoking insight into the fate and lives of people in an otherwise secluded and obscure world".³²⁹

The museum consists of over 8000 works of art, representing 86 artists, and is situated in the ground floor of the museum building. All the works are created by mentally ill artists, most of whom have been admitted to the hospital. The Museum also sees itself as a unique and vibrant centre of creativity. It contends that art and artmaking is of great importance for the mentally ill and plays a significant role in personal development and acknowledging and coming to terms with reality.

The Museum states that the art on display is "characterised by its lack of compromise — a quality pursued by many artists throughout the times". As such, it wants to avoid distinguishing the art by artists suffering from mental illness as a special art form and stresses that it should not be regarded as Outsider Art. Instead it is claimed: "The art museum and the special art exhibitions hold a unique and interesting collection of art and artefacts originating from an inner need to express oneself and to be creative as a means of help to self-help."³³⁰

In a recent paper “Art Created by Psychiatric Patients” (2006) by art historian Mia Lejsted and and psychiatrist Johannes Nielsen, who both work at the Museum at the Psychiatric Hospital in Aarhus, they discuss a range of issues raised by these works. They find, having seen a large number of works by patients, that the notion that there are characteristic subject matters, motifs, or formal qualities for particular disorders is untenable. However, they qualify this finding with the following observations: that there are the occasional exceptions where images reflect aspects of illness; elements of the history of individual disease may insinuate themselves into a particular work but not in a way that renders them diagnostic; the inability to detect the influence of illness may reflect improvement in psychiatric care in recent decades; and bipolar disorders do influence artistic expression while inability to work creatively often accompanies deep depression. They also discuss the complex relationship between drug therapy and creativity. While they “dismiss the idea of a relation between art and diagnosis of psychiatric illness”, they do find that there are many patients who find that artmaking enables them to express themselves cathartically and “organise their thinking”.³³¹ The authors state that the exhibitions “invite the public to view and reflect upon the creative quality and depth of the art”, finding that they promote understanding of people in psychiatric care and reduce prejudice.³³² They also find that, for the patients, knowing that the work produced in its studios is exhibited to the public increases self-esteem and gives them great satisfaction.

Psychiatrie-Museum Bern

Bern, Germany

<http://www.puk.unibe.ch/cu/museum/museum/museumra.html>

“The idea of a museum dates as far back as 1914, when Walter Morgenthaler, the Bernese psychiatrist who discovered Adolf Wölfli, assembled an archive devoted to the history, development and contemporary state of psychiatry in his day. The permanent exhibition ‘Bernese Psychiatry before and after the Construction of the Waldau’ is designed as a tour leading from the late Middle Ages to the Reformation era, on to the construction of the ‘madhouse’ (1749) and the foundation of the ‘Waldau Insane Asylum and Mental Hospital’, and finally to the present day university clinic. The subjects of the changing exhibitions are clinic-related; everything on display comes from the museum’s own holdings.”³³³

The Morgenthaler Collection comprises of over 5000 works by patients and it is claimed to be one of the most comprehensive and significant collections of its kind in the world.³³⁴ It’s exhibits also include: weighing scales, clothing, restraints, machines, photographs, medicines as well as various objects such as one used for centrifuge therapy in which a mannequin is used to illustrate how it works. Its aims are “to present the history of psychiatry, to introduce audiences to and engage them with the Morgenthaler Collection of art and to promote the work of contemporary artists involved with the art therapy program, currently also operating on-site”.³³⁵

Next year an exhibition titled *The Sky is Blue: Works from the Morgenthaler Collection, Waldau* will be held at the Kunstmuseum Bern. The Museum explains that:

The exhibition title is symbolic for the boundlessness of the world of thought as there are very different artistic universes to be seen. They are intimate works that were created during precarious life-situations. They order time, design worlds and find their own forms for existential states — attractive and perplexing at the same time.³³⁶

It is contended that even though Morgenthaler was mainly concerned with the psychodiagnostic interpretation of the works, he was also interested in their aesthetic aspects and the collection he created represents a unique array of artistic works.



Art en Marge: Centre for Research into and Diffusion of “Marginal Art”

Brussels

<http://www.artenmarge.be/>

“The non-profit organisation Art en Marge was founded in Brussels in 1986. Its primary purpose is to conduct research into and diffuse art that was not meant to be shown to a large audience originally. One of its secondary objectives is to discover works of art that were produced on locations to which the audience does not have access normally, for example, psychiatric institutions and institutions for people with a mental handicap. In addition, the centre is also looking for works of art produced by artists who live reclusively. By means of exhibitions, publications, and a collection of works produced by over a hundred Belgian and foreign artists the centre tries to display these ‘different’ works of art outside the world of psychiatric and other institutions and to present them as fully fledged works of art.”³³⁷

Pest en Dolhuys

Haarlem, The Netherlands

<http://www.hetdolhuys.nl>

“Psychiatry is a live topic. One in five Dutch people are affected by a mental problem. This does not mean we are any crazier than the rest of the world. We all know someone affected by depression, burnout or Alzheimer’s. Thanks to mental health care taking up a more prominent position in society, people with psychiatric problems have become a more noticeable presence in everyday life. Yet still not enough is known about psychiatry and people with psychiatric problems often face prejudice. We would like to encourage our visitors to think about the boundary between crazy and normal and question the representations of ‘madness’.

Experience the world of madness in the Dolhuys. Meet madmen and lunatics, or clients as they are known today, in our interactive museum, and find out how the Netherlands has dealt with madness throughout the centuries.”³³⁸



6. CONCLUDING REMARKS AND A PROPOSAL

For many viewers perhaps the most troublesome obstacle in approaching the art of the insane is the prejudice attached to their illness. The equation of psychosis with disorder and confusion – the antithesis of art – is all too common as is also the belief that the creative production of the alienated must inevitably reflect these characteristics.³³⁹

– Stephen Propokoff, “The Prinzhorn Collection and Modern Art”, 1984

Outsider art and art brut have had a serious influence on spectators’ assumptions about the continuity between the motions of the unconscious and the representations of art.³⁴⁰

– Martin Golding, “Shards of an Unknowable World”, 1997

Another fantasy that psychotic art encourages is that someone has lost control of the normal devices of expression or communication.³⁴¹

– David Maclagan, “The Madness of Art and the Art of Madness”, 1999

[I]t is more than just a matter of pigeonholing individuals according to a definition. Outsiderism implies the preservation of outsidership, not, as in diagnosticism, by a process of pathologization, but by a process of marginalization, in which those involved are kept more or less artificially at a distance so as not to endanger their status as archetypal ‘Other’ and to continue in the pleasant dream of a final reserve of innocence and purity.³⁴²

– Jos ten Berge, “Beyond Outsiderism”, 2000

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As the quotes above attest, several widespread preconceptions surrounding art by people with mental illness continue to shape viewers’ understanding and perception of these works. This situation has been largely formed by both studies in the psychopathology of expression which equate unusual artistic strategies with mental disturbance, and certain art movements that value the works for their immediacy and purity of expression. For some psychiatrists, the art produced by patients in hospital became a useful means to further differentiate how people with mental illness differed from the “healthy-minded.” For a number of artists, these works were inspirational exemplars of fearless and unconventional artistic innovation. However, despite the varying purposes and agendas which “psychiatric art” has served, its interpretation and presentation by both psychiatrists and artists overlap in their common emphasis on its otherness. As a result, the public reception of these works has often been marked by confusion, incomprehension, misunderstanding and uneasiness. However, as will be discussed below, recent developments in both art criticism and mental health research highlight that distinctions between “normal” and “abnormal” are no longer easily definable. These studies point towards a new approach to art by people with mental illness, one that emphasises their commonalities with rather than their differences from “healthy” creative expression.

In his analyses of the works he collected, Dax always emphasised what he considered to be their pathological features. However, the presence of creative expression amongst people experiencing mental illness can be considered just as much a sign of health as a symptom of illness. As some



researchers contend, the very fact that a mentally ill person produces art is itself evidence that at least part of their personality remains unaffected by their condition. Although a number of studies, including Dax's, have found parallels between the creative processes of the mentally ill and "normal" artists, this has generally resulted in the pathologising of creativity itself as a form of regression. However, more recent studies have highlighted certain features of common art practices that, although resembling aspects of mental illness, are not in themselves pathological. As Maclagan highlights, certain approaches to ordinary artmaking involve the blurring or dissolution of many of the normal boundaries between the objective and subjective, real and imaginary, which in a more permanent form are symptoms of psychosis.³⁴³ One field of research that offers a new means for exploring these more ambiguous aspects of creative expression is phenomenology.

From a phenomenological perspective the imaginary not only constitutes an essential component of artistic expression, but is also a fundamental constituent of everyday experience and perception. In his study on imagination and psychopathology, James Morley reveals how Maurice Merleau-Ponty's insights into "the imaginary texture of the real" provide a framework for elucidating "not only *being* but also the nexus between *unwell* and *well-being*."³⁴⁴ As Morley posits, the imaginary is "a dimension of the spectrum of experience, from active instrumental reasoning across to passive sleeping."³⁴⁵ Underlying both the imaginary and perception is the principle of perceptual faith whereby the reality of the perceived world, generally taken for granted, is actually no more than an act of trust.³⁴⁶ An integral feature of "perceptual faith" is an allowance for ambiguity, a basic underlying acceptance of a world that cannot be entirely divided between imaginary and nonimaginary (subjective or objective) phenomena.³⁴⁷ In this light, psychopathology can be seen as an experience where this "faith" in reality becomes uncertain or intolerable.³⁴⁸ Although many artistic approaches that test the boundaries of perceptual reality may share this sense of "ontological doubt" with certain experiences of mental illness, Morley makes an important distinction. While most artists are able to return to the security of a "perceptual faith", a pathological loss of boundaries stems from factors beyond the individual's control.³⁴⁹ In acknowledging the paradoxical nature of imaginative activity with its creative and destructive, integrative and disintegrative aspects,³⁵⁰ phenomenology demonstrates that the productions of people with mental illness can be seen to evince both creativity and pathology. As such, it not only contests the excessive romanticisation of *Outsider Art*, but also provides psychiatry with a framework for addressing the spectrum between mental health and psychopathology.

In seeking to classify and differentiate mental illness, psychiatric studies of art tend to decontextualise the works whereby they are no longer considered in relation to a whole range of imaginative possibilities.³⁵¹ In his presentation of psychiatric art, Dax downplayed any sense of artistic skill or imaginative activity, instead emphasising the aspects he perceived to be "strange", "unrealistic", "inappropriate" or "unusual." It was these elements which he felt distinguished these works from "correct" artistic expressions and which he sought to categorise. However, not only has his notion of "proper" artistic expression all but disappeared in the vast terrain of visual forms that art discourse now embraces, but the notion that the mentally ill may be "unusual, different and strange"³⁵² has been widely challenged. As a number of recent studies of human psychology contend, the distinctions between mental illness and normal mental life are not sharp discontinuities but part of a broad spectrum of psychology whereby what is considered mental health or mental illness, is partly a decision rather than a discovery.³⁵³ Furthermore, although their clinical function is acknowledged, some recent studies find that an over-reliance on diagnostic classifications to label psychiatric disorders tends to undervalue the ambiguity, diversity, and complexity of emotional and cognitive disturbances.³⁵⁴ As Barg highlights, a mental illness does not entirely define a human being as every individual has a range of personal traits, capabilities, and experiences which extend beyond those that their doctor analyses.³⁵⁵ As such, the experience of mental illness is not only difficult to delineate from mental health but also varies for each individual.





In this light, the first important comparison to make is that, like any other artist, the work in the Collection exhibits the traces of each patient's personality. As has been discussed, in collecting and presenting examples of psychiatric art, Dax usually selected single works that fit into his pre-existing classificatory system. This generally resulted in an analysis that served more to confirm his diagnostic categories rather than revealing anything about the individual patient's nature. One possible response to this approach, as proposed by Andreoli, is to undertake focused studies on each individual artist whereby all of their works are examined in order to gain an overall perspective of the structure of their "graphical activity."³⁵⁶ In this way the study of their art is connected to a broader and richer framework that results in "a discourse of the patient rather than on the patient."³⁵⁷ Given that the Collection contains many series of works by individual patients this approach could not only redress the selectivity and predetermination of Dax's original research methodology, but could also offer an effective means of gaining a broader understanding of an artist's personal expression beyond its use to convey aspects of mental illness.

Furthermore, just like any other art, the works in the Cunningham Dax Collection and the diverse aesthetic approaches they contain reflect aspects of the historical and social context from which they emerged. As has been shown, Dax's focus on pathological symptoms excludes the historical and social context in which the works were created. Furthermore, as many critics highlight, an emphasis on the artist's psychopathology diverts attention away from the artistic strategies they employed in the construction of their creative works.³⁵⁸ In order to address this issue, Brand-Claussen suggests that the individual's conscious artistic choices and means, irrespective of aesthetic or clinical judgements, should be the essential features to consider before a work is examined in the context of the artist's subjective experiences.³⁵⁹ Such an approach would demonstrate that, despite Dax's claims for the spontaneity of their creation, the works in the Collection, at some level, result from the same conscious deliberations of colour, tone, composition and subject matter that any artist considers. Furthermore, an aesthetic perspective reveals that, rather than evoking pure and timeless expressions of the psyche, many of the images and techniques in the patients' creative works bespeak a shared cultural heritage that grounds them in a particular time and place. As such, the barriers that have previously led to difficulties for the reception and appreciation of these creative works begin to dissolve.

In many ways, the presentation of the works in the Cunningham Dax Collection predetermines whether the works are seen more for their educational value for learning about the experience of mental illness or if they may be acknowledged more for their "artistic" merits. However, as the organisation now recognises, a single, authoritative interpretative approach does not do justice to the multiple ways in which viewers' perceive and respond to artworks. In adopting its new "multidimensional approach," there has been a fundamental theoretical shift whereby the focus shifts from artistic intention to considerations of the reception of the works. In many ways it reflects the postmodernist notion that a meaning of a work is not static or fixed but, instead, forms part of a series of interactions between object, beholder, and environment at a given time and place.³⁶⁰ As Maclagan highlights, by allowing the artwork to become "the site for a reciprocal exchange between the viewer's subjective experience and the work's visible material elements", each affects or modifies the other.³⁶¹ Although the opening up of the Collection to multiple perspectives runs the risk of eliciting unsympathetic responses from some viewers, the potential benefits of this exercise for both the work and its viewers are immense.

The first positive development of recognising the multidimensional nature of these works is that, in the absence of the artist's voice, it frees the work from its former authoritarian definition and classification as an indicator of mental disturbance. In opening them up to a range of possible meanings, the works are accorded a value as individual creative expressions that, like any other artworks, continue to generate discussion and have a purpose or significance that is not limited to the context of their original conception.³⁶² The second important outcome of this approach is that it allows the viewer to develop their own understanding and relationship with the creative works in the Collection. This acknowledges that, in many ways, a person's response to a work is





based on their own capacities and experiences rather than knowledge or understanding of what the artist intended.³⁶³ As the following passage reveals, after many years supervising art programs in a psychiatric hospital, Adamson attests that works by people with mental illness communicate emotions common to every human being at some level:

Although these pictures may be superficially regarded as the stereotype of mental illness, they all illustrate feelings we have experienced, at one time or another, but which we have been fortunate enough to overcome.³⁶⁴

Although he subscribed to the notion that these works are spontaneous and direct emotional expressions, Adamson was in a position to see that, although they may have lacked any artistic training, the results of the patients' productions highlight their commonality with rather than difference from "healthy" forms of artistic expression. This approach points the way toward a positive reevaluation of Outsider Art that goes beyond a fascination with otherness and difference, beyond our nostalgia for the origins of creativity and aesthetic purity, and beyond notions of a quantifiable psychopathology of expression.³⁶⁵

As has been shown, these deep-seated preconceptions, which have accompanied the discourse on "psychiatric art" since its "discovery", have proved remarkably tenacious. These tenets have arisen from its turbulent history in which various individuals and groups have sought to claim the creative works of people with mental illness for their own purposes and ideologies. For Allen Weiss, a prominent critic of Outsider Art, if these problematic assumptions are to be overcome, the viewer needs to identify with what the works are communicating thereby giving voice to individuals who have previously been silenced or deprived of an audience.³⁶⁶ In the absence of the didactic voice of the psychiatrist and the misguided claims of certain artists, the works are allowed to speak for themselves. Given the persistence of the former barriers that have prevented viewers from connecting with "psychiatric art", the Cunningham Dax Collection faces the difficult challenge of facilitating a positive and meaningful exchange between the creative works and its new audiences. Rather than presenting the works as either educative/clinical or artistic/individual, perhaps a more fruitful approach could be to promote a greater understanding of people who experience mental illness *through* an appreciation of their participation in imaginative activities. In this way, the works can be approached like all other products of artistic expression in which one responds to both the signs of creativity and the elements of destructiveness.



CHRONOLOGY

- 1801 Phillipe Pinel, the French asylum reformer, refers to the artistic activity of patients. He finds that this signifies a vestigial link to sanity and pointed the way to the potentially therapeutic role of art.
- 1812 Benjamin Rush, an American physician, notes the sudden onset of artistic activity in patients with no prior history of involvement in the arts.
- 1876 Paul-Max Simon, a French psychiatrist, publishes *L'imagination dans la Folie*, the first psychiatric study of the art of the insane. He is one of the first psychiatrists to amass a large collection of drawings and paintings by asylum patients, believing they can be used as illustrative evidence of their illness or as a diagnostic tool.
- 1880 Cesare Lombroso, an Italian criminologist, begins publishing studies on the art of the insane.
- 1882 Lombroso publishes *Genio et Follia*, in which he argues the case for a strong link between genius and insanity.
- 1892 Max Nordau, a German physician, publishes *Entartung (Degeneration)*, which endorses the link between madness and genius. The book later becomes an important source for the Nazi theory of degeneracy and its defamation of avant-garde art.
- In Chicago, psychiatrist James G. Kiernan organises a conference about the art of the mentally ill where he speaks about its similarity to “primitive” art.
- 1900 Bethlem Royal Hospital stages an exhibition of patient art.
- 1905 Chief Dr Auguste Marie at the asylum at Villejuif, France, opens the Musée de la Folie (Museum of Madness), a collection of patient art. This collection becomes the source for a number of studies of asylum art by Rogues de Fursac, Jean Vinchon, and Marcel Réja. It also has a significant impact on French poet Guillaume Apollinaire who sees it as an important source of inspiration, and who relays this enthusiasm to Duchamp, Picabia and Breton.
- 1907 Marcel Réja (aka Paul Meunier), publishes *L'Art Chez les Fous: Le dessin, la prose, la poésie (The Art of the Insane: Drawings, Prose and Poetry)*, the first book to analyse the art of the insane from an artistic perspective. His interest is in its potential to provide insights into the “genesis of artistic activity”. The artworks printed are from August Marie’s collection.
- 1909 The psychiatric clinic in Heidelberg, Germany, assembles a study collection, *Lehrsammlung*.
- 1912 Paul Klee declares the importance of asylum art for the development of modern art.
- 1919 Dada art exhibition in Cologne curated by Max Ernst and Johannes Baargeld displayed contemporary works alongside art of children, African sculptures, found objects and asylum art.



1921 Walter Morgenthaler, a doctor in a clinic in Waldau, Switzerland, publishes *A Psychiatric Patient as Artist*. This monograph is the first to seriously consider the art of a psychiatric patient, Adolf Wölfli.

Hans Prinzhorn, a German psychiatrist and art historian, organises an exhibition and lecture at Zinglers Kabinett in Frankfurt.

1922 Prinzhorn publishes *The Artistry of the Mentally Ill*. Prinzhorn is interested in how his patients' work relates to the broader art scene of the period and the ways in which it reveals the essential drives of artistic configuration. The Surrealists and Expressionists are influenced by his book and begin to collect the type of work it discusses.

The Prinzhorn Collection is presented at a scientific conference in Leipzig.

Alfred Kubin publishes the paper "The Art of the Insane" in the German art journal *Das Kunstblatt* in which he records the profound impact of the works he saw in the Prinzhorn Collection.

1923 Works from the Prinzhorn Collection are shown at the Kunsthalle in Mannheim, in an exhibition organised by Gustav Hartlaub.

1924 André Breton publishes the *First Surrealist Manifesto* in which he champions the perceived link between insanity and creativity.

An exhibition of patients is made public by Dr Charles Ladame in Geneva, Switzerland.

1928 A popular exhibition including art made in asylums is held at the Paris Galerie Vavin.

1929-33 Under the direction of Hans W Gruhle, the Prinzhorn Collection exhibits in Paris, Geneva, Basel and in nine German cities (mainly at art associations).

1933 Andre Breton writes *Le Message Automatique* (The Automatic Message), which addresses mediumistic inspiration in art and automatic drawing.

1937-38 Nazi exhibition, *Entartete 'Kunst'* (Degenerate Art), organised by Joseph Goebbels. Hans Prinzhorn's successor Carl Schneider at the Heidelberg clinic. The artwork of psychiatric patients are shown beside modern artworks by Otto Dix, Paul Klee, Marc Chagall, Emil Nolde, Wassily Kandinsky and others, in order to demonstrate that modern art is pathological.

1945 French artist Jean Dubuffet visits psychiatric hospitals and prisons in order to collect art produced by inmates. He coins the term Art Brut.

1946 In the postwar year Sainte-Anne Hospital in Paris emerges as a centre for research and exhibition of Outsider Art. In 1946 a celebrated exhibition of over 200 works by artist-patients is held there. The show is conceived in part as a retort to the "degenerate art" exhibition of the Nazis.

1947 Foyer de l'Art Brut is established and exhibits works by patients/creator, in the basement of Rene Drouin's gallery at Place Vendome, Paris.





1948 Jean Dubuffet publishes the “Art Brut Manifesto”. Dubuffet establishes the Compagnie de l’Art Brut, an organisation of sixty members committed to searching for new work. Those introduced to the work through exhibitions include: Jean Cocteau, Pierre Matisse, Claude Levi-Strauss and Joan Miro.

The artist collective Cobra is founded, which includes drawings by children and the mentally ill, and are automatic and mediumistic.

1949 The first Art Brut show, *Outsider Art in Preference to Cultural Arts*, is held at the René Drouin gallery in Paris.

Jean Dubuffet publishes “Art Brut In Preference to the Cultural Arts”.

1950 The *International Exhibition of Psychopathological Art* is held at Sainte-Anne Hospital, Paris, in conjunction with the first International Congress of Psychiatry. It includes more than 2000 works by 63 artists from 17 countries (including works sent by Dr Eric Cunningham Dax and is seen by 10,000 people. The exhibition helps create a climate of acceptance for work by the mentally ill.

1951 The Compagnie de l’Art Brut is dissolved after the publishing house that accommodated the collection closes. Dubuffet plans to relocate the collection to The Creeks, a sixty-acre space in the East Hamptons, USA, owned by the artist Alfonso Ossorio. In November, Dubuffet travels to America and delivers an influential lecture at the Chicago Art Institute entitled “Anti-cultural Positions”.

1952 Ernst Kris publishes *Psychoanalytic Explorations in Art*.

In April the Art Brut Collection is installed in The Creeks which becomes a meeting spot for artists and critics, such as Clement Greenberg.

1953 André Breton publishes his essay “L’Art des Fous, la Clé des Champs” in which he invokes art by asylum patients as new models of creativity.

Eric Cunningham Dax publishes *Experimental Studies in Psychiatric Art*.

1956 *L’art Psychopatologique*, by Professor of psychology Robert Volmat, is published. He makes connections between artworks of patients and modern art.

1959 The Tate is given two works by Outsider artist Scottie Wilson, donated by Charles Aukin.

1962 The Art Brut Collection, consisting of 1200 works, returns to Paris and the Compagnie de l’Art Brut is reinstated.

1963 Harald Szeemann rediscovers the Prinzhorn Collection, Heidelberg, and exhibits a selection for the first time at the Kunsthalle in Bern.

1964 The first booklet documenting the Art Brut Collection, *Fascicule de L’Art Brut*, is published.

1966-68 Physician Maria Rave-Schwank organises exhibitions of the Prinzhorn Collection, Heidelberg, in Freudenstadt, Heidelberg, Paris, Amsterdam and Wiesbaden.

1967 The Musée des Arts Decoratifs in Paris holds the first exhibition of Jean Dubuffet’s entire collection.

Jean Dubuffet publishes “Make Way For Incivism”.





- 1970 Gugginger Kunstler, Vienna. The first exhibit of patient's creations from the Gugging Psychiatric Clinic is organised by Dr Leo Navratil.
- 1971 Jean Dubuffet begins and completes talks for the donation of the Art Brut Collection to the City of Lausanne, Switzerland.
- 1972 Roger Cardinal coins the English term "Outsider Art": "I believe that a paramount factor in the critical definition of the creative Outsider is that he or she should be possessed of an expressive impulse and should then externalize that impulse in an unmonitored way which defies conventional art-historical contextualization".
- Swiss curator, Harold Szneeman, features Outsider artists at "Documenta 5" in Kassel, Germany.
- 1972-77 Exhibitions are held in the attic of the Psychiatric Clinic Heidelberg.
- 1975 *L'Art Brut*, is published, authored by philosopher and art historian Michel Thevoz.
- 1976 Jean Dubuffet's collection of L'Art Brut is given a permanent home at the Château Beaulieu in Lausanne, Switzerland. It grows to over 30,000 works. Michel Thevoz is the first director/curator of the collection.
- 1979 The first major exhibition of Outsider Art in England opens at the Hayward Gallery on 5 February, *Outsiders: An Art Without Precedent or Tradition*, co-curated by Roger Cardinal and Victor Musgrave. In the preface to the catalogue, Musgrave writes: "Here is an art without precedent. It offers an orphic journey to the depths of the human psyche, filled with amazing incident, overflowing with feeling and emotion yet always disciplined by superlative technical resources." The show is well received by the 40,000 visitors who attend, although the opinions of the critics are split.
- The Third Eye Centre in Glasgow organises an exhibition called *Another World*.
- 1980s Prinzhorn Collection is in numerous touring exhibitions and group shows throughout Europe, Tokyo, Spain, London and USA, including the Venice Biennale in 1995.
- 1981-82 Musgrave curates *Arte Incomun* at the 16th Sao Paulo Biennale. Musgrave decides to build an Outsider collection and archive.
- 1983 Kinley and Musgrave hold an exhibition, *Artists Make Faces*.
- Swiss curator, Harold Szneeman features Outsiders in the exhibition *The Tendency Toward the Total Work of Art*.
- 1985 Kinley continues to expand the collection and curates an exhibition of Albert Louden's work at the Serpentine Gallery, London.
- Insiders and Outsiders* is held at Goldsmith's College, London, and features a selection from the Outsider archive.
- 1986 Art en Marge centre opens in Brussels, Belgium. Its purpose is to research and promote Art Brut.
- Monica Kinley curates the first Scottie Wilson show from the collection in Glasgow at the Third Eye Centre.
- Outsiders* is held at the Rosa Esman Gallery in New York.





- 1987 The Graves Art Gallery in Sheffield becomes the first public institution in England to actively buy Outsider Art.
- Kinley curates *In Another World: Outsider Art from Europe and America* at the South Bank Centre in London. It tours seven venues across the UK.
- 1989 John M MacGregor publishes *The Discovery of the Art of the Insane*.
- Open Minds* is held at the Museum van Hedendaagse Kunst in Ghent and features an assemblage of Outsider and other artists.
- John Maizels launches *Raw Vision: International Journal of Intuitive and Visionary Art*, a magazine that focuses on Art Brut, Outsider Art and Folk Art.
- 1990 *Portraits from the Outside* is held at the Parsons school of Design in New York. Kinley curates an Outsider show for Alpha Cubic, a fashion house in Tokyo.
- 1991 *Outsider Artists* is held at Art en Marge in Brussels. The show also travels to Malmo Konsthall in Sweden. It includes works from the Musgrave Kinley Outsider Collection. *The Artists of Gugging* is held at the Moore College of Art in Philadelphia.
- 1992 *Parallel Visions: Modern Artists and Outsider Art* is held at the Los Angeles County Museum of Art.
- 1993 The first annual Outsider Art Fair takes place at the Puck Building in New York.
- 1994 *The Outsider* is curated by Kinley at the Rona Gallery in London. Madge Gill has a solo exhibition in Toyko, curated by Kinley.
- Art Brut & Company: A Hidden Face of Contemporary Art*, exhibit opens at Halle St Pierre, organised by Marine Lusardy, Paris.
- 1995 Kinley curates a show on Outsider artist Carlo Zinelli in Tokyo.
- The American Visionary Art Museum (AVAM) opens to the public on 24 November in Baltimore.
- In 1995, the exhibition *Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients* presented paintings and sculptures by psychiatric patients in the Netherlands
- 1996 *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection* is exhibited at Hayward Gallery, London
- The Outsider Art Museum in Moscow opens.
- Marina Warner curates *The Inner Eye*, an Arts Council exhibition.
- 1998 The Irish Museum of Modern Art provides a home for the Musgrave Kinley Outsider Art collection and opens the exhibition *Art Unsolved*.
- 1999 The ABCD Association is founded in Paris by Bruno Decharme.
- 2001 Sammlung Prinzhorn museum opens in Heidelberg (Prinzhorn Collection).





- 2002 *Outsider Art: The Musgrave Kinley Outsider Collection from the Irish Museum of Modern Art*, co-curated by Alistair Smith and David Morris, is held at the Whitworth Art Gallery in Manchester.
- 2003 *The Tail that Wags the Dog, Outsider Art in the Expressionist Tradition from the Musgrave Kinley Collection* tours with the COBRA group.
- 2004 *Vernacular Visionaries: International Outsider Art in Context* is held at the Museum of International Folk Art in Santa Fe, USA.
- 2005 The Musgrave Kinley Outsider Trust archive is donated to Tate Britain. *Outsider Art the Musgrave Kinley Outsider Collection and Archives*, featuring a selection of works from the Collection and archives, is held at Tate Britain.
- 2006 *Inner Worlds Outside*, a touring exhibition curated by Jon Thompson and Monika Kinley, travels to the Fundación La Caixa in Madrid, the Whitechapel Gallery in London and the Irish Museum of Modern Art in Dublin. This shows Art Brut and Outsider Art alongside work by established fine artists.

For Matthew & Others: Journeys with Schizophrenia is exhibited across three galleries in Sydney.



FRAMING MARGINALISED ART BIBLIOGRAPHY

BOOKS AND ARTICLES

Adamson, 1984: Edward Adamson, *Art as Healing*, London: Nicolas-Hays, Inc., 1984.

The author of this book was the artist who supervised the first art program trialed by Dr Dax at Netherne Hospital. It details the author's experience of working with patients along with many illustrations of their work. Adamson offers a number of valuable insights into the experience of being in the studio finding that: "the studio became an oasis for each person to express themselves"; "creativity became a treatment in its own right"; "paintings can provide a window into a person's submerged thoughts or feelings"; "paintings can be understood at two levels, the 'manifest' level and the deeper level of symbolism"; "the true meaning of a work must be obtained from the artist"; "psychotherapy can bring out paintings which reflect the particular psychological persuasion of the therapist"; "it is best not to have the case notes before the patient arrives to avoid prejudging people by labeling them"; "art making places the responsibility for change upon the individual, rather than making them rely solely upon treatment from outside; many people used painting as a way to share their anxieties, their depression, their loneliness and their fears of being abandoned by providing an acceptable means of communicating to others how they felt"; "although many pictures may be seen to reflect mental illness, they convey feelings experienced by all, at one time or another"; and "the doctor-patient relationship is the subject of some paintings".

Ades, 1998: Dawn Ades, "Concerning the Unconscious, Surrealism and Outsider Art" in *Art Unsolved: The Musgrave Kinley Outsider Art Collection*, Dublin: Irish Museum of Modern Art; London: Lund Humphries Publishers, 1998, pp. 14-18.

The author examines the Surrealists' interest in Freud's ideas and their debate with doctors and psychologists over definitions of mental illness. She contends that Freud's redefinition of the unconscious and its integral part of the human psyche was responsible for a complete "transformation of man's sense of identity". She finds that the Surrealists' interest in psychoanalysis was not in its curative powers but Freud's privileging of the significance of unconscious drives and dreams which helped justify their rejection of rational, bourgeois values. Ades argues that their attempts at automatism are less to do with Freud's ideas than their own aesthetic interest in the spontaneous and the unplanned. She argues that despite these efforts the unconscious "can only ever be described metaphorically". The author then describes Jung's and Lacan's notions of the unconscious. She concludes that Surrealism and Outsider Art represent a reversal of Freud's notion of sublimation whereby these works seek to reveal rather than conceal "dangerous drives".

Allen, 1992: Traudi Allen, "Mental Disturbance and Artistic Production", *Artlink*, 12, no. 4, Summer 1992-1993, pp. 22-23.

A short article by an art historian that explores some popular misconceptions about the link between art and mental illness. She discusses widespread views about Van Gogh as the stereotypical tortured artist and how this has led to many speculations about his psychiatric diagnosis. The author is critical of Dax's methodology and findings in his presentation of the creative works by the mentally ill. She highlights that, rather than the work, the artist's mental illness becomes the focus of attention. She suggests that statistical evidence is needed to maintain Dax's notion that certain themes and subjects are repeatedly used in particular illnesses. Allen also cautions that knowledge of the diagnosis prior to interpretation of the productions would have influenced the readings. From a psychological viewpoint she argues that the narrative content of works is too subjective, and therefore variable, to be of value and only the creator's personal interpretation is adequate to consider the many variables involved. She also makes the point that cultural diversity can lead to contradictory interpretations of the same painting.



Almela, 2006: Ramón Almela, “Outsider... Deconstructing Art from the Outside: Epistemology of marginal art as an expressive visual practice”, *critic@rte*, December 2006, URL: from http://www.criticarte.com/Page/file/art2006/outsider_decons_ingles.pdf

An essay that highlights the ways in which postmodern views of visual culture concur with the recent propagation of Outsider Art. The author finds that in challenging the elite and specialised nature of art and fostering diversity and cultural difference, postmodernism reveals ways in which Outsider artworks can be seen as meaningful visual productions and instances of the innate creativity in human beings. He uses several Outsider artworks to illustrate his points.

Ames, 1994: Kenneth L. Ames, “Outside Outsider Art” in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 252-72.

The author argues that Outsider Art is an unsound and unethical concept that promotes and maintains a dehumanising and reductionist notion of art. He posits that this field has been constructed and perpetuated, not by the artists themselves, who have been denied a voice, but by its advocates and proponents who make bold, romantic claims for the freedom of Outsider artists. He further argues that is not only an aesthetic phenomenon but that its political and social aspects are just as critical, highlighting power relations and the way people use other people for their own agendas. Ames also argues that while works made in therapy have a formal dimension they are not necessarily art and that only focusing on their formal qualities overlooks a complex exploration of their deeper personal meanings. He suggests that these graphic expressions should be seen as a medium by which the creator of the work can: “grapple in nonverbal form with internal demons”; “explore their past”; and “create a pictorial world that may not be accessible to anyone else”.

Andreoli, 1969: Vittorino Andreoli, *The Graphical Language of Insanity* (1969), (trans. by Brendan Jones), Rome: Il Pensiero Scientifico Editore, 1999.

The author posits that, although graphical work can be an important tool for understanding schizophrenia, its use should not be limited to identifying symptoms on the basis of a rigid structure of characteristics but, rather, should be viewed within the framework of “a richer, more fluid discourse”. He finds problems and limitations with attempts to classify such works arguing that: “these characteristics only give a static schema that we are unlikely to find in its entirety in every patient”; “these studies have essentially consisted in a validation of clinical classifications incorporated as an *a priori* element of analysis”; and that “psychopathological art” approaches lack historical perspective. In its place he argues for an approach that, instead of using classificatory schema, treats the mentally ill as individuals, viewing them through their graphical discourse and placing the patient themselves at the centre of attention, “in a discourse of the patient rather than on the patient”. Andreoli also emphasises the importance of a “dynamic, longitudinal study of works in the analysis of graphical activity” and a need to collect all the available material seeking to “understand the structures that sustain it as a discourse”. This, he argues, overcomes the problem of concentrating on single works, which produces a partial analysis that often serves more to confirm the interpretation of the analyst than the structures of the artist’s personality. He also acknowledges that an expression of work can be linked to any number of contingent circumstances affecting the patient and unrelated to their internal world and as such the content should be studied within the individual context. He also posits a multifaceted approach in which a given object can be perceived and assessed from a number of points of view — ethical, economic, aesthetic.

Arnold, 1996: Ken Arnold, “Time Heals: Making History in Medical Museums” in *Making Histories in Museums*, London and New York: Leicester University Press, 1996, pp. 15-29.

This paper explores the history of medical museums and their changing role and nature. The author acknowledges the public’s enduring fascination with medical museums and their potential



for a profound impact on visitors. He finds the strengths of medical collections are that the subject of medicine links into a wide field of other activities and experience and that a good proportion of its material culture is visually striking. Arnold discusses the way in which histories of museums and medicine have been intertwined in that: many of the first museums were founded by medical men; many were used for medical education and instruction; museums have been used to propagate public health policy on matters of health, sanitation and hygiene; many early objects collected were understood in terms of medical principles; and medicine and museums share a strong didactic approach. The author then discusses more recent changes in medical museums: they now collect from a far broader social terrain whereby the history of medicine is increasingly studied from the patient's as well as the practitioner's perspective; they now seek to engage broader more general audiences as opposed to a specialised medical audience; more time is spent on questions of interpretation and display; the public are presented with a range of social and cultural issues surrounding health and healing; and, while many still begin with a history of medical science highlighting landmarks on a journey of successive improvements, there is now an emphasis on social and political influences. The paper gives a number of examples of these new approaches: medical objects are used as "nodes" about which the wider influence of social, political and technological developments have been gathered; attempts have been made to humanise medicine by emphasising the process of science as distinct from its product (not what they know but how they set about finding this out). The author finds that this new type of museum-based medical history reflects an increasing willingness to see health and the healing arts as fully understandable only within the context of a larger more diffuse culture, one that reflects broader aesthetic, political, ethical, and spiritual aspects of humanity.

Bader, 1961: Alfred Bader, "The Pictorial Work of Psychotics – A Mirror of the Human Soul", in *Insania Pingens*, Basle, Switzerland: CIBA Limited, 1961, pp. 33-57.

The author argues that there is no such thing as "psychopathological art", and that the act of artistic creation undergoes no essential change in response to mental illness. Rather, he posits that the art of psychotics reflect certain fundamental values similar to those manifested in all art and that analysing the creative processes of people who experience schizophrenia may help to uncover the underlying secret of all artistic creation. Bader cautions that the link between genius and insanity has led to the misunderstanding that madness can instil artistic talent. He finds that mental disease more often has a destructive effect and that it is rare to find work by mental patients which have great artistic merit. This paper purveys a number of common preconceptions about these works, such as: they are lacking in affectation; are produced in a spontaneous outburst; and that many lack deliberate thought or reflection. He remarks that there are many pictures whose subject matter is perfectly intelligible and raises no problems of interpretations while others are unintelligible and it is often impossible to interpret them even with the patient's cooperation. He also finds many works whose content appears self-evident but may provide a psychological explanation of some hidden or underlying significance, while others become more understandable if we know the psychological conditions under which they were produced. He suggests that if we clear "our mind of all preconceived notions and simply allow these pictures to speak for themselves, we shall discover that several of them convey a valid, and sometimes profound, human message."

Baeyer and Häfner, 1964: W. V. Baeyer H. Häfner, "Prinzhorn's Basic Work on the Psychopathology of the 'Gestaltung'", *Psychopathology and Pictorial Expression: An International Iconographical Collection*, series 6, Basel, Switzerland: Sandoz, 1964.

The authors examine how Prinzhorn's work pioneered psychopathological approaches to art as a graphic approach to the understanding of abnormal experience; as an expression of hidden and non-verbalised elements; as an instrument of therapy; and as a diagnostic aid (although Prinzhorn was clearly skeptical of their use to illustrate psychopathology). Baeyer and Häfner also posit that a broader understanding of these works was enabled by modern art which extended its

horizons into regions of mental experience previously unexplored and which, in turn, led to a closer relationship between art and psychology, particularly in the similar style and subject of works by mental patients and modern painters. They argue that psychoanalysis provides an important tool in the thematic and dynamic explanation of works of art and opens new means to explore inner reality.

Barg, 1991: Joel Barg, "Art by Schizophrenics as Expressive Panoramas of the Human Condition", in *Art Media as a Vehicle of Communication*, Brookline, MA: The American Society of Psychopathology of Expression, 1991, pp. 177-88.

This paper includes a brief historical summary and literature review of studies of the works by people who have experienced schizophrenia. Like Dax, the author finds artworks are "useful barometers" in which information withheld verbally can be discovered in graphic productions, offering a different mode of communication and representation from that of face-to-face interviews. He also finds distinctive pathological characteristics within these productions in which "typical schizophrenic forms prevail". However, he cautions that psychiatric formulations cannot fully convey an individual's often uncertain and complex predicament and that diagnostic labels should not overshadow the individual, authentic, human attributes of each person.

Barron, 1991: Stephanie Barron, "Modern Art and Politics in Prewar Germany", in *Degenerate Art: The Fate of the Avant-Garde in Nazi Germany*, Los Angeles: Los Angeles County Museum of Art; New York: H.N. Abrams, Inc., 1991, pp. 9-23.

This paper explores how the "degenerate art" label, originally popularised by Max Nordau, gained increasing currency for the developing ideology of German fascism, culminating in the 1937 exhibition in Munich entitled *Entartete Kunst* (Degenerate Art) in which examples of primitive art and art by the mentally ill were mixed with examples of modern art. The author highlights that the purpose of this display was to demonstrate the external similarities of these works in order to label, denigrate, and condemn them all as products of mentally or racially degenerate individuals. Images from the original catalogue are featured in which several works from the Prinzhorn Collection are directly compared with works of modern art to unite both on an equal level of inferiority.

Beardsley, 2003: John Beardsley, "Imagining the Outsider" in *Vernacular Visionaries: International Outsider Art*, New Haven and London: Yale University Press; Sante Fe, New Mexico: The Museum of International Folk Art, 2003, pp. 10-17.

In this catalogue essay, the author suggests that the confusion surrounding the understanding of Outsider Art is caused by it being "less a fixed phenomenon than a flexible construction, the meanings of which vary from time to time and place to place". He highlights that the idea of Outsider Art in Europe differs to its American counterpart where it has become more of a catch-all term encompassing folk, self-taught, and naive art, along with that of various ethnic groups, and the institutionalised. He defines the original European conception of Outsiders as individuals who: live at some distance from prevailing cultures; are not part of the art world and may not see themselves as artists; work out of personal necessity, often obsessively, over many years; create independent lives or personalities through their art; seem to emerge with fully developed styles; are not heavily influenced by outward influences, particularly stylistic trends; have a propensity to create fantastic personages and events; share compositional strategies such as covering surface with patterns or ornamentation or tendency toward distorted, caricatured, and hybridised form; make art that gives a sense of entering another world with its own logic and codes of representation; and conveys a intensity and inwardness that has been described as an "autistic air". Beardsley finds that the American approach is largely based on European precedents that trace the biography of the artist and look for evidence of stylistic originality and obsession. However, he identifies another approach that looks for Outsider Art's links to particular historical

contexts and social meanings. He then discusses recent criticism that focuses on the implications of the term Outsider, acknowledging that, while the term correctly implies a distance from high culture it can also reinforce hierarchies rather than subverting them. Furthermore, he finds that while the term conveys the geographical, social, or mental isolation often experienced by Outsiders, it incorrectly conveys the idea that people can be entirely innocent or outside of culture. Finally, it reveals uneven power relations whereby the term serves to establish boundaries and to solidify the authority of one cultural group over another. The author concludes by stating that, while one “mustn’t forget the predicament of individuals who made this art” and that there is a “need to move beyond the pathological construction of the Outsider as either social misfit or clinical curiosity”, he still considers the term Outsider to be useful.

Becker, 2000: Annette Becker, “The Avant-Garde, Madness and the Great War”, *Journal of Contemporary History*, 35, no. 1, January 2000, pp. 71-84.

An historian examines the impact of World War One on the Surrealists and their understanding of madness. In particular she highlights how this shaped their ideas about creativity and the unconscious. Becker demonstrates how artists and writers such as Breton were influenced and inspired by their encounters with psychiatric patients and by reading clinical case studies that arose from shell shock. She also contends that Prinzhorn and others failed to mention the influence of the war on the works he collected as it didn’t fit with his notion that the works were spontaneous and unmediated.

Berge, 2000a: Jos ten Berge, “Beyond Outsiderism” in *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stadshof Museum for Naïve and Outsider Art, 2000, pp. 77-101.

In his paper ‘Beyond Outsiderism’, Berge is critical of approaches to the art of the mentally ill that promote and preserve the notion of “outsiderism”. He argues that “once diagnosticism began to lose ground to aesthetic appreciation in the 1920s the concomitant pathologization also gradually declined. But the glamorization of outsidership that followed failed to halt the tendency to marginalize the artists concerned”. Berge also finds that the doctrine that “insists on the physical, social and mental isolation of Art Brut exponents is untenable and that its anti-psychiatry and anti-therapy positions are highly unethical”. The author argues that it is more than just a matter of pigeonholing individuals according to a definition. He finds that the underlying methodology of “stylistic diagnostics” features “debatable assumptions, the selective use of evidence” and “numerous circular arguments”; “more than one case suggests that even in the psychiatric context, style diagnostics carry a not inconsiderable risk of inappropriate pathologization and marginalization of the patient”. However, he observes that “‘diagnosticism’ is nowadays almost but not entirely defunct” and “has more or less vanished from the mainstream artworld”.

Berge, 2000b: Jos ten Berge (ed.), *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stadshof Museum for Naïve and Outsider Art, 2000.

Beveridge, 2001: Allan Beveridge, “A Disquieting Feeling of Strangeness?: The art of the mentally ill”, *Journal of the Royal Society of Medicine*, 94, November 2001, pp. 595-99.

This article briefly surveys the history of clinical and artistic approaches to the art of the mentally ill in an attempt to find out how this work, once considered worthless, came to possess significant value. It highlights a number of problems and inconsistencies with many of the assumptions underlying the aesthetic approach: many artists were knowledgeable about culture and had painted before admission to the asylum; the social context in which the work was produced was often ignored; the effects of incarceration on the creation of the work were overlooked; not all patients were indifferent to their works’ reception; the view of insanity was essentially a Romantic one, in which madness was seen as a process of liberation; psychiatrists are derided for reducing people to diagnostic categories, while the same writings hail patients diagnosed as “schizophrenic” as the



undisputed masters of the genre; the position that psychiatric treatment has served to destroy the artistic potential of the mentally ill is unethical; and, in surveys of mentally ill artists, some felt that medication impaired their abilities, others reported that it gave them the stability to work. The author finds that this history illustrates our changing notions as to what is art from the Romantic view of the mad genius to the avant-garde search for new forms of expression to the attention on marginalised groups resulting from the postmodern undermining of a fixed authoritative canon. The author also raises questions over psychological approaches finding that: a psychoanalytical approach can be an essentially reductive exercise in which images are examined for evidence of Freudian symbolism; it is misguided to search for defining stylistic characteristics; attempts to describe a distinctive quality of these works have proved elusive; and definitions of madness also vary from those who see it as a decisive break from normality and others who maintain that there is a continuum between the sane and the insane.

Bircanin and Short, 1995: Iliya Bircanin and Alex Short, *Glimpses of the Past: Mont Park, Larundel and Plenty*, Melbourne: Iliya Bircanin and Alex Short, 1995.

A brief history of psychiatric hospitals and mental health services in Melbourne by an occupational therapist and psychiatric pharmacist. This book arose out of a perceived need for this history to be written in light of the closure of the hospitals. It documents with archives, photographs and anecdotes the methods and changes of treatment practices, the lives of people with mental illness, and the experience of those who worked in these hospitals.

Bloch, 1996: Sidney Bloch, "An Interview with Eric Cunningham Dax", *Australasian Psychiatry*, 4, no. 3, June 1996, pp. 128-33.

An interview with Dax which looks broadly at his career in medicine. There is a brief discussion about his interest in art and psychiatry and the origins of the Cunningham Dax Collection.

Born, 1946: Wolfgang Born, "The Art of the Insane", *Ciba Symposia*, 7, no. 10, January 1946, pp. 201-36.

The first section of this paper looks at the history of psychiatric approaches to the art of those with mental illness. Born finds that Prinzhorn's work opened a new era of research that explored the aesthetic dimensions of the works. The second section looks at the characteristics of "the art of the insane" and contains a number of standard assumptions: "the artistic production of the abnormal provides a kind of laboratory for the analysis of the process of artistic creation in the normal"; it is doubtful that "a deranged mind can produce art in the strict sense of the word as unity is the prerequisite of every aesthetic effort." The author acknowledges that only a very small percentage of patients make art and questions the notion that madness can trigger creativity. He highlights that analysts often overlook the fact that most untrained adults have underdeveloped artistic abilities and display traits of regression and therefore control drawings by normal people should supplement every test drawing by mentally ill artists. The paper goes on to discuss "great artists" who experience mental illness, however, the author finds that pathographies remain tentative as there are often no reliable and detailed descriptions of their symptoms available and early psychiatric terminology was often rudimentary. He finds that more recent studies where information is available have suggested that stylistic changes are evident in artists' works as a result of the onset of mental illness.

Bourbonnais, 1979: Alain Bourbonnais, "Celebration and Occultation", (trans. by Roger Cardinal) in *Outsiders: An Art Without Precedent or Tradition*, London: Arts Council of Great Britain, 1979, pp. 17-19.

An exhibition catalogue essay by an art collector that exemplifies the romantic notion of Outsider Art or "Art Extraordinary" as he prefers to call it. The author stresses that the works fall completely outside the art system and that they are not premeditated or calculating.



Bowler, 1994: Anne E. Bowler, "Asylum Art: The social construction of an aesthetic category" in *Outsider Art: Contesting Boundaries in Contemporary Culture*, Cambridge: Cambridge University Press, 1997, pp. 11-36.

The author offers an in depth sociological analysis of the social construction of the "art of the insane" by exploring a set of overlapping discourses and practices in the nineteenth and twentieth centuries, including: changing definitions of insanity in the context of the emergence of psychopathology; the overturning of traditional representation in modern art; and the rise of a new institutional framework for the production, distribution, and reception of art. She discusses the early nineteenth century Romantic notion of the link between madness and creativity and the symbol of the madman as tragic hero and social outsider. She credits Romanticism with the construction of isolation as the "essential condition" from which all great art is made and marginality as the mark of the authentic artist. However, in the later nineteenth century she finds the interest shifted to the art productions of the insane as illustrative evidence of their illness or as a diagnostic tool. She discusses Paul-Max Simon and Cesare Lombroso's studies which were concerned with the classification of patient art according to psychiatric categories of diagnosis. She suggests that the status of the creative products of the asylum patients was directly compromised by their proximity to mental illness. The author discusses Prinzhorn's contribution, particularly: his discussion of ten "masters" which combined biographical and clinical information with detailed descriptions of particular works; his selectivity; his suggestion of an affinity between "the schizophrenic outlook and our age"; and the decisive impact of his book within artistic circles. The paper then highlights how artistic declarations of the value of art by patients as a new model of creativity brought it into artistic discourse and practice in which the mad artist became the "paradigm of the creative subject". Bowler also discusses this in the context of important changes in the definition of mental illness during this period including: the change from the view of insanity as an abnormality of the brain to a growing interest in the psyche and the emotions; the growing prevalence of the term "schizophrenia"; and an increasing interest in the nature of the unconscious. She highlights how, for these artists, asylum art became an "effective weapon against prevailing artistic conventions" to deliberately provoke and shock. It is found that these artists transformed mental illness into an aesthetic doctrine whereby the insane artist creates without regard for established values or aesthetics but instead out of inner necessity, unadulterated by conventions, as pure, spontaneous outpouring of the imagination. She finds that Dubuffet is the most steadfast proponent of this position. In bestowing authenticity on asylum art, she contends, the avant-garde sought to appropriate this legitimacy for themselves. As evidenced by the contemporary reception of asylum art, this has created a legacy whereby the aesthetic analysis of the artwork is superseded by the biography of the artist. The author finds that the construction of insanity as an artistic strategy has led to an aestheticisation of madness in which the struggles of those who have been institutionalised are often overlooked. She finds that contemporary responses to asylum art use different terms and approaches to descriptions of established artists whereby they either attempt to find signs of pathology in the works or characterise the work using sensational vocabulary. Finally, the paper discusses the way in which changes in the treatment of mental illness have been seen by many to have had an adverse effect on art by the mentally ill. This has impacted on the growing market for Outsider Art whereby the production of "authentic" works is on the decline, adding value to earlier works made in institutions.

Brand, 1984: Bettina Brand, "Aspects of the Prinzhorn Collection" in *The Prinzhorn Collection*, Urbana, IL: Krannert Art Museum, 1984, pp. 5-6.

The author compares the Musee de l'Art Brut, which lays stress exclusively on the aesthetic character of the works they collect, with the Prinzhorn Collection which originally formed as a medico-psychiatric resource, although its history reveals that its was conjoined with the art values of the day. She argues that it is the juxtaposition of these two differing concerns that prevents the viewer from confronting the works in the spirit of "disinterested pleasure", as works that appeal to



us aesthetically cannot truly be understood without an awareness that they convey the pain and the loneliness felt by their creators. Conversely, it is this awareness which enhances the power to move us in works that may seem aesthetically less appealing at first.

Brand-Claussen, 1996: Bettina Brand-Claussen, “The Collection of Works of Art in the Psychiatric Clinic, Heidelberg — From the Beginnings until 1945’ in *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection* (trans. by David Britt), London: Hayward Gallery; Berkeley, Los Angeles, London: University of California Press, 1996, pp.

In this essay, the Assistant Curator of the Prinzhorn Collection criticises many of Prinzhorn’s approaches to the collection and interpretation of patient art. She contextualises his activities within the broader “discovery, annexation and transformation into myth of the ‘primordial’” in art. Her paper foregrounds the selective nature of Prinzhorn’s approach and reveals instances in which he encouraged patients to make work using suggestion and reward. She also discusses the fact that magazines and brochures were available to patients and were used as the support for drawings, in collages, for mounts, or for inspiration as subject matter. Brand-Claussen also reveals that Prinzhorn interviewed some of the artists and that some works reflect the influence of this interaction. Furthermore, research into patients’ records highlight that many patients had prior notions of visual design and training. She contends that, increasingly, “Prinzhorn’s notion of unconscious creativity stands revealed as Expressionistic wishful thinking” and these revelations all directly challenge Prinzhorn’s notion that the works were produced spontaneously, unsolicited and without prior training in a transhistoric realm. In his search to find “genuine art”, the author contends that Prinzhorn constructed the model of the autonomous, mad artist, whose creative works were the products of pure, unmediated expressions of authenticity and primordality. As such, his primary concern was not in finding rational interpretations of their messages, but in validating his own aesthetic and cultural critique. Furthermore, she contends that the art of patients was “enlisted in the cause of his self-dramatisation as a ‘man of the spirit’ and a nomadic outsider”. Nevertheless, she commends Prinzhorn for bringing about a change in values by saving previously devalued works from the psychopathological and diagnostic approaches of his colleagues and placing them on an equal level with professional art.

Brand-Claussen, 2001: Bettina Brand-Claussen, “The Witch’s Head Landscape: A pictorial illusion from the Prinzhorn Collection”, *American Imago*, 58, no. 1, Spring 2001, pp. 407-43.

In discussing a particular artist’s work in the Prinzhorn Collection the paper challenges a number of problems inherent in previous attempts to interpret artworks made in psychiatric institutions. Brand-Claussen finds a number of precedents and influences both from the artist’s personal biography and the wider socio-historical context in which he lived in various elements of his artwork, challenging previous readings that had overlooked such material. The author is critical of Prinzhorn’s selectivity in only discussing works which “illustrated *his* ideas of non-intentional, authentically schizophrenic painting” while overlooking more realistic, representative and conventional works. She finds that “the intention and autonomy of a work get lost when people attempt to interpret it within a narrow conceptual framework.” She also discusses Ernst Kris’ psychoanalytic approach to creativity in which he distinguishes between artists who control the artistic process by regression “in service of the ego” and psychotic artists “whose ego is flooded by regressive experiences.” She criticises Kris for: espousing views not too different to the findings of those involved in the Nazi program of racial extermination; emphasising the unintelligibility of works by the mentally ill; his failure to consider the artists’ intentions; overlooking examples of conscious, secondary processes in the works; not considering the works in relation to their context; perpetuating the notion of the unchanging nature and lack of stylistic development in the art productions of those with mental illness. The author contends that Kris sought to maintain the “rhetoric of non-intentionality and non-control” in advocating the direct link between the workings of the unconscious and the work of art. She argues that a concentration on an aesthetics based on the unknowable and unconventional has perpetuated the misunderstanding that the works



of schizophrenic patients are necessarily characterised by originality, fantasy and veracity. She highlights how these notions were adopted by Dubuffet in his concept of Art Brut. In place of this, she suggests, the aesthetic productions of the psychiatric patients should be examined within their historical and social context by undertaking an in depth analysis which explores the choice of aesthetic methods and approaches and then places the work within the context of the artist's own experiences.

Burrows, Norman and Rubinstein, 1986: G.D. Burrows, T.R. Norman and G. Rubinstein (eds.), *Handbook of Studies on Schizophrenia, Part One*, Amsterdam; New York; London: Elsevier Science Publishers, 1986.

Byrne, 1978: Peter Byrne, "Art and Madness", in *The Inner Eye*, Oxford: Museum of Modern Art, 1978, pp. 9-11.

The author acknowledges that art by the mentally ill has always been ambiguous and anomalous, as have notions of "madness", "mania", "lunacy", "unreason" and "mental illness". He posits that the failure to distinguish between *moral* beauty and *aesthetic* beauty has resulted in the equation that bad art equals bad artist, degenerate art equals degenerate artist. In comparing the works in the exhibition to "fine art" he has difficulty finding any solid reasons to differentiate the two. He finds that, although their meaning and import may be unclear, if works of art are examples of creativity, these works should be included in any future history of art, both in their own right, and also as evidence of our greater understanding of art.

Cardinal, 1972: Roger Cardinal, *Outsider Art*, New York and Washington: Praeger Publishers, Inc., 1972.

In many ways, Roger Cardinal's book *Outsider Art* was for the latter part of the twentieth century what Prinzhorn's text was for the earlier decades in terms of its impact in raising awareness, particularly in English speaking countries, of the significance of creative works by people with an experience of mental illness. Following Dubuffet, Cardinal's original emphasis on biography as a means of reinforcing the notion of marginalised creativity has since become the most widespread approach to Outsider Art. However, perhaps the greatest contribution of his text has been the term "Outsider Art" itself, which has spread beyond its original intended meaning to become an all-pervasive category for any works produced beyond the boundaries of the conventional art industry.

Cardinal, 1979: Roger Cardinal, "Singular Visions" in *Outsiders: An Art Without Precedent or Tradition*, London: Arts Council of Great Britain, 1979, pp. 20-36.

Although the author concludes by stating that each Outsider artist must be recognised as an individual, that each encounter with Outsider Art is a unique event and that there is no place for generalisations, this essay contains many broad assumptions about the art and artists in the exhibition, such as: "living and working outside the jurisdiction of the system they are happy as they are"; they are unconcerned about mainstream culture; they are untrained; they create their works in a spirit of indifference to the public world of art; their works are not contrived and are free of conscious artifice; too much publicity can jeopardise the natural spontaneity of artists; while it is impossible to be completely immune from culture, Outsider Art contests the authority of the establishment and maintains a dissident stance against cultural influences; psychosis can enable the creator to bypass culture and directly access latent creative resources; plenty of Outsiders haven't experienced mental illness, but for those who have it is not the madness itself that is interesting but the exciting art that comes out of it; the Outsider really enjoys the creative process; the creative work represents a documentation of inner life; the Outsider's typical preference for indigent materials and substances which the cultural artist would never utilise is in keeping with their resistance to assimilation to cultural standards.



Cardinal, 1990: Roger Cardinal, “Figures and Faces in Outsider Art” in *Portraits from the Outside: figurative expression in outsider art*, New York: Groegfeax Publishing, 1990, pp. 22-29.

Cardinal’s paper undertakes a complex reading of a number of different portraits made by Outsider artists, highlighting that in each artist’s “personalization of the figure” one can distinguish an individual and idiosyncratic signature.

Cardinal, 1992a: Roger Cardinal, “Modernism and the Marginal Arts” in *Inside out/Outside in: Artists from Arts Project Australia*, Melbourne: Arts Project Australia, 1992, pp. 19-23.

This paper by a Professor of Comparative Literature and Image Studies explores how many modern artists looked beyond mainstream culture and absorbed numerous influences from more peripheral sources, welcoming “Otherness” as a stimulus in their search for more authentic and pure means of expression. He suggests that their interest in marginal art was often part of their own cultural objectives: Dada conducted a process of irrationality to defy bourgeois sensibilities and taste; Surrealists sought to set free their own creativity and disturb the foundations of aesthetic tradition. Cardinal sees Art Brut as the most outstanding instance of artists reinstating positive attributes for what the cultural establishment had dismissed, disparaged or ignored. The author posits that marginal arts represent a creative project that, overlooking official cultural values, grounds its own authority in direct experiences of self-apprehension to create art which, while speaking to human necessity, reaches beyond the limitations of social and economic imperatives.

Cardinal, 1992b: Roger Cardinal, “Surrealism and the Paradigm of the Creative Subject”, in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 94-119.

This paper examines the influence of “psychotic art” on the Surrealists. It highlights that although Max Ernst had “discovered” these works as early as 1910, it was Prinzhorn’s book that unintentionally led the Surrealists to look more closely at the connection between states of mental illness and unusual and extreme aesthetic strategies. However, the author contends that, although the works in the book stimulated and inspired these artists, it is difficult to establish any precise appropriations. He argues that while the Surrealists adopted strategies to create impulsively from the unconscious, their artworks resulted from their exercising of great control. As such, Cardinal finds that “facile parallels between Surrealism and the art of compulsive visionaries must be viewed with skepticism”. Furthermore, he suggests that the Surrealists’ reticence about the art of the insane was due to their belief that it surpassed their own art in intensity and inventiveness, so they kept it out of the public eye while exploiting its lessons. Finally, he finds that the Surrealists fell short of their rhetoric and “stepped back at any sign of true madness”.

Cardinal, 1994: Roger Cardinal, “Toward an Outsider Aesthetic” in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 20-43.

Cardinal acknowledges that there is a need to widen the focus on Outsider Art “beyond aesthetic limits” to include a concern, not just with the art object, but “also with the creative activity which underlies their formation” and “with the mental and social context out of which the creative impulse emerges in the first place”. However, in presenting the lives of the creators he cautions against the danger of “mythifying the Outsider as a creature of beguiling paradox”. As such, he finds that while “extra-aesthetic considerations can be a revealing supplement to our understanding of artistic process” they can also distract from engagement with the artwork itself. Cardinal also acknowledges that the notion that Outsider Art can be seen as without precedent, tradition, historical context or external influences is now defunct. He also questions the attempt to categorise or set down a set of stylistic conventions for Outsider Art. In terms of the reception of the work, the author contends that: “If Outsider Art comes into being through an intense investment of the private self, it follows that, as we gain access to it, we have the responsibility not



to treat it flippantly or patronizingly". Instead he posits that the aesthetic experience of the works "resides in its invitation to share in a creative process, indistinguishably both that which led to the work's original construction and now its climax in the event of construal taking place within the receptive viewer".

Cardinal, 2000: Roger Cardinal, "Marginalia" in *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stedshof Museum for Naïve and Outsider Art, 2000, pp. 51-75.

A series of reflections on "creative marginality" which seeks to "highlight those modalities of artmaking which have been overshadowed by the main action". The author records his thoughts and musings on the subject of art on the margins, which he traces back to the end of the nineteenth century, drawing a number of fascinating insights based on his lifelong research and interest in the field. He acknowledges that its history has had as much to do with the accidents of its discovery as the unfolding of such works in their own time. Although he talks about the singular vision of many marginal artists and the "extreme solipsism of madness", Cardinal acknowledges that "each of us is born into an environment marked by a cultural past" and that we can't avoid being influenced by this inheritance. Acknowledging that the field of "Outsider Art" is now a "mess" with many competing definitions and notions of what it means, he suggests that the best strategy is to look at each artist one at a time.

Cardinal, 2006: Roger Cardinal, "Worlds Within" in *Mundos Interiores Al Descubierto*, Madrid: Fundación "la Caixa"; Dublin: Irish Museum of Modern Art; London: Whitechapel Gallery, 2006, pp. 15-27.

In this catalogue essay, Cardinal surveys the history of approaches to Outsider Art and sets about defining the qualities of genuine Outsider Art, and how they relate to the strategies and products of avant-garde and Modernist artists. He posits that: it has placed 'deviance' and self-engrossment at the centre of a new model of expression, a trait they share with many established artists who have intentionally subverted the ideology of reason; it is made by non-aligned creators who lack institutional training, it represents an extreme case of a trend to self-justification through the pursuit of an idiosyncratic style or strategy of expression; the creators are largely detached from (and ideally unaware of) the expectations of other people; interiority is the key to the mentality of the authentic Outsider, whose work is predominantly shaped by musing and imagining; the works are characterised by their creation of an "integral alternative world"; "bemusement, trance and mental illness are all analogues of the state of creative euphoria in which social priorities are ignored ... some creators may remain permanently in exile from the realm of social interaction and commonsense, yet all true artists will at some time succumb to at least a temporary alienation". He concludes by stating that "biography and psychological appraisals aside, it is the idiosyncratic imprint of the creator which strikes us with such immediate force" and that this exhibition is a chance to test whether "the same order of interiority and subjective investment" characterises both Outsiders and Modernist artists.

Carr, 1990: Simon Carr, "The Visionary Body" in *Portraits from the Outside: Figurative Expression in Outsider Art*, New York: Groegfeax Publishing, 1990, pp. 43-48.

Carr's catalogue essay finds that there are a number of significant differences between the creative processes of mainstream and Outsider artists as the latter are "denied the training that sanctions the role "artist". Nevertheless, he suggests that Outsider artists "undeniably fulfil our most basic criteria as artists and teachers; they communicate, directly and powerfully, through their art, to us, as viewers".



Champ and Dysart, 2006: Simon Champ and Dinah Dysart, “Reclaiming Imagination” in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 25-29.

The artist and mental health activist Simon Champ discusses a number of the preconceptions surrounding schizophrenia and art made by those living with the illness, including: the problem of stigmatising language; the idea of the mad genius; the notion that art is necessarily therapeutic; the “crude” symbolic understanding of psychiatric approaches that look for evidence of symptomatology in art without recognising the artistic aspects; the public need to pathologise the image; and the stereotyped metaphor of the “split personality”. Champ also discusses some of the issues of being an artist living with schizophrenia such as: the problem of self-censorship because of fear of indulging in imagination or pathologising one’s own creativity; art as a means of strengthening his own identity and worth in the face of stigma; and art as a source of empowerment at a personal and political level. He finds that the inclusion of well-known artists working with images about schizophrenia “dignifies” the exhibition and validates people with the illness as artists. He suggests that this represents the start of more critical understanding of “how visual imagery impacts on our understanding of schizophrenia”.

Clarke, 1990: Jane Clarke, “Art on the Edge”, *Sunday Herald*, Sunday 25 February 1990.

An interview with three of the artists exhibiting work in *Every Picture Tells a Story* at the Caulfield Arts Centre. The article, which also features comments from Dax who discusses ways in which artworks can express or reveal aspects of the experience of living with schizophrenia.

Cocteau, Schmidt, Steck and Bader, 1961: Jean Cocteau, Georg Schmidt, Hans Steck, and Alfred Bader, *Insania Pingens*, Basle, Switzerland: CIBA Limited, 1961.

Coleborne, 2001: Catharine Coleborne, “Exhibiting ‘Madness’: Material Culture and the Asylum”, *Health & History*, 3, no. 2, 2001, pp. 104-17.

Although analytic material directly pertaining to psychiatric collections is not particularly prevalent, Coleborne has written a number of astute commentaries on collections both in Australia and New Zealand. In this paper, Coleborne relates her experience of curating an exhibition at the University of Melbourne in 1998 with objects loaned from the Brothers Collection. The exhibition *A Closed World: The Asylum System in Victoria 1848 to 1920*, “aimed to plot the social (and not ‘clinical’) history of the asylum and its patients”, a world she describes as “closed in both the imagination of the public and often within histories of psychiatry”. The themes she chose for the exhibition were: the growth of the asylum system and its treatments; changing diagnoses and medical technologies; changing meanings of mental illness and the institution; changing patient populations; shifts in public policy; writing and documentation about patients; patient responses to their confinement; and contemporary trends in mental health. The curator also wanted the show to reflect more recent attempts by historians to discover and present the voices of patients confined in the asylum. Coleborne explains that she decided to curate a quite spare looking exhibition to symbolically evoke the privation of inmates of an asylum. The aim was for the objects to show “the past medical, physical, environmental and cultural construction of the patient within the institution, and the relationship of this to the outside world.” Written documents were displayed to explore the ways in which writing about patients could be seen as part of the asylum’s bureaucratic control of them. She also addressed ethical concerns about the privacy of patients and removed any names of patients from the display. Sensitivities and ethical issues (particularly in the display of restraints) were also encountered and she found a certain distancing of the past was necessary when displaying the history of psychiatry. The curator also had difficulty in relation to the media in trying to encourage them not to focus on the more ‘ghoulish’ aspects. The paper concludes by stating that, given the historical under representation of the patients’ viewpoint, it is important to give voice to their lives, even if it is mediated through official writing.



Coleborne, 2003a: Catharine Coleborne, “‘Collecting Madness’: Psychiatric Collections and the Museum in Victoria and Western Australia” in *‘Madness’ in Australia: Histories, Heritage and the Asylum*, St Lucia, QLD: University of Queensland Press, 2003, pp.183-94.

This paper explores the collecting practices of psychiatrists and psychiatric nurses in the wake of deinstitutionalisation in Australia since the 1950s. The author posits that it stems from an anxiety about keeping psychiatry’s past intact and also “distant” from the new psychiatry. In particular the author discusses the Charles Brothers Collection which began with objects being discarded by psychiatric institutions. She discusses some of the gaps in the Collection, particularly items related to children, entertainment of patients and occupational therapy. While she acknowledges this may be due to haphazard collecting practices, she also suggests that the psychiatrists concentrated on items that related to medical treatments and that other aspects of the lives of patients were seen to be less important. She then looks at the various interpretations given to the Collection over the years, from early readings that emphasised the custodial nature of the asylum, to later ones that present the objects as material evidence of the physical environment of the asylum. She describes objects relating to daily life, clothing, and medical treatments, offer “insights into the texture of institutional life”, and how it changed over time. In addressing why psychiatrists collected this material Coleborne suggests that it provided evidence that “new psychiatry” had made a clear break from the “dark” past of earlier practices.

Coleborne, 2003b: Catharine Coleborne, “Preserving the Institutional Past and Histories of Psychiatry: Writings about Tokanui Hospital, New Zealand, 1950s-1990s”, *Health & History*, 5, no. 2, 104-22.

In her paper, Coleborne surveys current trends in the histories of psychiatry and institutions, finding that: there is a perceived problem of institutional memory following the era of deinstitutionalisation; many histories reinforce the role of psychiatry as a professional practice; more recent histories of specific institutions privilege the roles and experiences of those who lived and worked in them; there is a move towards multi-disciplinary work about psychiatry’s history, including commentary by non-psychiatrists and non-historians; patients’ stories are often lost within the broad historiography of this field, as they are mostly used to illuminate individual experiences rather than collective historical meanings for patients and for psychiatric treatment; oral histories are increasingly being sought as a means to make sense of the different meanings attributed to the history of the institution; many psychiatric communities have sought to preserve their past since the closure of hospitals, many of which reinforce nostalgic ideas about psychiatry and lack the resources or experience needed to make sense of these histories and their significance; and there is increasing recognition that the history of psychiatry is one of multiple narratives and that “institutional spaces held meanings for different people”.

Coleborne, 2003c: Catharine Coleborne, “Remembering Psychiatry’s Past”, *Journal of Material Culture*, 8, no. 1, 2003, pp. 97-118.

This article specifically addresses the question of why people have preserved the relics of past psychiatry. She finds that psychiatric artefacts serve a number of purposes, including: as one way of accessing the psychiatric past; as useful reminders of an institutional community and the space of the psychiatric hospital; and as evidence for historians who wish to examine the history of the institution. The author highlights how the closure of hospitals has occasioned many institutional histories, exhibits, oral histories and autobiographical accounts. By way of a case study she analyses Porirua Hospital Museum in New Zealand which occupies one of the buildings of the former hospital and is maintained and run by the Friends of the Museum, many of whom were formerly employed there. The museum’s aim is to educate the public about mental illness and to preserve and collect materials relevant to the history of the hospital. It is visited by a diverse range of people, including educators, researchers and members of the psychiatric community. By allowing the public to come into contact with a world once cut off from it, the author sees



the museum as part of a wider trend in which the 'closed' world of the asylum is being opened up by museums and historians, a process that parallels greater public awareness of mental illness. However, despite this, she finds that asylums are still often characterised as dark places whereby contemporary constructions of past practices often reinforce notions that asylums have been left behind by "more enlightened attitudes to the care of the mentally ill". She posits that psychiatric collections may "perpetuate the notion of medical horrors, a grim past, in order to emphasise the successes of modern psychiatric medicine in the present". Coleborne is critical of a number of aspects of the museum finding that: such collections tend to be "ahistorical"; it lacks the self-reflexive nature of more recent museological approaches which self-consciously assert that their "contextualisation and interpretation of objects is constructed through certain knowledges and subjectivities" and that the material does not "speak for itself" but is mediated by such subjectivities at particular times; the exhibition is an overwhelmingly positive, nostalgic rendering of their workplace that preserves the identities of the collectors whilst some memories, particularly those of the patients, have been erased or forgotten; former power relations have been dissolved by the juxtaposition of objects with very different functions and purposes; and the objects on display are exhibited in a space that makes claims to authenticity and authority, however, these "objects have been taken from their pasts and placed in a context that does not always succeed in explaining their meanings, their particular journeys as objects, or their effects on individual lives".

Coleborne and MacKinnon, 2003: Catharine Coleborne and Dolly MacKinnon (eds.), *'Madness' in Australia: Histories, Heritage and the Asylum*, St Lucia, QLD: University of Queensland Press, 2003.

Conley, 2006: Katharine Conley, "Surrealism and Outsider Art: From the 'Automatic Message' to André Breton's Collection", *Yale French Studies*, 109, Summer 2006, pp. 129-43.

This paper explores the relationship between Surrealist discourse and practice, particularly as espoused by André Breton, and proponents of Art Brut. She finds that Breton and the Surrealists "had a tendency to mix up surrealist, mediumistic, visionary, and psychotic art from the start..." The author also discusses Breton's defence and advocacy of the art of the mentally ill.

Conrado de Villalonga, Blazwick and Juncosa, 2006: José Conrado de Villalonga, Iwona Blazwick and Enrique Juncosa, "Inner Worlds Outside: An Introduction" in *Mundos Interiores Al Descubierta*, Madrid: Fundación "la Caixa"; Dublin: Irish Museum of Modern Art; London: Whitechapel Gallery, 2006, pp. 9-13.

In this introduction to the exhibition catalogue, the organisers explain that this show is a response to the shortcomings of previous displays of Outsider Art based on "sociological and psychological factors and the artists' fundamental difference from a dominant cultural 'norm'". They explain that the exhibition aims to challenge some of the myths surrounding Outsiders and to uncover the parallels between "insider" and "outsider" art, by considering them both as two aspects of the same Modernist tendency.

Courtine, 1990: Jean-Jacques Courtine, "Raw Bodies", (trans. by J. Landy) in *Portraits from the Outside: Figurative Expression in Outsider Art*, New York: Groegfeax Publishing, 1990, pp. 37-42.

Courtine's paper is concerned with how portraits by Outsider artists have "deconstructed conventional representations of the human body" and questioned, destabilised or disturbed "ordinary perceptions and sensibilities by the depicted experience of otherness". He argues that Art Brut is no longer outside the mainstream and that "the art of the excluded has made its way into the space of our representations" and "is slowly being integrated into the field of our visibilities".



Cousseau, 1988: Henry-Claude Cousseau, "Origins and Deviations: A Short History of Art Brut", *Art & Text*, no. 27, December-February 1988, pp. 6-29.

This article provides an overview of the history of Art Brut in terms of its appropriation for both clinical and aesthetic purposes. He describes how the art object "served the psychiatrist as a sign of mental illness" whereby "doctors attempted to discern the relations between the structures of illness and those of the artworks, in order to establish a clinical nosology, a 'psychopathology of expression'." He posits that the development of psychopathology determined "a history which attempts to define the limits between the domain of creativity and the domain of classical pathology." He also suggests that there are a number of problems in assessing the significance and merit of these works, such as "the relative rarity of truly creative and original subjects among the mad" and the "unequal quality of their production" as some patients are more talented than others.

Cubbs, 1994: Joanne Cubbs, "Rebels, Mystics and Outcasts: The Romantic Artist Outsider" in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 76-93.

This essay takes a critical look at the history of the notion of the artist as outsider. The author traces the origins of this belief to the Romantic period of the late eighteenth and early nineteenth centuries, when artists "embraced an artistic philosophy of escape, fantasy, reverie, and revolt". Cubbs posits that this was when the notion of the "mad genius", an individual estranged from society but possessing "higher sensibilities", first emerged. She argues that this sensibility has been remarkably persistent, becoming a highly influential ideology well into the twentieth century. The essay then highlights the reasons why the discourse surrounding "Outsider artists" has become "a perfect site for the reproduction of Romantic outsider ideology". The author finds that the projection of an "image of nonconformity and rebellion" onto individuals who it sees as disempowered "imposes a false intentionality" on these artists, and asserts an authority over their significance in a way that "is similar to the system it protests". It is argued that this appropriation of Outsider Art serves as an antidote to the increasingly theoretical and academic activities of the mainstream art world. Cubbs also finds that the myth of "beginnings" and the yearning for the "truly original" are at the heart of the exaggerations of Outsider Art's difference and mystique.

Dale, 1992: David Dale, "Madness in their Method", *The Age Good Weekend*, 8 August 1992, pp. 22-23.

A brief report on the Art Brut Museum, including an interview with its Director, Michel Thévoz.

Davies, 2007: Marcus Davies, "On Outsider Art and the Margins of the Mainstream", 2007, URL: <http://www.ibiblio.org/frenchart/>

This paper explores the history of Outsider Art, its relationship to mainstream art, the ways in which it has been interpreted and presented, the complexities of terminology, and how audiences should respond to it in a way that respects the desires and intentions of its creators. The author finds that, while some use the term "Outsider Art" as critical shorthand to encompass a wide range of unconventional artistic production, others find the label as a gesture of restriction that places these individuals into "aesthetic ghettos". Davies finds that this binary appraisal of Outsider Art permeates critical discussions whereby disputes over terminology often overshadow the artwork in question. He contends that Outsider Art is not aligned within a singular aesthetic or theoretical foundation in which shared cultural assumptions inform the artistic process but, rather, is marked by both "the striking prevalence of self-referential visual language and a marked independence from overt influence by the codified conventions of market-sanctioned art". He is careful to qualify that such artists are not unaware of their cultural surroundings and like any artist's must be able to select from their particular cultural context those elements and methods that best express their personal statements. However he does contend that there are certain defining features of Outsider



Art, such as: Outsider artists rarely seek to be included within an art historical tradition; these works are not intended for the marketplace; they are not the product of self-conscious attempts at alternative expressive approaches; they are not the result of efforts to convey instances of originality and authenticity; and they are often the outcome of a search of transcendent means by which to overcome adversity and alienation. The author finds Prinzhorn offered a more interdisciplinary, humanistic, and ultimately successful appraisal of the art than his predecessors by: levelling the playing field to the point where the work of the Outsider can be examined using the same methodology as applied to all artists; finding that art, by its very nature, can never be truly pathological; and contending that the intention of the artist must be considered “because this intention is essentially an effort to communicate the contents of the psyche or soul, it is the responsibility of anyone serious about the existence of art to set aside their prejudices in order to perceive the innermost expressive essence of a given art work”. The author is more critical of Dubuffet and his stringent criteria for inclusion into the Art Brut genre which sometimes resulted in “occasional breaches of tact and ethical practice”. Davies describes this approach as a “fundamentally flawed ideology” which is “difficult to sustain” beyond its historical context. The paper also discusses Cardinal’s position that it is more useful to look at the individual lives and circumstances of each artist than look for comparisons between artworks. The author finds that Cardinal’s emphasis on biography as a means of reinforcing the notion of marginalised creativity has remained “the most pervasive and popular approach to outsider art”. The paper then discusses how, in recent decades, Outsider Art has received widespread recognition and support from galleries and museums, gaining newfound credibility by the activities of the art market and gaining a large number of dedicated enthusiasts. The presentation of Outsider Art as a rare commodity led to an upsurge in collecting throughout the 1980s with some works fetching prices at auction on a par with the work of well-known contemporary artists. In surveying recent scholarship, the author finds that while some analysts have attempted to develop a well-defined outsider aesthetic, others have concerned themselves with ethical issues raised by collection and curatorial practices that serve, either intentionally or inadvertently, to perpetuate the social and cultural isolation of the individual. The paper highlights how definitions and labels are often used as convenient generalisations in the service of critical agendas that undermine the individuality and inventiveness of the artists. Nevertheless, he suggests that the term Outsider Art “provides an accessible and useful compromise”. The author acknowledges the need for a way to talk about these “anomalous objects in a tone that recognizes their unique qualities” and for a more practical approach to Outsider Art that shifts attention to the institutions directly responsible for the collection and care of Outsider Art, and the way in which it is presented to, and received by, the public. He identifies four main curatorial models that shape the way we look at, and respond to, Outsider Art: biographical emphasis; formal emphasis; appropriative emphasis; and patrimonial emphasis. He finds that the most common practice is framing the work of Outsider artists within the circumstances of their biographies. The positive aspects of this approach are that: it enables the viewer to access work that does not immediately appeal to notions of art; it is a means for promoting an art that has difficult cultural and aesthetic complexities; the unusual approach of Outsiders becomes more understandable as a dialogue with the circumstances that shape their need to create; it has the potential to amplify the voice of the disenfranchised, enabling a connection between Outsider artists and their audiences; and it can be a powerful means to recast Outsider Art as a response to social disparities within the world at large, helping to “map the boundaries and chart the nature of cultural identity”. The problems with this approach are that: it can add to preconceptions that Outsider Art comes from a place of extreme otherness; the life of the artist may overshadow the actual art work, resulting in “biographical reductionism,” whereby artistry becomes “subordinate to the unwitting impression left by the life-story” and the work is reduced to “a symptomatic presence that poses an absolute affront to the creative determinacy of the artist”; it can become a substitute for real intellectual engagement with [the] material and makes the “discussion of quality almost impossible”; and “when we hold up social, mental, or physical disadvantages as the primary standard, we close off our ability to talk about whether the work succeeds as visual expression”. The second curatorial approach discussed is formal emphasis, which favours “aesthetic engagement with the artworks and encourages critical



evaluations of the assumed polarities of outsider and mainstream art". According to Davies, the advantages of this approach are that: it allows the work to speak for itself, inviting the viewer to make judgments based on an artist's aesthetic choices; formal choices show the influence of cultural context either consciously or unconsciously and can communicate where the artist perceives themselves in relation to the mainstream; it focuses on the product of the individual's art-making process and the intended use of the art object; the issue of quality may also be examined in relation to by the success of the aesthetic choices executed in the rendering of a given art work; and formal considerations function to level the playing field between inside and out. The problems with this approach are: value based solely on the formal and aesthetic content of Outsider Art does a disservice to its makers, muting their individual voices and "obscuring important ethical questions about the personal and social costs of the production of this art". The next strategy discussed is appropriative emphasis which seeks to highlight the intellectual and aesthetic interchange between Outsider and mainstream art. This involves replacing the standard frameworks of biographical and formal analysis with a valuation based on "interactions among object, beholder, and environment at a given time and place". It focuses on individual relationships between the artwork and the viewer. Finally, the patrimonial emphasis seeks to preserve "culturally significant creations in deference to their specific social contexts".

Dax, 1948: Eric Cunningham Dax, "Art Therapy for Mental Patients", *Nursing Times*, August 14, 1948.

This article discusses the beginnings of Dax's art programs at Netherne. He explains that the patient knows that their paintings will be studied and in some cases talked over with them by the doctor as a part of their psychotherapeutic treatment; the works are helpful both as a means of interpreting the patient's illness and as a short cut in the treatment; patients don't mind surrendering their works as they know the works must go to the doctor as they are necessary for treatment purposes; and the supervising artist does not teach but stimulates, encourages and helps and does not influence the patient but assists with any technical difficulties.

Dax, 1953: Eric Cunningham Dax, *Experimental Studies in Psychiatric Art*, London: Faber & Faber, 1953.

In this book Dax describes the findings of his research into the artworks made by patients at the studio he set up at Netherne Hospital. He outlines the background to the project and explains the methodology behind the choice of materials, the use of an artist to supervise the art program, and the rationale for referring patients to the studio, amongst other things. He explains that one of the aims of the research was to enable "the study of the creative products in relation to psychiatry" by providing "much interesting information as to their production and structure" and widening "the approach to the psychopathology of mental disorder". By analysing the structure of a work, Dax states that he is able to make "a psychological assessment of a patient's picture, for the departure from the normal which are found provide a visual record of certain data which cannot at present be measured by any other means." The author also discerns and classifies the distinctive features of art productions that he believes are characteristic of works by people with particular mental illnesses.

Dax, 1961: Eric Cunningham Dax, *Asylum to Community: The Development of the Mental Hygiene Service in Victoria, Australia*, Melbourne: F.W. Cheshire, for the World Federation for Mental Health, 1961.

This book explains and illustrates the various reforms to mental health services in Victoria that took place during Dax's time as head of the Mental Hygiene Authority.



Dax, 1964: Eric Cunningham Dax, “The Edward Stirling Lectures, Lecture I: The Presentation of Depression”, *The Medical Journal of Australia*, 1, no. 141, February 1964, pp. 141-45.

In this lecture, Dax discusses the different ways in which the symptoms of depression may present themselves. He then argues that creative works can be important adjuncts for psychiatry as they are a “valuable form of non-verbal communication” which provide “a permanent record of the painter’s emotional disturbance and his unconscious imagery in pictorial projection”. Dax then describes the characteristics of “the depressive patients’ paintings” which he finds are the same as “one might expect to find in the usual verbal descriptions of the condition”.

Dax, 1965: Eric Cunningham Dax, “The Pictorial Representation of Depression”, *Psychopathology and Pictorial Expression: An International Iconographical Collection*, series 8, Basle, Switzerland: Sandoz, 1965.

Dax presents a paper on the visual depiction of depressive symptomatology, using several works from the Cunningham Dax Collection as examples. Although he draws a number of parallels between the themes and subject matter represented in these works, and the presentation of different aspects of depression, Dax acknowledges that a “psychiatric disorder cannot be diagnosed by a depressive painting alone, though such illustrations can be a very useful adjunct to its differential diagnosis”. The highly selective nature of his methodology is apparent in his admission that “suitable depressive material is not easily available and over fifty thousand patients’ paintings were examined to find the examples illustrated in this series”.

Dax, 1965: Eric Cunningham Dax, “Psychiatry in Australia”, *American Journal of Psychiatry*, 124, no. 2, August 1967, pp. 180-186.

Dax, 1975: Eric Cunningham Dax, “Australia and New Zealand”, *World History of Psychiatry*, (ed.) JG Howells, New York: Bruner/Mazel, 1975.

Dax, 1981: Eric Cunningham Dax, “Crimes, Follies and Misfortunes in the History of Australasian Psychiatry”, *Australian and New Zealand Journal of Psychiatry*, 15, 1981, pp. 257-63.

Dax’s paper provides an overview of the history of psychiatry, and calls for further research and publications on the subject. He expresses concern that time is “running out to rescue this important material” and that “much needs to be done to preserve the history of psychiatry before it gets lost”. He suggests that “records and artefacts should be centrally located and catalogued in every state”.

Dax, 1985: Eric Cunningham Dax, “Psychiatry, Art and Artists”, *Chiron: The 1985 Newsletter of the Melbourne University Medical Society*, pp. 20-24.

In this paper Dax sets out his main claims for the use of art in psychiatry “as a universal language and a means of illustrating varieties and degrees of emotional disturbances”, and for the contributions which psychiatry can make to the arts. He provides a brief overview of the history of the Collection and describes the different classifications of the works. He then outlines the variety of psychiatric uses of the arts, including: as an “aid in psychotherapy and useful means of monitoring patients’ progress”; to “relieve tension by providing an avenue for emotional expression”; “to re-channel primitive impulses into acceptable forms”; as a diagnostic aid “examined in conjunction with the clinical history”; as a contribution “towards the study of the unconscious, symbolism, and the interpretation of motivation”; to enable the “joint study of modern art and the creations of the schizophrenics”; to “give a better knowledge of the sensitivity of artists and their creative foresight, thereby assisting in the interpretation of their work and so aiding the understanding, acceptance and appreciation of their artistic products”; and seeing “the consequences of illness upon the productions of artists is a fruitful study for the analysis of



the dynamics of artistic creation". Dax's essay then goes on to analyse the works of Ensor, Van Gogh and Munch from a psychiatric perspective, finding that "their most famous paintings were all produced in floridly psychotic periods" and "whilst all three had a different diagnosis, each started with a 'sombre period' of dark painting, from which their most famous works exploded during a more acute period of psychosis".

Dax, 1986: Eric Cunningham Dax, "Schizophrenic Art", in *Handbook of Studies on Schizophrenia, Part One*, Amsterdam; New York; London: Elsevier Science Publishers, 1986, pp. 145-57.

This paper looks at the history of approaches to art by people with schizophrenia. Dax finds that over the past fifty years, the presentation of schizophrenia has changed considerably, due in part to the advent of the physical treatments followed by psychopharmacology, and that present day art productions seem, on the whole, to be less florid and bizarre than those illustrated in the classical writings. He also finds that paintings may be less spontaneous when produced under therapeutic supervision. He conducts a literature survey on the topic and finds that Plokker's book is still the most authoritative work on the subject of "schizophrenic art". He then discusses some of the characteristics of "schizophrenic art", directly equating symptoms of the illness to manifestations in the content and formal attributes of patients' art productions. He finds "it was extremely rare for patients to insist upon retaining the products of their therapy; those who did so were usually paranoid personalities". He also finds that there are "some similarities between modern and schizophrenic art — if modern art is to illustrate the exploration of the unreal, towards probing the unconscious, in schizophrenia the unknown has already been experienced and the patient is trying to escape from its terrors by fixing his fears in his paintings". However, he qualifies this observation by stating that such similarities do not mean that the schizophrenic paintings are art — "there is said to be a difference in construction, and that the artistic complexities of space, colour, light, shade, shadow, time, balance, organisation and graphic detail are rarely found in schizophrenic productions". He finds that: "in psychotic art, it is the form rather than the content that is different and there is a lack of empathy and facial expression"; "the schizophrenic cannot copy without distortion — true art reflects a particular situation in time whereas in the psychotic its questions and answers are ignored"; "in the artist's work, whatever the subject, the structure persists, and there should be the drive to reorganisation, whereas in the psychotic there is the tendency to fragmentation, disorganisation and disintegration — in some circumstances the distinctions are blurred".

Dax, 1989: Eric Cunningham Dax, "The First 200 Years of Australian Psychiatry", *Australian and New Zealand Journal of Psychiatry*, 23, 1989, pp. 103-10.

Dax's paper is concerned with the recording of the history of psychiatry, highlighting a need to clearly establish its significant contributions. He posits that "there is much to be learned from both the pitfalls and the achievements of the past and history may help to combat the ignorance which blocks the contribution psychiatry might and should make in a changing world".

Dax, 1991: Eric Cunningham Dax, "Schizophrenic Images", in *Art Media as a Vehicle of Communication*, Brookline, MA: The American Society of Psychopathology of Expression, 1991, pp. 165-175.

In this paper Dax defines psychiatric art as "the skillful expression of pathological emotional disturbance". He argues that psychiatric art is extremely valuable because patients often have difficulty in verbalising their reactions and experiences. He finds that "one can neither identify nor empathize with the schizophrenic persons since they are unusual, different and strange. They have feelings of isolation and distrust, their world has changed, their surroundings have become distorted, and they are withdrawn and unable to communicate." He suggests that most of their primary problems can be observed from their pictures, arising "first from an inability to communicate, secondly from their ambivalence and thirdly from their fears of emptiness and

the unknown". The author contends that the "vividness with which many of these symptoms are depicted makes the products of value for teaching purposes".

Dax, 1992: Eric Cunningham Dax, "The Classification, Symptomatology and Illustrations of Mania", unpublished, 1992.

An unpublished paper in which Dax seeks to show how the creative works of patients can be effectively used to illustrate the characteristics of mania and the variety of symptoms that arise from this form of pathology.

Dax, 2002: Eric Cunningham Dax, "Hallucinations and Their Expression Through Art", *Medicine Today*, 3, no. 4, April 2002, pp. 103-106.

In this paper Dax describes some of the depictions of visual hallucinations in the Cunningham Dax Collection. He contends that some schizophrenic patients "obtain relief from their hallucinations by depicting them in art". He explains that this is achieved by "'fixing' the hallucinations by modelling, drawing or painting them so they are captured instead of free floating". He believes that asking patients with hallucinations to draw sketches of their experiences "would help clarify the origin of the hallucinations and widen the whole field of their study."

Delay and Volmat, 1967: Jean Delay and Robert Volmat, "Madness and its Aesthetic Expression", *Psychopathology and Pictorial Expression: An International Iconographical Collection*, series 11, Basle, Switzerland: Sandoz, 1967.

A short essay followed by a series of case studies of psychiatric patients and their paintings. The authors contend that "if the aesthetic work of the mental patient receives recognition and is studied, it helps him to emerge from his isolation".

Douglas, 1996: Caroline Douglas, "Precious and Splendid Fossils" in *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection*, (trans. by David Britt), London: Hayward Gallery; Berkeley, Los Angeles, London: University of California Press, 1996, pp.

Caroline Douglas' essay describes the ways by which Prinzhorn brought works, previously considered pathological, into the realm of art. She also highlights that he selected works that most conformed to his theories and his search for authenticity. The author finds that by overlooking or downplaying the nature and type of institutions his patients inhabited, Prinzhorn colluded in the tradition of "the occultation of the insane". Douglas posits that one way of approaching the works is from a broad historical perspective and, as such, she finds that many of the works reflect social and cultural aspects of institutionalisation, and the imagery of the industrial age. She also finds it striking that many of the works "do not lack logic or rationale" and that there is a "sense of a logic operating in parallel to 'normal' logic". She finds that setting aside any romantic notions, and being aware of the suffering that accompanies mental illness, enables viewers to perceive the works in the Collection "as a new view of reality, born out of extremes of emotion and experience". However, she also contends that it is impossible to approach these works of art via the traditional canon of art history, situate them within artistic genres, or look for influences and intellectual movements.

Dubuffet, 1949: Jean Dubuffet, "Art Brut In Preference to the Cultural Arts" (1949), (trans. by Paul Foss and Allen S. Weiss), *Art & Text*, no. 27, December-February 1988, pp. 31-33.

In this manifesto Dubuffet describes the art and artists in his Art Brut collection in a way that reflects his highly polemical attitude about what constitutes genuine art. He proclaims that "[w]e understand this term (Art Brut) works produced by persons unscathed by artistic culture, where mimicry plays little or no part (contrary to the activities of intellectuals)". He also states his

definition of an Art Brut artist as an individual who derives “everything — subjects, choice of materials, means of transposition, rhythms, styles of writing, etc — from their own depths, and not from the conventions of classical or fashionable art ... It is thus an art, which manifests an unparalleled inventiveness, unlike cultural art, with its chameleon — and monkey-like aspects”. In this essay Dubuffet also puts forth his complete rejection and denial of the psychopathological approach to artistic expression, claiming that: “[f]rom our point of view, the artistic function is identical in all cases and there is no more an art of the insane than there is an art of dyspeptics or of those with knee problems”.

Dubuffet, 1967: Jean Dubuffet, “Make Way For Incivism” (1967), (trans. by Chantal Khan Malek and Allen S. Weiss), *Art & Text*, no. 27, December-February 1988, pp. 34-36.

In this essay Dubuffet’s intention not only valorises the idiosyncratic creative works of individuals which he considered to be outside “the system”, but posits that they directly challenge and undermine the authority of “high culture” and conventional definitions of art. Dubuffet describes his collection as “works created from solitude and from pure and authentic creative impulses — where the worries of competition, acclaim and social promotion do not interfere”, claiming that “because of these very facts, [they are] more precious than the productions of professions”. In comparison to “these flourishings of an exalted feverishness, lived so fully and so intensely by their authors”, he argues “we cannot avoid the feeling that in relation to these works, cultural art in its entirety appears to be the game of a futile society, a fallacious parade”.

Dysart, 2006: Dinah Dysart, “Other Voices: An Introduction” in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 11-13.

In this introduction to the exhibition catalogue, the art critic discusses her personal involvement in the curatorial committee to develop a show “to challenge public preconceptions about schizophrenia”. She explains that this involved broad discussions of mental health issues, teasing out of ethical issues, and testing decisions against accusations of sensationalism or stigmatisation. Some of these decisions included: focusing only on schizophrenia to avoid encouraging viewers to become “amateur diagnosticians”; avoiding stigmatising language and pathological and art therapy approaches; including artists who do not have the illness but have “addressed the subject with insight and understanding through research or personal experience (artists with an ill-informed, speculative or voyeuristic perspective were avoided)”; sought a range of perspectives that would raise understanding of schizophrenia and generate debate about madness and creativity; and used oral and social history material in order to “humanise” the exhibition.

Edwards, 1978: Michael Edwards, “Art Therapy in Great Britain”, in *The Inner Eye*, Oxford: Museum of Modern Art, 1978, pp. 12-20.

The author discusses some of the complexities surrounding the acceptance of works made in psychiatric hospitals as art. While he acknowledges that they have received some sanctioning merely by being exhibited in a gallery, he highlights that the works were once almost entirely private in some sense of the word and may have been intended only for one person besides the artist. As such, he argues that they may not easily or rightly be seen as public communications or generalised statements but, instead, the messages are often ambiguous, veiled or distorted and the symbols used are often personal and idiosyncratic rather than conforming to acknowledged artistic conventions. As a result they can disrupt preconceived notions of what art should be like.



Edwards, 1989: Michael Edwards, “Art, Therapy, and Romanticism” in *Pictures at an Exhibition: Selected Essays on Art and Art Therapy*, London and New York: Tavistock/Routledge, 1989, pp. 74-83.

This paper seeks to situate the profession of art therapy within the context of a history of ideas which posit the notion that art can be used in the service of healing. These include: religious beliefs, spiritual healing practices, philosophical inquiry, artistic traditions, anthropological research, medical discoveries, education and psychological theories of the unconscious. Edwards suggests that the Romantic tradition provides a historical perspective which “embraced a positive conception of the imagination” and gave the “[a]rtistic representation of inner experience a new validity”. The author finds that the shift away from more mechanistic approaches to psychiatry towards a method of treatment that focuses on the patient, and to “allowing fantasy itself a central role in healing through spontaneous image-making”, allows subjectivity “its true place”.

Elkins, 2006: James Elkins, “Naïfs, Faux-Naïfs, Faux Faux-Naïfs, Would-be Faux-Naïfs: There is No Such Thing as Outsider Art” in *Mundos Interiores Al Descubierta*, Madrid: Fundación “la Caixa”; Dublin: Irish Museum of Modern Art; London: Whitechapel Gallery, 2006, pp. 51-69.

A provocative catalogue essay that pronounces “Outsider Art does not exist”. Counter to the premise of the exhibition the author also argues that Outsider Art: “does not feature in essential stories of Modernism”; is an oxymoron as it has been assimilated and appropriated by the avant-garde; is “not incomprehensible”; and “is a symptom of modernism, nothing more”.

Ellingson, 1991: Miriam Ellingson, “A Philosophy for Clinical Art Therapy” in *Adult Art Psychotherapy: Issues and Applications*, New York: Brunner/Mazel, Inc., 1991, pp. 3-20.

This chapter explores an alternative approach to clinical art therapy through the use of existential philosophy rather than the traditional approach modelled after scientific and medical models of psychiatry and psychoanalysis. The author explains how she integrated the anxieties of freedom, individuality, birth, evil, nihilism and death into the art therapy process. Ellingson also describes the centrality of the art therapist’s role of “the caring other” who can be “model, guide, and educator concerning the fundamental facts of human existence”.

Elliott, 1978: David Elliott, “Introduction”, in *The Inner Eye*, Oxford: Museum of Modern Art, 1978, pp. 5-7.

A catalogue essay by the Director of the Museum of Modern Art in which he argues that the work in the exhibition is “essentially an art of communication — a transmission, often unconscious, of deeply held beliefs, fears, fantasies and obsessions”. He finds that there is a difficult balance to achieve between letting the works speak for themselves and supplying contextual information to clarify meanings. Elliott explains that, as the nature and content of the work defies classification according to conventional art world criteria, “a rough marriage has been made between the clinically and visually interesting.” He finds that, although works were displayed with a view to their visual cohesiveness, certain kinds of disorder do seem to lead to particular forms of expression. He also acknowledges that while many works were not consciously made as art, it may appear as such.

Farber, 1990: Sam Farber, “Portraits from the Outside: Figurative Expression in Outsider Art” in *Portraits from the Outside: Figurative Expression in Outsider Art*, New York: Groegfeax Publishing, 1990, pp. 7-10.

In this catalogue essay, one of the curators of the exhibition explains that they chose works which “demonstrate a creative transformation of the human form” in order to “expand the horizons of the common perceptions of the face and figure in art”. The author maintains many of the common viewpoints on Outsider Art and artists such as the belief that “they require no tradition”, that the



artworks arise from “uncontrollable forces”, and that these artists use their materials “without any preconceived notions” about their work.

Fels, 2006: Allan Fels, “Living with Mental Illness” in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 21-22.

The author discusses his personal experience of living with a daughter diagnosed with schizophrenia. He argues that there is a need for greater community awareness of the illness and its effects.

Ferleger Brades, Caiger-Smith and Patrizio, 1996: Susan Ferleger Brades, Martin Caiger-Smith and Andrew Patrizio, “Preface” in *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection*, (trans. by David Britt), London: Hayward Gallery; Berkeley, Los Angeles, London: University of California Press, 1996, p. 5.

In this preface to the catalogue of the first exhibition of the Prinzhorn Collection in Britain, the authors explain that the works were primarily chosen for their aesthetic interest. However, it is also acknowledged that the works offer “troubling insights” into the “predicament of those confined at the time as sufferers of mental illness” and that this should not be forgotten. They also state that many of these works provided inspiration to many artists and stimulated many debates about art, giving the Collection a much wider artistic significance. Furthermore, it is also highlighted that the many questions raised by the works about the nature of individual expression, intention and authenticity, the boundaries between artistic creativity and mental disturbance, and the definitions of art itself, are still alive today.

Ferrier, 1998: Jean-Louis Ferrier, *Outsider Art*, (trans. by Murray Wyllie), Paris: Finest SA/Pierre Terrail Editions, 1998.

This publication provides a broad overview of the history of both psychiatric art and Art Brut, providing brief biographies of the artists featured and excellent reproductions of many of their works. The author addresses questions surrounding the inspiration of the works, how to define them, and how they relate to “insider” art. Ferrier argues that the Outsider artists “cannot be dismissed as peripheral figures” and have much to communicate to us all, raising questions “which relate directly to our own lives”.

Fine, 2003: Gary Alan Fine, “Crafting Authenticity: The Validation of Identity in Self-Taught Art”, *Theory and Society*, 32, no. 2, pp. 153-80.

This paper examines the rise of the commercial market for Outsider Art or Self-taught Art. The author finds that the notion of “the authentic” dominates the debate over the value and significance of these works. He describes Outsider Art as “a form of *Identity Art*” whereby the biographies of the artists, and their motivations and inspirations, are as important as the aesthetic and formal features of the works they create. Fine then looks at the various means by which these biographies are constructed and how values are conferred upon artworks, highlighting that it is the “social location” of the artists that links the works together, rather than the qualities of the works, the ties between the artists, the self-image of the artists or their subscription to a particular theory of artmaking. The author posits that with the significance placed on the artists’ lack of artistic training, their placement outside culture, and their unmediated expressions believed to result from uncontrolled and spontaneous impulses, it is their “lack”, rather than their positive attributes, which often defines them.



Foster, 2001: Hal Foster, “Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill”, *October*, no. 97, Summer 2001, pp. 3-30.

In this paper the art historian provides a critical analysis of the presentation and reception of the art of the mentally ill. He posits that “most Modernists saw the art of the mentally ill according to their own ends only” as “expressive of an aesthetic essence (expressionist), revelatory of an innocent vision (visionary), or defiant of all convention (transgressive)”, when in most cases “it was none of these things”. Foster highlights a number of contradictions in Prinzhorn’s approach to the works he collected. He also critiques Dubuffet’s presentation of Art Brut artists as versions of “the Romantic genius free of all convention”. The author posits that, instead of attacking artistic convention, “the art of the mentally ill seems concerned to *find* such law again”. He suggests that these works may be “symptomatic of a crisis in the symbolic order specific to the capitalist modernity of the time” and that this crisis “prepared the explosion of psychosis in this period”. As such, Foster contends that the art of the mentally ill provided a “perspective of this crisis” for some Modernists.

Foucault, 1961: Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, (trans. by Richard Howard), London and New York: Routledge, 1989.

A fascinating treatise on the history of mental illness and the ways in which Western culture has treated and thought about those deemed insane. The author explores the relationship between reason and madness which, he posits, constitutes “the dimensions of its originality”. Foucault states that “the language of psychiatry, which is a monologue of reason about madness, has been established on the basis of the silence of the experience of madness”. In light of this, he attempts to define madness, describing it as “the derangement of the imagination” that begins with “an intense movement in the rational unity of soul and body”. Foucault also posits that the “reasonings of a madman in themselves are neither absurd nor illogical” but, on the contrary, “apply correctly the most rigorous figures of logic”. Foucault suggests that the historical development of defining and confining those deemed insane constitutes a form of pathology itself in Western social structures. Towards the end of the text, the author states that “madness is precisely the *absence of the work of art*” and that “the work and madness are incompatible”.

Friend and Laming, 2004: Dianne Friend and Mandy Laming, *Stables Art Studio: Origins & Current Practice 2001-2004*, Melbourne: Stables Art Studio, 2004.

As the title suggests, this publication traces the beginnings and evolution of the Stables Art Studio. The authors explain how this not-for-profit art studio run by Prahran Mission for artists with experience of mental illness arose from research that found: “... participation in creative programs contributed to an improvement in quality of life and helped to maintain wellbeing” The authors discuss the Studio’s various objectives, which include: “helping member artists to explore and independently develop their artistic potential with support of an experienced artist and participation in an artistic community”; “contributing to an improvement in quality of life and maintain wellbeing for member artists”; “providing low-cost studio space and access to facilities and resources”; and “encouraging member artists to exhibit and display work when ready”. Friend and Laming describe how the Studio provides its members with all the materials and a friendly environment in which artists can interact with like-minded people, exchange ideas or work independently. They also point out that the emphasis at Stables is on artistic development and self-determination as opposed to art therapy and that, in the display of artworks, all the works are attributed to the artists, although no mention of their diagnosis or experience of mental illness is mentioned. However, they do state that some artists choose to make work explicitly about their experience, and may provide accompanying text to explain their intention. The authors also explain that, in the Studio’s publications, comments and essays by artists are published alongside texts by those who work in the organisation.



Garton, 2003: Stephen Garton, "Asylum Histories: Reconsidering Australia's Lunatic Past" in *'Madness' in Australia: Histories, Heritage and the Asylum*, St Lucia, QLD: University of Queensland Press, 2003, pp. 11-21.

This paper examines the tradition of histories of asylums and mental health services in Australia, finding that they largely follow narratives of a steady development in the overcoming of obstacles toward humane treatment policies for the mentally ill. He highlights that, in recent times, a number of critical histories have begun to connect notions of "lunacy" to wider concerns with medical treatment, the law, social welfare, incarceration, poverty and gender. The author concludes that there is a need to restore the asylum to the central focus of histories of mental illness by: looking at social space and the various social groups within the asylum; charting the institution as "a complex political space of struggle over surveillance and discipline"; examining notions of "gendered space"; exploring the way the asylum "functioned in particular social, racial and gendered ways to govern disorderly subjects, knowledges and practices"; and situating the asylum as part of a larger history of "colonial custodialism".

Ghadirian, Gregoire and Kosmidis, 2001: A.M. Ghadirian, P. Gregoire and H. Kosmidis, "Creativity and the Evolution of Psychopathologies", *Creativity Research Journal*, 13, no. 2, 2000-2001, pp. 145-48.

This scientific study explores creativity in relation to the type and degree of psychopathology in two groups of patients. The authors' reason for the study is that, while there has been a popular conception that there is a relation between manic depression and creativity, the effect of other psychopathologies on creativity has not been researched fully. The results showed that the level of creativity is not always superior among bipolar patients as compared to patients with other psychopathologies. Instead, they found that changes are more apparent in relation to the severity of the illness rather than the nature of psychopathology: "patients who were mildly to moderately ill performed much better creatively compared to those in severe states of illness." However, the authors caution that the results were not conclusive and warranted further studies.

Gilman, 1985: Sander L. Gilman, "The Mad Man as Artist: Medicine, History and Degenerate Art", *Journal of Contemporary History*, 20, 1985, pp. 575-97.

This paper explores the question of whether madness and creativity are necessarily linked, tracing the history of this notion from Aristotle through the Renaissance and Romantics, to R.D. Laing and Michel Foucault. Gilman finds that, by the end of the nineteenth century, the art of the insane had come to represent both the "lost world of childhood" and "the utopia of aesthetic experimentation". However, it was also at this time that the foundations were laid for the use of these works as "diagnostic tools" by Lombroso and Simon. Gilman sees these attempts to categorise these works as failures because of their rigid and reductive "formalistic methodology". Gilman also describes how the increased interest in the artistic production of the insane amongst psychiatrists at this time coincided with a shift in the "emphasis of what defines mental illness", a change from exploring the alteration of the mind to the study of the emotions. The author describes the ways in which the art of the mentally ill in the early twentieth century served the agendas of both psychiatrists seeking to study the alteration of their patients relation to their sense of self, and avant-garde and Expressionist artists who sought to integrate the "myth of insanity into their image of their ideal world". He criticises avant-garde artists and Prinzhorn who, he argues, overlooked the "personal, individuated illness of each patient, his or her response to the illness", and their pain and "unbridgeable anguish". Gilman concludes the paper by highlighting how Prinzhorn's collection was later co-opted and used by the Nazis who conflated the art of the mentally ill, avant-garde art, and Jewish culture under the banner of degeneracy.



Gilman, 1992: Sander L. Gilman, “Constructing Creativity and Madness: Freud and the Shaping of the Psychopathology of Art”, in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 230-45.

This essay examines the ways in which both madness and creativity are constructed, whereby “its form or its reception is shaped by its context” and its meanings change according to the age or culture. Gilman argues that there has been a general acceptance in the history of Western culture of a relationship between madness and creativity. He finds that, although madness and creativity can mean different things to different people, they tend to represent “the presuppositions of those powerful groups that manipulate language and create categories of difference”. According to the author, Freud’s work is the most influential in relating creativity with psychopathology in the arena of culture and informing “the biologically oriented discussions of madness and creativity”, including the subsequent interpretation of *Outsider Art*. Gilman argues that Freud’s views were responses to the main theories of the late nineteenth century, such as Lombroso’s, which found parallels between genius and insanity. He posits that Freud studied the creative to understand the centrality of unconscious processes, especially the role of unconscious motivation in human action. He argues that, according to Freud’s findings, “the creativity of the artist is the placing of a repressed aspect of the artist’s psyche into the realm of the aesthetic” and as such “the psychoanalyst is able to see beneath this and provide an interpretation of the work of art and the artist’s psyche”. However, Gilman is critical of aspects of this project, finding that the “artificial line Freud drew between the creative individual as neurotic on the one side and himself (and his listeners) on the other is a false dichotomy”.

Gilroy and Dalley, 1989: Andrea Gilroy and Tessa Dalley (eds.), *Pictures at an Exhibition: Selected Essays on Art and Art Therapy*, London and New York: Tavistock/Routledge, 1989.

Gilroy and Hanna, 1998: Andrea Gilroy and Margarete Hanna, “Conflict and Culture in Art Therapy: An Australian Perspective” in *Tapestry of Cultural Issues in Art Therapy*, London and Philadelphia: Jessica Kingsley Publishers, 1998, pp. 249-75.

This essay examines and compares the development of art therapy in Europe, North America and Australia, to understand the “considerable conflict and friction” they found in the small art therapy community in Australia. They found that mental health services in Australia were “dominated by the medical model of psychiatry, by behaviourism and by cognitive-behavioral therapy”. Dax’s role in introducing art therapy in the 1940s is mentioned as his establishment of studios in Victorian psychiatric hospitals in the 1950s. This is described in the context of one of the “pockets” of individual, isolated activity in Australia. The paper concludes that geographical isolation played a part in hindering the development of an initial interest group as in other countries, and that the domination of the medical model in mental health care is not “inherently conducive to a dynamically-oriented treatment.”

Gisbourne, 1994: Mark Gisbourne, “French Clinical Psychiatry and the Art of the Untrained Mentally Ill” in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 228-51.

This paper provides an historical overview of approaches to art by the mentally ill in French psychiatry, examining the key texts and exhibitions that shaped this discourse. The author highlights that, unlike sane artists where aesthetic values were inferred from the artwork, “inferences drawn from the art of the insane were determined by context: the artists’ states of confinement and of being mad”. He explains that this context not only “determined the means of expression and the content” but it also “narrowed the possibilities of interpretation”. As a result, Gisbourne finds that the patient and their productions became “an object of study” and their subjective experiences were seen “as illustrative of their status as object” and as a “basis for diagnosis”. The author then gives nineteenth century examples of clinicians using the art



productions of the insane as “an outer, material documentation of an interior reality — prescriptive examples of medical and/or moral insanity”. Gisbourne highlights that the clinicians who made such claims appropriated “values from areas where they often possessed little expertise, namely, art and aesthetics”. The author also discusses the increasing interest in the scientific classification of these works, finding that it became “the dominant preoccupation of writings on the art of the insane up to the advent of art therapy in the 1940s, and was clearly at odds with any notion of the work’s artistic autonomy”. Gisbourne also describes the concurrent rise of theories of degeneracy and regression that began to surround discussions of these works, arguing that these discourses have influenced “in one way or another nearly all subsequent writings on the subject”. The author suggests that it was not until 1950, in an exhibition of “psychopathological art” held at Sainte-Anne hospital which included works from all over the globe, that the position of an art of the insane, “with all its inventiveness”, was finally “acknowledged by the psychiatric establishment”.

Gregory, 2000: Ann T. Gregory, “Pictures from the Edge: Psychiatric Art”, *Medicine Today*, June 2000, pp. 148-54.

A positive overview of the Cunningham Dax Collection, including an interview with Dr Dax about the Collection and its purpose.

Golding, 1997: Martin Golding, “Shards of an Unknowable World”, *Modern Painters*, 10, no. 2, Summer 1997, pp. 74-77

Golding’s review offers a considered response to an exhibition from the Prinzhorn Collection. He agrees with the essayist that Prinzhorn’s account of “schizophrenic configuration” was less an enquiry into psychotic illness than an intervention into an aesthetic quest for the “purity” and “authenticity” of art’s imaginative origins. The author finds that the works are difficult to penetrate and suggests that the reason for their inaccessibility is the absence of the artist or their experience. As a spectator he finds that, while we are “drawn into the anguish projected into these works”, in their creators’ absence they remain “strange”. He concludes that the works remain beyond the pale of comprehension, finding that: “[w]hat *is* communicated is impossible to know; what we may think we find, or think is resembled, must be acknowledged as the outcome of our own opportunistically appropriating the works for our own internal purposes ... The documents remain shards of an unknowable world. We cannot annexe them to our repertoire of ‘art’.”

Hacking, 1999: Suzanne Hacking, “The Psychopathology of Everyday Art: A Quantitative Study”, Ph.D, University of Keele, 1999.

A PhD thesis that surveys and critiques previous clinical approaches to psychiatric artwork. The author finds studies that have attempted to link characteristics from art to psychiatric symptoms were generally of poor quality, their material was highly selective, they often confused observation and interpretation, and were unreliable in their reporting. She also finds that speculative attempts to relate psychiatric symptoms to images were mostly discredited when the confounding influences of intelligence, art experience, and skill in patients were demonstrated to influence raters’ judgement of normality in the 1970s. The author proposes an alternative quantitative approach in the development of a new instrument, the Descriptive Assessment for Psychiatric Artwork (DAPA). The thesis reports the steps taken to validate the DAPA through an examination of the literature, an initial study, a reliability study, and the comparison of 86 patients with disabling psychiatric disorder and controls.

Hall and Metcalf, Jr., 1994: Michael D. Hall and Eugene W. Metcalf, Jr. (eds.), *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994.



Havilah, 2006: Lisa Havilah, “Stories of Survival” in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 55-57.

The author describes the process of researching and collating oral histories for the exhibition through the development of trusting relationships with each participant. She explains that the intentions of the exhibition are to: tell stories from a range of different contexts and times; tell stories in the first person to “create a confessional space for the viewer”; find a language that articulates what is often unspeakable; recognise the presence of schizophrenia in the community; investigate new ways to engage with and define the idea of the consumer; and overcome prevailing misconceptions and stigmas surrounding the illness. Havilah finds that sharing these stories provides the broader understanding and awareness that strengthens a community.

Heller, 1992: Reinhold Heller, “Expressionism’s Ancients”, in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 78-93.

This essay explores the relationship between artists such as Klee, Kandinsky and Kubin, and the art of the mentally ill. The author describes how these artists praised such works, finding great inspiration for their own practices. Heller suggests that, while this can be seen as a Romantic search for art’s beginnings, it was also a response to critics who denounced these works. Heller also describes the concurrent development of clinical interest in these works at this time. The author provides an overview of Prinzhorn’s pivotal role in fostering an appreciation of these works, not as “pathological disturbance but spontaneous expressions of a liberated ego producing autonomously from a universal creative drive”. He then describes how this “expressionist aesthetic turned violently into its opposite as reactionary politics formed an alliance with conservative aesthetics in the 1920s and 30s”, culminating in the guide to the degenerate art exhibition in which Prinzhorn’s collection is “exploited to decry, reject, and ridicule the efforts of German innovative artists”.

Henzell, 1978: John Henzell, “Art and Psychopathology: A History of its Study and Applications”, in *The Inner Eye*, Oxford: Museum of Modern Art, 1978, pp. 27-34.

In this brief history of approaches to art by the mentally ill, the author highlights that it is the psychiatrist, psychologist, psychotherapist or art therapist who has generally had access to the means by which opinions about the works by psychiatric patients are made public, whereas the patient’s view has, for the most part, remained embodied in their images. He discusses how Prinzhorn inspired a long succession of studies of symptomatology despite the fact that he doubted the feasibility of this approach. Henzell then contrasts the clinical approach as an aid to diagnosis, with art therapy and analysis. He outlines a history of art therapy and notes some differences between American and British approaches. The author concludes by stating that he hopes that exhibitions such as this will stimulate further development of art therapy practices.

Henzell, 2003: John Henzell, “Creating Art Psychotherapy Training in Australia”, “inscape” ARTCAP Symposium November 13-16, 2003 at the Australian Research and Training Centre for the Arts in Psychotherapy at Edith Cowan University School of Contemporary Art, URL: http://arn.cci.ecu.edu.au/data/tmp/john_henzell.pdf

The art therapist discusses the beginnings of art therapy in Australia and his personal involvement in the establishment of art therapy training in Brisbane. He criticises Dax’s book *Experimental Studies in Psychiatric Art* for only acknowledging Edward Adamson’s role as “little more than a footnote”, even though he played a crucial role in enabling “powerful expressive work in the patients who worked in his studio”. He argues that Adamson, along with several others, was a prominent figure in pioneering the uses of art in therapy in England. The author also describes his impressions of seeing the Cunningham Dax Collection in Faraday Street, describing works



“collected in plan chests and classified like specimens in clinical categories ... each of them according to simplistically generalized diagnostic labels ... just as if the collection was an illustrated version of DSM IV.”

Henzell, 2006: John Henzell, “Unimaginable Imagining: Fantasies and Works off the Margin”, *International Journal of Art Therapy*, 11, no. 1, June 2006, pp. 13-21.

Henzell gives a brief history of the experience of art therapists working with patients at psychiatric hospitals and the history of how Outsider Art entered the public domain through the writings of artists, collectors, psychiatrists and critics involved in the field. He then provides “anthropological reportage and stories” detailing his experience as an art therapist working with five individuals.

Hewitt, 2006: Kim Hewitt, “Women and Madness: Teaching Mental Illness as a Disability”, *Radical History Review*, no. 94, Winter 2006, pp. 155-69.

The author describes the development and purpose of an academic course she designed which places mental illness “within various historical and cultural contexts” to “encourage students to understand the implications of various attitudes toward mental health, and raise difficult questions by surveying a range of diverse definitions, diagnoses, and treatments”. Hewitt describes some of the difficulties she encountered, such as how to convey something so intangible, and overcoming the preconceptions of many students.

Hiller, 1991: Susan Hiller (ed.), *The Myth of Primitivism: Perspectives on Art*, London and New York: Routledge, 1991.

Hiscox and Calisch, 1998: Anna R. Hiscox and Abby C. Calisch (ed.), *Tapestry of Cultural Issues in Art Therapy*, London and Philadelphia: Jessica Kingsley Publishers, 1998.

Hogan, 2001: Susan Hogan, *Healing Arts: The History of Art Therapy*, London and Philadelphia: Jessica Kingsley Publishers, 2001.

This text provides a comprehensive history of art therapy and changes in the attitudes and approaches to the art of the mentally ill. She finds that “tension between imagination and reason” was one of the consequences of the advent of psychoanalysis whereby imagination was “placed within the category of primary processes” which was associated with “neurosis, regression, wish fulfilment and general ill health”. Hogan suggests that psychoanalysis absorbed the “anxiety about the unrestrained expression of the imagination” which preceded its development and which can be found in the writings of Lombroso and Nordau in which “degeneration, madness and artistic genius became conflated”. She describes how this link between the artist and the degenerate became popularised, particularly in Germany during the Third Reich where it culminated in the *Entartete Kunst* (Degenerate Art) exhibition in which examples of primitive art and art by the mentally ill were shown alongside examples of modern art and labelled as “products of psychologically or racially degenerate individuals”. With the “link between pathology and artistic expression now firmly established”, Hogan provides an overview of the various clinicians and psychoanalysts who began to develop psychopathological approaches to artworks. She finds that many of their findings were “reductive and dogmatic”. Hogan describes in detail Dax and Reitman’s work at Netherne Hospital where “pictures were viewed as giving information about ‘fundamental disturbance’ and information about the progression of an illness”. In surveying these approaches, the author finds that regarding “images as evincing pathology, rather than as healthy expressions of individual emotions, had negative implications not just for art therapy but for the reception of modern art in general”.



Hooks, 1997: Barbara Hooks, “Pictures from the edge”, *The Age Good Weekend*, Saturday 15 March 1997, pp. 34-38.

A positive overview of the Dax Collection and an interview with Dax about the Collection and its purpose.

Jádi, 1984: Inge Jádi, “The Prinzhorn Collection and its History”, in *The Prinzhorn Collection*, Urbana, IL: Krannert Art Museum, 1984, pp. 2-4.

The Director of the Prinzhorn Collection and medical doctor explores the history of the works, highlighting that Prinzhorn’s ideas and findings were closely tied to the intellectual situation that had prevailed in Europe since the late nineteenth century. She refutes Prinzhorn’s notion that the works uncover the basic drives to expression, finding instead that “we are left with the feeling of not having come very close to the true essence of creativity”. However, she contends that the strong responses of audiences to the works reflects the fact that the authors of these works have experienced dimensions of the human condition which are inaccessible to most, and that their creative expressions provide direct and unmediated contact with these experiences. She suggests that the works “speak of things that we do not dare to think and feel and they challenge us, thereby, to examine our own limits”.

Jádi, 1996: Inge Jádi, “Points of View — Perspectives — Horizons” in *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection*, (trans. by David Britt), London: Hayward Gallery; Berkeley, Los Angeles, London: University of California Press, 1996, pp.

Inge Jádi’s essay upturns Prinzhorn’s notion of his Collection as pure, ahistorical works, spontaneously emerging from patients’ psyche. She contends that there is a historical dimension to the Collection which can be determined in almost all the works, contributing to their specific character. The author also highlights that, while the art section has been the main focus of interest, the Collection also contains some entirely conventional drawings and paintings in the bourgeois style of the period, as well as other realistic drawings that illustrate the situation in the institution. She contends that although the creators of the works may not have considered themselves as artist, their works have “a sense of existential urgency that brings them close to art”. However, she cautions that defining them as art has meant that a number of very different artists have been allotted to the same genre and discussed in contexts that are not appropriate. Jádi considers the main problem for any art-related reading of the Collection is that the content of the images has to be handled with particular care, since its meaning has often been transformed by the psychosis and, as such, “we are dealing with a genuine failure of comprehension: the person responding to the work, and the mental patient as represented by that work, exist on different planes of existence”. For psychiatry, on the other hand, she suggests that it is the aesthetic dimension of the work which constitutes a problem. The author suggest that although psychosis itself is not open to analytical understanding, the artistic expressions of those affected “arise from the periphery of core psychotic events” and make it possible for us to gain some insight into them. She is also critical of the many psychiatrists who do not recognise or value the creative aspects of psychosis. Jádi also contends that the works often have nothing to do with art but are simply by-products of extreme states and that the Surrealists and others read things into the work that have more to do with their own agenda than with the nature of psychotic experience. She highlights that the danger of aestheticising the work is that one loses an essential quality of the work, its inseparability from the artist’s existence as a whole, and thus it is necessary to see the creator’s entire *oeuvre* to appreciate this.



Jakab, 1979: Irene Jakab, "Creativity and Mental Illness", *The Bulletin of the Menninger Clinic*, 43, no. 4, July 1979, pp. 365-78.

The author begins this paper by examining the different definitions of "creativity" before providing her own definition. She then explores the relationship between creativity and mental illness through the comparison of the creative products of psychiatric patients with those of the "fine arts". In doing so, Jakab seeks to address questions of whether mental illness induces creativity, whether it brings about the "ability to create something new", and whether the new product has any value in itself. After describing some case studies, she concludes that "the creative products of psychiatric patients must be judged not only by their newness and aesthetic value, but also specifically by their therapeutic content — as a method of communication and as a means of ego integration — to the process of healing".

Jakab, 1991a: Irene Jakab (ed.), *Art Media as a Vehicle of Communication*, Proceedings of the 1990 International Congress of Psychopathology of Expression, Montreal, Canada, Brookline, MA: The American Society of Psychopathology of Expression, 1991.

Jakab, 1991: Irene Jakab, "The Development and the Use of Verbal and Non-Verbal Communication: An Overview" in *Art Media as a Vehicle of Communication*, Brookline, MA: The American Society of Psychopathology of Expression, 1991, pp. 7-21.

In this paper, Jakab describes the clinical value of artwork produced by people with mental illness. She unequivocally states that "the analysis of various pictorial elements and of their presence or absence in the patients' art products lead to established diagnostic criteria". The elements with which she measures pathology include the composition of the picture, "the placement of the subject on the surface", "the relative size of various objects or people in the figurative representation", and "the content of the picture". Jakab also suggests that changes in style in the work of patients at different stages can "have very good diagnostic value as well as prognostic value". She also acknowledges that, "in recording their struggle", the process of making art can aid a patient's recovery.

Jakab, 1996: Irene Jakab (ed.), *The Influence of Recent Socio-political Events on Fine Arts and Patient's Art*, Proceedings of the 1995 International Congress of Psychopathology of Expression and Art Therapy, Boston, Massachusetts, USA, Brookline, MA: The American Society of Psychopathology of Expression, 1996.

Jakab, 1998: Irene Jakab, *Pictorial Expression in Psychiatry*, Budapest: Akademiai Kiado, 1998.

This text provides a historical overview of the diagnostic and therapeutic use of psychiatric art. Although the author finds certain parallels between the art of the mentally ill and Expressionism and Surrealism, she also distinguishes a number of differences, such as "the way patients often treat their art products as if they had a life of their own". Jakab examines the relationship between creativity and "psychiatric art" and finds that: "Kris' statement that in art 'a regression in the service of the ego' takes place is one of the most accepted theories". In comparing the methods and styles used by artists and those used by psychiatric patients, she finds that "both groups use the following techniques to express very strong or distorted emotions": "condensation, unconnected body parts, floating figures, hierarchic perspective, transparency, direct psychomotor expressions, exaggeration, antithesis of elements, non-figurative abstractions and stereotyped representations". The author also explains the problem of what she sees as forgery in patients' art products, whereby "a patient deliberately uses art expression to conceal feelings, or to express feelings he/she does not have, wanting to appear 'more sick' or 'less sick' than he/she is". She then discusses the content found in the works, acknowledging that there aren't any subjects in the patients' art which have not already been expressed in the fine arts and that "the subject of the drawings only rarely correlates with the delusions of our patients". Stylistically, Jakab



posits that “one can classify the works of the mentally ill in several categories, by the similarity of the drawings of patients who suffer from the same illness”, and she makes a number of broad generalisations to this effect. Although she argues for the diagnostic value of the pictorial works, Jakab cautions that “one should not draw conclusions about the presence of mental illness in an artist solely on the basis of the artistic expression of his works”. Nevertheless, she provides a description of the diagnostic qualities of the artworks of schizophrenic and of manic patients.

Jakab, 2001: Irene Jakab (ed.), *Developmental Aspects of Creativity*, Proceedings of the ASPE International Congress of Psychopathology of Expression 2000, Boston, Massachusetts, USA, Brookline, MA: The American Society of Psychopathology of Expression, 2001.

Jolles, 1998: Adam Jolles, “Paranoiac Pictures and Delusional Discourse: The Surrealist Challenge to French Psychiatric Authority”, *Chicago Art Journal*, 8, no. 1, Spring 1998, pp. 43-61.

This paper explores the confrontation between the Surrealists and the French psychiatric authority on the nature of mental illness. The author highlights how, in the 1920s and 1930s, the Surrealists frequently challenged psychiatric thinking and attitudes towards the mentally ill, positing in its place their own positive reevaluation of the art of the mentally ill and of madness and its liberating potential. The author describes these activities as “at once an act of political rebellion, an artistic uprising, and a theoretical retort, all around a very specifically defined group of specialized statements”. In examining these competing discourses on the nature of madness, Jolles aims to “undermine any preconceptions of Surrealism or psychiatry as monolithic or even cohesive enterprises”.

Jones, 1994: Michael Owen Jones, “How Do You Get Inside the Art of Outsiders?” in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 312-30.

In this essay, the author examines the work of an Outsider artist in order to highlight its commonalities with traditional “insider” art. He questions the lumping together of artists who don’t fit into conventional categories as “outsiders” as it “ignores their many differences”. Jones also highlights that those who promote Outsider Art overlook the fact that “all human beings express themselves through traditional forms and processes” and “exhibit aesthetic sensibilities in many aspects of their lives”. The author calls for an “insider approach” which shows that “instead of a collection of oddities by those who are abnormal, the art of outsiders is really a window into what makes us human, including the need for tradition and the urge to create aesthetic forms in our everyday lives”.

Kavanagh, 1996: Gaynor Kavanagh (ed.), *Making Histories in Museums*, London and New York: Leicester University Press, 1996.

Kerr, 1988: James Semple Kerr, *Out of Sight, Out of Mind: Australia’s Places of Confinement, 1788-1988*, Sydney: S.H. Ervin Gallery, National Trust of Australia, 1988.

A publication which accompanied an exhibition exploring the history of both prisons and asylums in Australia. The text and illustrations largely focus on the architecture of these places of confinement, and the rationale behind the layout and functionality of these institutions.

Killick and Schaverien, 1997: Katherine Killick and Joy Schaverien (eds.), *Art, Psychotherapy, and Psychosis*, London; New York: Routledge, 1997.



King and Alexander, 1997: Linda King and Loris Alexander, "Letter to the Editors", *Psychotherapy in Australia*, 4, no. 1, November 1997, pp. 4-5.

In a letter to the editors of *Psychotherapy in Australia*, two art therapists, Linda King and Loris Alexander, contend that the: "[p]ublic use of work created within the security and trust of a therapeutic environment raises critical questions about ownership of, and the decontextualised projective interpretation of, therapeutic art material" and suggest that there is a "need to examine the potentially undermining and seductive motives of our voyeuristic eyes and acquisitive hands, when faced with an intriguing and mysterious work of therapeutic art". They also find the absence of the creator's voice in the use of this material and the apparent disregard of the creator's authentic, reflective narrative, highly problematic.

Kirkby, 1998: Kenneth Clifford Kirkby, "Art for Psychiatry's Sake: An Interview with Dr E. Cunningham Dax", *History of Psychiatry*, no. 9, 1998, pp. 39-49.

An interview with Dr Dax concerning his role in the development of mental health services in Victoria and the origins and purpose of his involvement with "psychiatric art". Dax describes the approach to running the hospital art studios and his method for classifying the works in the Collection.

Knafo, 2002: Danielle Knafo, "Revisiting Ernst Kris's Concept of *Regression in the Service of the Ego in Art*", *Psychoanalytic Psychology*, 9, no. 1, Autumn 2002, pp. 24-49.

This paper examines Ernst Kris's theory of the "regression in the service of the ego". Knafo discusses the various criticisms of Kris's emphasis on "the regressive function in creative activity". The author argues that the concept of regression not only needs to be "disassociated from pathology", but must also be recognised as a "necessary component of normal development". He posits that artists can maintain a form of creative regression whereby they can make contact with "[e]arly body and self states and with early forms of object relationships" and modes of thinking, and that artists "use their art as vehicles for transformation and change". He goes further to suggest that viewers of a work "who allow themselves to regress as part of their aesthetic response", can become not just observers but "co-creators" of the artwork.

Kopland, 1995: Rutger Kopland, "Art of Meaning", in *Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients*, Lundbeck BV; The Netherlands: Art and Psychiatry Foundation, Lundbeck and Netherlands Schizophrenia Foundation, 1995, pp. 11-13.

The author finds that anyone looking at a work of art to learn something about the artist's inner world is looking in the wrong place as nothing can be found in the art of mentally disturbed artists that is not present in that of normal artists. He argues that being mentally disturbed means being shut up inside your own world and that creativity has more to do with health. He suggests a better approach is to consider what the artwork "evokes in your own soul". He posits that whether the artists are mentally ill or not should be something they resolve with their psychiatrists and their families.

Kopytin, 2006: Alexander Kopytin, "Promoting Understanding and Tolerance through Art: Antistigma Experience by the Means of Interactive Exhibitions", 2006, URL: www.wpanet.org/sections/docs/promoting.doc

This paper examines the problem of stigmatisation in psychiatry, finding that past programs based on the dissemination of certain information and educational initiatives only have a temporary effect. He then describes new approaches which "involve the resources of art and creative potential of mental patients" in order to promote destigmatisation. Kopytin argues that "it is not enough to contemplate the works of art of mental patients in a museum and dissect, what is



sane and healthy in them, or to analyze up to which point these productions are comparable to artistic work of acclaimed artists". Instead, he suggests that there is a need to "to accept that the creativity pertains to the person, not to the illness". The author then argues that exhibitions can both promote stigmatisation and destigmatisation and provides an overview of "the different ways of exposing mental patients' works of art", such as: assimilation, confrontation, ghettoization and specialization". The paper concludes with a Russian study of public attitudes "towards mental patients and their art as well as whether interactive exhibitions can lead to destigmatization".

Krahn, 2004: Uli Krahn, "Art and Schizophrenia", *Southerly*, 64, no. 1, Spring 2004, pp. 51-76.

The author examines the problem of understanding "schizophrenic art", finding that it is often found to be indecipherable due to the "ignorance about the social, material and cultural context of its making, as well as by 'clinical' interpretations". Krahn posits that if all psychic phenomena are considered meaningful, and a broader understanding of delusion is adopted, then one can begin to discover insights into the productions of people with schizophrenia.

Kris, 1952: Ernst Kris, *Psychoanalytic Explorations in Art* [1952], New York: Schocken Books, 1964.

The psychoanalyst provides a critical overview of the study of art produced by psychiatric patients, before positing his own theories about these works. Kris criticises Prinzhorn, finding that "he is not interested in psychological explanation" but in supporting "an aesthetic thesis" and "the cause of German expressionistic art". He argues that this approach "not only permeated his presentation but determines also his choice of material". In opposition to Prinzhorn's claims, he states that the "study of psychotic art does not ... encourage a general answer to questions concerning the origin of the urge to create in man". Kris also acknowledges the problem of determining the relationship between creativity and psychosis, arguing that before "the productions of psychotic patients" can be characterised, one needs to determine which "features of their production can be related directly to lack of training". He finds that it is not "the single work but the meaning of production which seems to supply the important clues" and, therefore, "psychodiagnostic impressions based on isolated products of representational art remain in many instances unreliable". Kris also suggests that it is far more difficult to determine what constitutes "correct" drawing than it is to recognise "correct" speech. The author finds that many of the works by psychiatric patients are incomprehensible, making it impossible to enter "the world of the insane on the basis of his artistic product". Kris argues that "the representational creations of psychotics" are "attempts at restitution" which "follow the laws of the primary process, the 'language' of the id". He finds parallels to this process in dreams and "even the normal artist's process of artistic creation frequently evinces features which remind us of restitutive phenomena". As such, he argues for a re-examination of "the differences between the works of psychotics and the works of artists", which have been described as "being sharply delineated and fundamental", an approach which "does not do justice to the fluid transitions which also exist — transitions which become impressive if we reexamine the process of creation rather than the finished product".

Kuspit, 1991: Donald Kuspit, "The Appropriation of Marginal Art in the 1980s", *American Art*, 5, no. 1/2, Winter-Spring 1991, pp. 132-41.

This paper explores notions of appropriation and the often paradoxical relationship between the mainstream and the margins in the art world of the 1980s. The author argues that, although both mainstream avant-garde and marginal art mutually benefit from their association, it is the former, as the initiator of the appropriation, that has the most at stake. While Kuspit acknowledges there is an imperialist and authoritarian aspect to this phenomena, he finds that it largely stems from the mainstream's need to "convince itself of its own validity and legitimacy". The author also posits that interest in "marginal art" stems from the belief that it "returns us to the level of inchoate, inarticulate, emotionally archaic experience".



Landgarten and Lubbers, 1991: Helen B. Landgarten and Darcy Lubbers (eds.), *Adult Art Psychotherapy: Issues and Applications*, New York: Brunner/Mazel, Inc., 1991.

Lavis, 2005: Anna Lavis, “‘La Muse Malade’, ‘The Fool’s Perceptions’ & ‘Il Furore dell’Arte’: An Examination of the Socio-cultural Construction of Genius through Madness”, *Anthropology & Medicine*, 12, no. 2, August 2005, pp. 151-63.

This paper explores the cultural interplay of madness and genius in the Western intellectual tradition. Exploring psychiatric research, literary criticism and anthropological theory, the author highlights the metaphors and cultural imaginings that make up the genius/madness myth. She suggests that it symbolises humanity’s fascination with the boundaries of our own mental functioning. The author also links the fusion of the medical and the mythical to art history approaches in which biography is tantamount to the reputation of the artist’s work, particularly in Art Brut. The author argues that the anti-psychiatrists reinvented the madness/genius myth for the postmodern age, viewing schizophrenics as tortured artists, social scapegoats or political dissidents and regarding psychiatric treatments as tools of social control. She then assesses the implications of the genius/madness myth, finding the social construction of genius reflects and manipulates notions about madness which “destabilise clinical and cultural diagnoses of disease” as much as they reveal that “madness too can be constructed”.

Lejsted and Nielsen, 2006: Mia Lejsted and Johannes Nielsen, “Art Created by Psychiatric Patients”, *Medicine and Creativity*, 368, December 2006, pp. s10-11.

A joint paper by an art historian and a psychiatrist who work at the Museum at the Psychiatric Hospital in Aarhus, Denmark, which houses more than 8000 works by psychiatric patients created over the past century. They find, having seen a large number of works by patients, that the notion that there are characteristic subject matters, motifs, or formal qualities for particular disorders is untenable. However, they qualify this finding with the following observations: that there are occasional exceptions where images reflect aspects of illness; elements of the history of individual disease may insinuate themselves into a particular work but not in a way that renders them diagnostic; the inability to detect the influence of illness may reflect improvement in psychiatric care in recent decades; and bipolar disorders do influence artistic expression while inability to work creatively often accompanies deep depression. The authors also discuss the complex relationship between drug therapy and creativity. While they “dismiss the idea of a relation between art and diagnosis of psychiatric illness”, they do find that there are many patients who find that artmaking enables them to express themselves cathartically and “organise their thinking”. In their exhibitions, the authors state that they “invite the public to view and reflect upon the creative quality and depth of the art”, finding that it promotes understanding of people in psychiatric care and reduces prejudice. They also find that, for the patients, knowing that the work produced in the studios is exhibited to the public increases self-esteem and gives them great satisfaction.

Lev-Wiesel and Shvero, 2003: Rachel Lev-Wiesel and Tal Shvero, “An Exploratory Study of Self-figure Drawings of Individuals Diagnosed with Schizophrenia”, *The Arts in Psychotherapy*, no. 30, 2003, pp. 13-16.

A scientific study which examines the results of the Draw-A-Person (DAP) test by individuals diagnosed with schizophrenia. It finds that the results differed significantly from self-figure drawings of the “non-schizophrenic” control group. The authors posit that, while these findings may be of use for therapeutic purposes, they “should not be relied upon for the prediction of schizophrenia”. The authors also acknowledge the limitations of the study, namely that the sample size was relatively small and not all of the different schizophrenia subtypes were included.



Lippard, 1994: Lucy R. Lippard, "Crossing into Uncommon Ground" in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 2-18.

In this paper, Lippard critiques the terminology surrounding Outsider Art, which she argues is "already discredited". She finds that the term "Outsider" is "as confusing as the range of works it tries to incorporate" and posits that the artists' isolation "is actually a perceived but unacknowledged class difference". The author suggests that it is another case of "an ethnocentric society's negative naming process, based on what is not rather than what is", whereby "the margins are defined by the center".

Loxley, 2006: Anne Loxley, "The Charisma of Schizophrenia" in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 39-42.

This essay by one of the curator's of *For Matthew & Others* features a discussion about a number of works in the exhibition and excerpts of interviews with some of the artists involved. She argues that the exhibition offers "a unique perspective on the relationship between mental illness and the archetypal visual artist", making viewers reconsider their understanding of imagination.

McAuliffe, 1992: Chris McAuliffe, "Different Strokes" in *Inside out/Outside in: Artists from Arts Project Australia*, Melbourne: Arts Project Australia, 1992, pp. 14-18.

One of the curators of the exhibition explores the issue of difference in recent discourse on Western culture finding two key strategies: one which examines the ways in which the dominant culture excludes difference; the other whereby marginalised groups develop their own voice by which to speak of their own experience. One difficulty is the risk of representing difference: in displaying the works in mainstream art context the artists' difference may be erased; however, by focusing on their difference they may be regarded as freaks or objects of pity. The author finds that one should neither ignore nor exaggerate difference but recognise that difference does not entail a radical separation and requires negotiations across boundaries. Discussion follows on how many avant-garde artists emulated marginal conditions as part of their attempts to shake up the establishment. McAuliffe finds that the problem was that this appropriation generally occurred without any attempt to understand the marginal artists on their own terms, resulting in the fostering of misconceptions and generalisations about mental illness. The author looks at how postmodern views can open up the means by which to explore marginal art within the discourse of art whereby: the effectiveness of the message has replaced the use of technical skill as the measure of artistic merit; the works demonstrate that each artist has developed their own vocabulary of style, form, technique and motifs; and control and understanding of media have resulted in a visual communication with which the viewer can engage with.

MacGregor, 1989: John M. MacGregor, *The Discovery of the Art of the Insane*, Princeton, N.J.: Princeton University Press, 1989.

The most comprehensive survey of the history of "the art of the insane", this publication represents the culmination of two decades of research by an art historian and former lecturer in art and psychiatry. The text is indispensable for anyone wishing to undertake research in the field, containing a comprehensive bibliography and footnotes, and numerous illustrations. The author's aim in producing this publication was to bring to visibility a previously under represented aspect of art history and the history of psychiatry. MacGregor critiques the long-held notion of the link between genius and madness, highlighting the widespread influence of Lombroso's problematic theories. He is also highly critical of analysts who try to pathologise artists who have been considered geniuses. The author also critiques the Romantic view of madness which he argues was rarely based on any real experience of insanity but was rather a fantasy of madness "as a treasure trove of the imagination free of reason and restraint". In his discussion on the work of Prinzhorn, MacGregor highlights the problem of selectivity whereby he claims that



Prinzhorn “deliberately set out to mold artistic and critical opinion” and in “the choice of pictures he acted not as psychologist but as critic, withholding those that might weaken the impact of his artists”. Underlying the complex history of the art of the mentally ill, the author suggests that its recognition and appreciation has arisen out of both the “the tremendous power and beauty of the images themselves” but also “the existence of a deep-seated human need for images of this kind”. He argues that “the art of the insane represents an enormously important aesthetic and intellectual experience that can lead us deep into our own inner life”. However, he makes clear that “for its makers it often was material evidence of an agonizing struggle to make sense of drastically altered life experience within which they themselves were lost”. The author acknowledges that his reconstruction of the history of these works is incomplete and that there is still much research being undertaken and yet to be done. He posits that the impact of the “discovery” of the art of the insane continues to be felt across the disciplines and professions of psychology, psychiatry, art and art history and it is necessary for practitioners in these fields to acknowledge and confront the challenges it presents.

MacGregor, 1990: John M. MacGregor, “Marginal Outsiders: On the Edge of the Edge” in *Portraits from the Outside: Figurative Expression in Outsider Art*, New York: Groegfeax Publishing, 1990, pp. 11-18.

In his catalogue essay, MacGregor states that the works in the exhibition were selected because of their visual power and “their ability to move us, to bemuse, frighten, or disturb”. He also argues that “what is or is not Art Brut must be made on the basis of the work, not the life style”. Nevertheless, this does not prevent him from making the claim that “the motivation underlying the production of these powerful objects or images” are the “product of an obsessional involvement with images in the service of extremely unusual preoccupations or ideas”. The author is also highly critical of works made in therapeutic contexts, finding that “most images made by [the severely mentally ill], especially now that treatment involves the use of antipsychotic and mood-altering drugs, and the procedures of art therapy, is simply amateur art; mediocre, cliché-ridden and dull.” He is also firmly against the notion of a “psychopathology of expression” and attempts to use art as an aid to diagnosis which he describes as “a highly suspect and dangerous intrusion on the freedom and integrity of the creative act”.

Maclagan, 1989: David Maclagan, “Fantasy and the Figurative” in *Pictures at an Exhibition: Selected essays on art and art therapy*, London and New York: Tavistock/Routledge, 1989, pp. 35-42.

This paper explores the relationship between notions of fantasy and image making and its interpretation or analysis. Maclagan argues that in both the history of art and psychoanalytic/psychiatric readings, there is an attempt to subject images to a form of logic of representation and a language of symbolism. As such there has been a largely unconscious development of a set of assumptions that depends on a “conventional notion of fantasy and the way in which it ‘figures’, that structures and informs the way in which imagery is constituted, and justifies discrimination between legitimate and illegitimate forms of signification”. Maclagan calls for a notion of fantasy that extends beyond such conventions and recognises “the unconventional workings of fantasy, the possibility of non-figurative mental imagery, the problems of non-translatable metaphor” and their implications for the relation between inner and outer worlds, or between imagination and reality.

Maclagan, 1991: David Maclagan, “Outsiders or Insiders?” in *The Myth of Primitivism: Perspectives on Art*, London and New York: Routledge, 1991, pp. 32-49.

This paper looks at the parallels between the discourses surrounding primitivism and Outsider Art. The author finds that one of the paradoxes of Outsider Art is that it is defined from the outside by people within the art world. He argues that although one of the main criteria of Outsider Art is its “utter originality”, “once these images have been discovered and promoted, they re-enter the cultural domain” and the notion of Outsider is no longer workable. After highlighting the criteria usually used to identify Outsider Art, Maclagan posits that it raises many philosophical questions

such as “whether we might treat something as a work of art when it was the work of someone who had forfeited so many of the normal characteristics of being an artist. He also warns of the “danger in making too facile a connection between the work and its creator” highlighting that “‘deviant’ work might be created by someone with no diagnosable features of psychological or social deviance”. The author also cautions on the attempt to find evidence of psychiatric disorder in the “formal dis-order of a picture” depends on the notion that untrained patients would ordinarily be capable of producing images that conform to conventional representations. The paper also discusses how an “artificial innocence” and notion of purity was imposed on the mentally ill by artists and proponents of Art Brut. Maclagan then critiques the belief in the “originality” of Outsider Art, highlighting that no matter how solitary or isolated a person may be, they always belong to “some kind of milieu” and have “some idea of what ‘art’ is”. He argues that “Modernism tried to wrench outsider art loose from any context” so that it could be used “like ‘primitive art’, for its own currency”. He concludes by cautioning that “we must not forget the real psychological cost behind the creation of some of these images”.

Maclagan, 1995: David Maclagan, “The Hidden Cost of Outsider Art: Ethical and psychological issues”, *Raw Vision*, no. 12, Summer 1995, pp. 30-37.

This paper highlights issues to do with “the ethics of acquiring and exhibiting work created by people who are excommunicated from society (mental patients, the handicapped or the voluntary reclusive).” The author describes the “sense of trespass into private, perhaps even forbidden zones” and a “discomfort with the extreme discrepancy between the splendour of the work and the misery of the circumstance under which it was created”. Maclagan also discusses the “ethical implications” that arise from psychopathological readings of the art of the mentally ill, particularly when “unconventional features of a drawing” are automatically assumed to equate to “a disturbance of perception”. The author also raises the ethical issue of “what effect our interventions (collecting, exhibiting or purchasing) may have on the person who created the work”. He also suggests that, in the context of Outsider Art, “the ambiguous aura of an invasion of privacy in the very act of exhibition is so much stronger”, particularly as the work “was perhaps never intended for public consumption, never even addressed to anyone else: now it is dragged into the limelight, and the person’s inner world is exposed in every sense of the word. Finally, Maclagan discusses the ethics of the viewer’s fascination in these works, questioning the underlying motives for our interest in these works. He describes our response to Outsider Art as “the point where an outer object (and the ghostly presence of the person who made it) meets with inner fantasies and personal agendas”.

Maclagan, 1997: David Maclagan, “Has ‘Psychotic Art’ Become Extinct?”, in *Art, Psychotherapy, and Psychosis*, London; New York: Routledge, 1997, pp. 131-43.

The author explains the history of art by the mentally ill as one of conflict between a predominantly medical perspective and a more “artistic” one, between a view of the artwork as *symptomatic* of psychosis, and one that is more concerned with its *expressive* or creative aspects. He finds that the perspective from which psychiatric diagnoses are made is as much subject to historical influence as are judgments in the history of art. As such, he posits that psychotic art is not an absolute or constant category but is rather a cultural construct, marked by specific agendas. He suggests that psychiatry’s interest in the works of patients stemmed from two overlapping needs: the desire to gain access to their mental world, and the wish to give an account of the various ways in which it departed from the normal. Therefore, art, with its conventions governing representation, symbolisation and ornament, seemed to have a language which could be used to reveal its improper or disordered use. He argues that as the stylistic characteristics of these works began to be seen in a much wider range of artworks that were not confined to a psychiatric provenance; questions about the reliability of psychiatric diagnoses based on the formal features of artworks, and about the very nature of the connection between works of art and mental states in general have been raised. Further difficulties he finds with psychiatric readings

of these works are that: only a small fraction of psychotic patients actually engage in any artistic activity; the idea that these patients represent or speak for other, inarticulate patients entails a number of dubious assumptions; it assumes that because a psychotic patient has made an artwork, the work itself must be “psychotic”; artworks provide a direct “window” into the patient’s mind; for some analysts the work is presumed automatically to be psychopathological; for others the artist’s intentions (where they have been recorded) play a crucial role, while for others the work itself may be considered “art”, regardless of its context; the choice of works for analysis is highly predetermined. The author finds that the interpretation or understanding of psychotic art was influenced by the “crisis of representation” in the first half of the twentieth century whereby there was an attempt to reinforce or insist on the notion of representation at the very moment it was under threat.

Maclagan, 1999a: David Maclagan, “Getting the Feel: Problems of Research in the Fields of Psychological Aesthetics and Art Therapy”, *The Arts in Psychotherapy*, 26, no. 5, 1999, pp. 303-11.

The author finds that there are many circumstantial factors that can contribute to exploring a picture’s meaning in a therapeutic context: the history of its making, the artist’s intentions, or the influence of the therapeutic relationship itself. He critiques psychiatric studies of “psychotic art” that only focus on representational or symbolic aberrations without investigating their psychological qualities beyond the usual diagnostic categories. He finds such approaches reduce their psychological resonance and tend to exclude any cultural context, thereby returning such symptoms to a private or “subjective” dimension that is part of the image of psychosis. Furthermore, Maclagan finds that this contributes to the difficulties of other research approaches because the patient’s own account is usually either missing or represented in terms over which they have no control. He sees a need to “redefine the relation between aesthetic and psychological effects” as our aesthetic response to objects is “an embodied one” which combines a physiological and imaginative response which “carries multiple psychological resonances”. The author acknowledges that there are always “multiple interpretations of a picture”, finding that these are often merely “steps on the way to a ‘meaning’ that may never be finally or explicitly reached”.

Maclagan, 1999b: David Maclagan, “The Madness of Art and The Art of Madness”, *Raw Vision*, no. 27, Summer 1999, pp. 20-27.

This article explores some of the preconceptions surrounding art by the mentally ill such as: “it represents the final point of notions about idiosyncrasy and originality in artistic creativity”; it is seen as “offering a window into what would otherwise be inaccessible”; “the belief that one can eavesdrop on some solitary monologue or trespass on someone’s inner world”; the notion that someone “has lost control of the normal devices of expression or communication”. However, the author contends that such inner worlds are seldom as private or subjective as they are assumed to be and that the actual artwork of madness, despite its challenges to conventional modes of reading, is still “on the edge of comprehension”, rather than beyond it. Maclagan also posits that within “‘ordinary’ experiences of artmaking there are forms of ‘madness’, not necessarily pathological, but involving the temporary dissolution of many of the normal boundaries between inside and outside, real and imaginary, that in a more permanent form are characteristic of psychosis”. He critiques naïve beliefs that see “expressive art and psychotic art ... as direct imprints of the artist’s ‘inner world’”. The author also finds “the psychiatric use of artworks as diagnostic indicators seems to depend on the dubious assumption that representations of the human figure by patients without any art training will normally have regular shape and proportions, and that any departure from these can be directly related to disturbance or disorder”. Thus he cautions against definitions of both art and madness that are too literal. He also finds that a crucial element, “the creator’s feedback from the actual making of an artwork”, is usually missing or unknown.



Maclagan, 2001: David Maclagan, *Psychological Aesthetics: Painting, Feeling and Making Sense*, London and Philadelphia: Jessica Kingsley Publishers, 2001.

In this text, Maclagan draws upon his experience as an art therapist to posit a theory for the understanding and appreciation of art. He describes his notion of “creative reception” in which the “artwork is an arena for an exchange” between “the subjective dimension of the spectator’s experience and the work’s actual external features” whereby there is a “reciprocal exchange in which each is modified with the other”. The author discusses his belief that in analysing a painting there is a “mixture of intellectual understanding and imagination, of focused or articulate with informal or inarticulate forms of understanding”. He cautions against overly didactic interpretation which he finds “often has a programmatic or authoritarian flavour”. He also argues that “the life of a work of art depends upon its independence, upon its being able to continue to generate new meanings long after its original creation”. Maclagan also cautions against those who directly correlate an artwork’s features with the personality of its creator, stating that “a work of art can never be a mental state: however powerful the experience or intention that prompts it may be, a painting is a material artifact with its own distinct properties”. The text then goes on to critique early psychiatric perspectives on aesthetics that aligned formal features of the work with symptoms of mental illness, that posited that “the artist is in the grip of fundamental instinctual forces over which he/she is unaware or has no control over”, or that promoted the “myth of unmediated spontaneous expression”. The author also highlights the problem of scientific approaches which privilege “those features of aesthetic response that can be most readily quantified” whereby “other more qualitative aspects are distorted by being treated ‘objectively’ or else effectively disqualified”. Maclagan suggests that since the “crisis in representation in art” at the beginning of the twentieth century there has been a marked shift in focus, “from outer to ‘inner’ reality; and since there is no equivalent to the previous consensus on figurative conventions for the expression of such an inner reality, the actual aesthetic handling of a painting has to carry an increasing weight”. Thus, he calls for more emphasis to be placed on the material qualities and processes involved in the creation of an artwork, cautioning that “the pathological elements of an artist’s work cannot be simply tracked back to personal forms of suffering or disorder without losing just that metaphoric and imaginal resonance that results from their being works of art rather than symptoms or dreams”.

Maclagan, 2003: David Maclagan, “Different Uses of Fantasy in Working with Images”, “inscape” ARTCAP Symposium November 13-16, 2003 at the Australian Research and Training Centre for the Arts in Psychotherapy at Edith Cowan University School of Contemporary Art, URL: http://soca.ecu.edu.au/school/postgrad/artcap/symposium/docs/david_maclagan.pdf

This paper, from an art therapy symposium, begins by outlining the changing notions and cultural values of fantasy and contrasts this with the “subordinate status of fantasy in much of psychotherapeutic literature”, where it is seen as being “strongly coloured by unconscious wishes and hence as both unreal and escapist”. Maclagan asserts that fantasy thinking is “a key means of access to material of psychic importance and value” and that this “imaginal background is the essential ground on which art therapy must take its stand”. The author discusses the notion of fantasising about an image rather than trying to interpret it, whereby it moves the viewer away from traditional approaches to understanding an artwork and enhances the image’s “independence from our wishes, needs, or theories”.

Maclagan, 2005: David Maclagan, “Re-imagining Art Therapy”, *International Journal of Art Therapy*, 10, no. 1, June 2005, pp. 23-30.

This paper argues for a re-instatement of the imagination as central to practicing art therapy. The author suggests that there has been a marginalisation of imagination in therapy, particularly those models based on classical psychoanalysis which “has given imagination a hard time”. Instead he suggests that responses to artwork require “a more creative and ‘subjective’ response in order to come alive” and provides an outline of what such a therapeutic model might involve. Although it is



easier to fall back on personal biography or collective history in approaching artworks, Maclagan suggests that an “archetypal perspective takes us beyond these to a ‘psyche’ that isn’t strictly personal”, whereby the “danger of seeing every part of an image as some aspect of the artist’s personality” can be avoided.

Maizels, 2000: John Maizels, *Raw Creation: Outsider Art and Beyond*, London: Phaidon, 2000.

This publication by the editor of *Raw Vision* provides a sweeping survey of the field of “raw creation”/Outsider Art, from its origins in the late nineteenth century to its current worldwide appreciation and commercialisation. The book features chapters on some of the best known artists in the field, claiming that “Outsider Art shows that rare and outstanding individuals can make their own compelling contributions to our visual awareness, even if their works bear no relation to anything that has gone before”.

Metcalf, Jr., 1994: Eugene W. Metcalf, Jr., “From Domination to Desire: Insiders and Outsider Art” in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 212-27.

In Eugene W. Metcalf, Jr.’s essay he explores the power relations between “insiders” and “outsiders”. He finds that in most commentary on Outsider Art, emphasis is placed on the artwork and its aesthetic merits whilst the social groups which influence the “binary existence” of Outsiders are overlooked. As Metcalf Jr highlights, the relationship between inside and outside is unequal and that the marginalised and colonised outsider does not have the power to define themselves but are instead defined in the terms of the insiders. Furthermore, the valorisation of Outsider Art is found to obscure “important ethical questions about the personal and social cost of the production of this art”. However, for the author, the worst problem is that the “epistemology utilized to define and study Outsider Art ... has little place for the views or values of those whom it represents as outsiders.” As such, he finds that such approaches reflect more about those making the claims for the art than about the nature of the work or the artist who made it.

Mitchell, 2007: Kaz Mitchell, “Introduction” in *Pride & Prejudice: Creations from a Social Margin*, Melbourne: Prahran Mission, 2007, p. 4.

For its 24th annual art exhibition *Pride and Prejudice: Creations from a social margin*, the Stables Studio chose to address issues of self-esteem and stigma as the central theme. In the introduction to the catalogue Mitchell discusses how these issues affect those diagnosed with mental illness, acknowledging the struggle for self-esteem and the misrepresentation of mental illness by the media. She states that the intention behind this exhibition was to provide artists an opportunity to overcome these issues: “This exhibition is a chance for our artists to show themselves in a truer light. Not under a dismissive label, but as creative and inspired individuals ... Celebrate with our artists in recognising that art and creative expression can reach out and connect people, in a deep and meaningful way, without prejudice”.

Morley, 2003: James Morley, “The Texture of the Real: Merleau-Ponty on Imagination and Psychopathology”, in *Imagination and its Pathologies*, Cambridge, Mass.: MIT Press, 2003, pp. 93-108.

In his study on the phenomenology of the imagination and psychopathology, Morley reveals how Maurice Merleau-Ponty’s insights into “the imaginary texture of the real” provide a framework for elucidating “not only *being* but also the nexus between *unwell* and *well-being*.” The author posits that the imaginary is “a dimension of the spectrum of experience, from active instrumental reasoning across to passive sleeping” and that underlying both the imaginary and perception is the principle of perceptual faith whereby the reality of the perceived world, generally taken for granted, is actually no more than an act of trust. Morley explains that an integral feature of “perceptual faith” is an allowance for ambiguity, “a basic underlying acceptance of a world that cannot be



entirely divided between imaginary and nonimaginary (subjective or objective) phenomena". In this light, psychopathology can be seen as an experience where this "faith" in reality becomes uncertain or intolerable. Although many artistic approaches that test the boundaries of perceptual reality may share this sense of "ontological doubt" with certain experiences of mental illness, Morley makes an important distinction. While most artists are able return to the security of a "perceptual faith", a pathological loss of boundaries stems from factors beyond the individual's control. In acknowledging the paradoxical nature of imaginative activity with its creative and destructive, integrative and disintegrative aspects, phenomenology demonstrates that the productions of people with mental illness can be seen to evince both creativity and pathology. As such, it not only contests the excessive romanticisation of "Outsider Art", but also provides psychiatry with a framework for addressing the spectrum between mental health and psychopathology.

Musgrave, 1979: Victor Musgrave, "Preface" to *Outsiders: An Art Without Precedent or Tradition*, London: Arts Council of Great Britain, 1979, pp. 8-14.

This paper adopts an essentially romantic attitude to Outsider Art creations as: an art without precedent; "a journey to the depths of the human psyche"; "an art bereft of historical and cultural context"; "emerging from the source of creativity"; "emerging from a state of utter self-absorption in which the exterior world is blanked out". The author clearly distinguishes it from therapeutic art which he finds, when seen in quantity, "monotonous in theme and content and often influenced by the patients' desire to meet the expectations of the therapist". He gives an example of a recent exhibition of Outsider Art in which not one work was by a psychiatric patient, and another exhibition of "psychiatric art" in which not one artist was an Outsider. He also suggests there is an "anarchic spirit with which all Outsiders are linked". He also stresses that the exhibition is not an academic exercise; "does not contain any historical perspectives, because none exist"; and "no cultural comparisons are made as this would be a betrayal of the spirit of 'chemically pure' invention".

Naumburg, 1950: Margaret Naumburg, *Schizophrenic Art: Its Meaning in Psychotherapy*, New York: Grune & Stratton, Inc., 1950.

The author studies the correlation between the subject matter of psychotic art and the conflicts of patients, finding artwork a new means to gain a direct insight into the psyche. Following Simon and Lombroso she aims to show how the stylisation in the art of the insane can be employed as an important means of diagnosis. Naumburg is disparaging of Prinzhorn's work. She is more closely aligned to art therapy models in her view that conflicting interpretations point to the need of giving further attention to encouraging patients to make more interpretations of their own symbolic material. She sees this as the basis for using spontaneous art projections as a primary mode of therapy.

Naumburg, 1953: Margaret Naumburg, *Psychoneurotic Art: Its Function in Psychotherapy*, New York: Grune & Stratton, Inc., 1953.

The author argues that spontaneous graphic art becomes a form of symbolic speech which may serve as a substitute for words. She subscribes to the notion that the image-making process of the unconscious relates to man's basic and primitive way of experiencing, and that the translation of such images into graphic designs therefore becomes a more direct mode of expression than words. She also finds that patients' interpretations seem to confirm no single psychoanalytic approach but, rather, give evidence of the validity of differing viewpoints in current schools of psychotherapy. She unequivocally finds that "free art expression has become a new tool, placed in the hand of psychologist and psychiatrist for the diagnosis and treatment of personality disorders."





Navratil, 1994: Leo Navratil, “The History and Prehistory of the Artists’ House in Gugging” (trans. by Agnès and Roger Cardinal) in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 198-211.

This paper, by one of the founders of the Artists’ House in Gugging, provides an overview of the facility and examines the works of some of the artists who resided there. The author describes the role of the Artists’ House, which is located within the hospital in Gugging, not as a place to prepare patients to re-enter society in the role they once knew, but rather to offer them “a new social identity”, “affirming their identity as artists after all the years of anonymous institutionalization”.

Nettle, 2001: David Nettle, *Strong Imagination: Madness, Creativity and Human Nature*, Oxford; New York: Oxford University Press, 2001.

The author presents a thesis about human nature that posits that emotions “exist along a continuum” rather than as distinct, separate states. He posits that “there is no unique baseline for human mood” and that “psychometric studies” have shown that there are “wide and continuous spectra of personality variation on traits such as emotional negativity, extraversion, and impulsivity”. As such, he suggests that “what we call mental health, and what mental illness, is partly a decision rather than a discovery”.

Nettle, 2006: David Nettle, “Schizotypy and Mental Health Amongst Poets, Visual Artists and Mathematicians”, *Journal of Research in Personality*, 40, 2006, pp. 876-90.

A research paper examining the association between creativity and the predisposition to mental illness. The author finds that there is link with artistically creative groups sharing unusual and chaotic thought patterns typical to mild and more severe psychopathologies. He acknowledges that further research is required to explore the broader significance of these findings.

O’Hare, 1981: David O’Hare (ed.), *Psychology and the Arts*, Sussex: The Harvester Press, Ltd., 1981.

Otten, 1995: Willem Jan Otten, “The Smile and the Wound”, in *Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients*, Lundbeck BV; The Netherlands: Art and Psychiatry Foundation, Lundbeck and Netherlands Schizophrenia Foundation, 1995, pp. 15-17.

This author finds there is a strong compulsion when looking at psychiatric art to look for signs of insanity, whether you want to or not. He argues that one should not look for psychiatric elements in the works but at the response in the viewer, arguing that the work exists only when it affects someone, “it comes alive because it is perceived; it has meaning because someone attributes meaning to it”.

Park, Simpson-Housley and de Man, 1994: Deborah Carter Park, Paul Simpson-Housley and Anton de Man, “To the ‘Infinite Spaces of Creation’: The Interior Landscape of a Schizophrenic Artist”, *Annals of the Association of American Geographers*, 84, no. 2, 1994, pp. 192-209.

This paper explores the world view of Adolf Wölfli through his artwork, highlighting how, like anyone else, it reflects his past experiences, family history and cognitive processes. The authors also discuss how his works evince “a hyperactive imagination propelled by delusions, hallucinations, and a powerful desire to provide order.” The paper also cautions against making generalisations about the experience of schizophrenia based on the study of one person or one body of artwork, as they argue there are many types of schizophrenia.





Parr, 2006: Hester Parr, 'Mental Health, the Arts and Belongings', *Transactions of the Institute of British Geographers*, 31, no. 2, June 2006, pp. 150-66.

This paper critically explores the complex and changing relationship between art and mental illness, both past and present. Parr highlights how, historically, the link between "art and madness" has served to lead to exclusion and differencing of those experiencing mental illness and their creative works. The author compares this to current initiatives such as art therapy and community arts projects which are inclusive and play a role in reducing stigma by creating "positive mental health awareness". She then presents two case studies of art programs for people experiencing mental illness, highlighting the bond that is often created between artists and the sense of belonging and social connectivity these spaces create.

Peiry, 2001: Lucienne Peiry, *Art Brut: The Origins of Outsider Art*, Paris: Flammarion, 2001.

The current Director of the Musee de l'Art Brut provides a comprehensive overview of the history of the collection within the broader context of the development of twentieth century European art. She argues that since its inception Art Brut has "occupied an essential place in contemporary artistic and social history" and continues to play a significant role in "the decentering of cultural and aesthetic values". Peiry addresses some of the issues surrounding the illegal acquisition of the works from psychiatric institutions, claiming that, ultimately, from the doctors' point of view, it was "the most appropriate place for these works: protected from dispersion and destruction, the works would be exhibited, studied, conserved and valued". From an ethical standpoint she argues "the institutionalized creators ... had known rejection and disdain" and "(c)oncealing their productions — as the legal texts would have required — would have amounted to a second rejection". There is also a chapter highlighting the contemporary artists who have been strongly influenced by Art Brut. Peiry's conclusion posits that Art Brut in its original incarnation is dying out as the conditions and circumstances from which it arose are no longer to be found. Furthermore, the increasing popularity and exposure of this work has "thrust it into the cultural system from which it had been estranged, and which it was by definition opposed to". She argues that "this ethical and aesthetic recognition has gone hand in hand with social exploitation and commercial appropriation" and "the process of making this art popular and democratic has led to confusion about the nature of Art Brut, the emergence of bogus works, and consequently a perversion of its otherness". The book also provides biographical notes on the artists represented in the collection, an overview of its exhibition history and reception, and a comprehensive bibliography.

Pepper, 2003: Susan Pepper, "Arts-based Practice in Psychosocial Rehabilitation: An Overview", *newparadigm*, September, 2003, URL: http://www.vicserv.org.au/publications/new_para/pdf/susanr.pdf

In her paper, Susan Pepper explores the relationship between artmaking, creativity, mental illness and recovery and how this has been impacted by the change from asylum-based treatment to community-based care of the mentally ill. She finds that in the wake of deinstitutionalisation, the art therapy models developed for working with people in a psychiatric hospital are not necessarily the most appropriate and effective in a community context. Instead, Pepper finds that community-based services and arts-based rehabilitation have emerged as "a powerful force in recovery and empowerment for some people". She quotes from a paper by Susan Spaniol and Gayle Bluebird in which they found that, following discussions between therapists and people who receive their services, it is now "essential for art therapists to learn from people with psychiatric disabilities how they prefer to use the arts for their own recovery", allowing people the opportunity to explain how they want to experience art.



Perin, 1994: Constance Perin, "The Reception of New, Unusual and Difficult Art" (1984) in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 172-97.

Constance Perin's essay, originally published in "The Prinzhorn Collection" exhibition catalogue in 1984, discusses the nature of the reception of these "difficult" works. She contends that the works in the Prinzhorn Collection directly challenge our underlying predicates or systems of meaning and to the point that, instead of reflecting on these feelings, the attention shifts to the artist's psychopathology. She finds that this then creates an obstacle to examining the same issues of colour, light and composition that occupy any artist. As such, these works do not participate in the same discourse used to discuss mainstream or fine art. This distancing leads viewers to experience the works as something other. Perin highlights that critics avoid addressing "the distress the images may elicit in their own labyrinths of meanings, aesthetic and experiential." Instead she finds there is an insistence on biographical material about each artist-patient as though this may explain the meanings of their images or help to familiarise their work, although this is not done for sane artists. She also finds pathological approaches in which works were objectified as "medical records" and used for medical insights and to compare between the elements of style of healthy and ill creators as another form of resistance. Thus, Perin argues, "when Reason is challenged by the Imagination there is a tendency to insist exclusively upon external reality and deny internalities", and this is another way of distancing from the very products of the imagination. She concludes by stating that these works "invite us to enter into their doubts, and we can accept only insofar as our own capacities for deciphering them permit".

Phillips and Morley, 2003: James Phillips and James Morley (eds.), *Imagination and its Pathologies*, Cambridge, Mass.: MIT Press, 2003.

Pickford, 1981: R.W. Pickford, "Art and Psychopathology" in *Psychology and the Arts*, Sussex: The Harvester Press, Ltd., 1981, pp. 279-304.

Although the author finds that there is no "clear cut dividing line" between art by people with mental illness and "true art", he does argue that there are "certain distortions of subject matter, form, (and) perspective". He also argues that patients' art can assist diagnosis through the classification of the features found in works by patients of different types and degrees of illness and the study of individual patients in conjunction with other diagnostic information. Pickford then generalises about the characteristics associated with the major psychiatric categories, although he does qualify the use of such information in psychiatric practice, highlighting the heterogeneity of "psychopathological art".

Plokker, 1964: J.H. Plokker, *Artistic Self-expression in Mental Disease: The Shattered Image of Schizophrenics*, London: Charles Skilton Ltd; The Hague: Mouton & Co, 1964.

This text, which Dr Dax considered the most "authoritative" in the field, examines the artwork of people with schizophrenia in order to establish their characteristics. In doing this, Plokker posits that "the problem of schizophrenia is not one of content but of form", and it is "not a question of what is represented but how it is portrayed". Although the author cautions that "it is not possible to arrive with certainty at the diagnosis schizophrenia on the basis of one drawing or painting, without having observed the patient clinically", he finds that if a larger selection of work by the same patient is surveyed, it will "be possible to make a definite pronouncement with a high degree of probability". Plokker highlights that the interpretation of the analysand is "often highly subjective" and is "determined by the method they follow". He posits that the "appearance of creative ability in the mentally ill proves there are still present unscathed positive potentialities" and that "the work is the product of creative ability, not the psychosis of its creator". Although he cautions viewers to "beware of generalizations" he does make some of his own such as "depressive patients prefer dull, dark colours, manics prefer bright colours and make a mess and smear

paint". He also cautions that one needs to know "if the patient was an artist before the psychosis" as "there is a danger of arriving at completely incorrect conclusions particularly if we are not conversant with technical aspects of art". The author also claims that "the pictorial expression of the mentally ill must not be confused with real art, although an aesthetic element can often be recognised in it".

Preston, 2005: Edwina Preston, "A Cunning Plan", *Arts + Medicine*, no. 2, 2005, pp. 32-36.

A profile of the Cunningham Dax Collection based on interviews with Dr Eric Cunningham Dax and Eugen Koh. The paper discusses the history of the Collection and its use. The journalist highlights the differences between the past singular clinical presentation of the works with the more recent changes that open the works up to a diversity of readings.

Preziosi, 1992: Donald Preziosi, "Art History, Museology, and the Staging of Modernity" in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 296-307.

Preziosi's essay explores the curatorial premise behind the exhibition *Parallel Visions*, finding that the "increased appreciation of Outsider Art signals important changes to our general notion of what constitutes artistic expression, creativity, and variety". He highlights that the domain of art history has expanded to encompass many forms that have previously been excluded to a point where "it has come to approximate the entire built or visual environment." Preziosi contends that Outsider Art challenges underlying notions of artistic practice itself as well as how it is interpreted and analysed. As such, in placing art by Outsiders alongside art by insider Moderns and contemporary artists, *Parallel Visions* is seen as a significant critical and theoretical statement whereby any notion of a hierarchy of aesthetic values between "inside" and "outside" is no longer applicable. Furthermore, the author finds that this strategy transforms the relationship of the work to the viewer, opening up the possibility of multidimensional interactions with the work, thereby placing the viewer in a more active critical role. In this light, the meaning of work is no longer fixed but instead it "becomes a complex function of the specific interactions among object, beholder, and environment at a given time and place" in which the "artwork becomes the occasion for the production of meaning" and "the intentions of the artist become only part of an extended range of significations produced by the juxtaposition of object and beholder".

Prinzhorn, 1922: Hans Prinzhorn, *Artistry of the Mentally III: A Contribution to the Psychology and Psychopathology of Configuration* (1922), (trans. by Eric von Brockdorff from the 2nd German ed.), New York: Springer-Verlag, 1972.

With the publication of *Artistry of the Mentally III*, Hans Prinzhorn had a decisive influence on both psychiatry and modern art. As many commentators highlight, Prinzhorn's observations belong to a milieu in which exploring the creative dimension of the unconscious was an important subject of enquiry amongst artists and psychiatrists alike. Not only did he introduce the art of the mentally ill to many artists for the first time but his text was also one of the first studies to consider such works from an artistic as opposed to a pathological standpoint. Nevertheless, whatever his intentions behind the study, Prinzhorn's text has had a far-reaching influence on how many researchers have since approached the field. Perhaps the greatest impact is its thesis that studying the art of the insane can reveal fundamental features of human creativity and the drive to artistic activity. Prinzhorn's link between creativity and direct emotional expression also pointed the way towards the use of science to enhance knowledge about artistic production and investigating the parallels between psychiatric art and modern art. For Prinzhorn, the similarities between modern art and the art of the mentally ill are best applied to demonstrate the common source of their positive creative urges and he is deeply sceptical about its reliability and usefulness as a diagnostic indicator. Prinzhorn and his book not only influenced psychiatrists, but also had a profound



impact on avant-garde artists of the time. However, since its first publication, a number of criticisms have been raised about numerous aspects of his methodology and subsequent findings and their continuing legacy. These include: overlooking more conventional representations that didn't match his predetermined criterion of "specialness"; that Prinzhorn constructed the model of the autonomous, mad artist, whose creative works were the products of pure, unmediated expressions of authenticity and primordiality; and his primary concern was not in a rational interpretation of their messages, but in validating his own aesthetic and cultural critique.

Prinzhorn, 1930: Hans Prinzhorn, "Genius and Madness", *Parnassus*, 2, no. 1, January 1930, pp. 19-20, 44.

A short examination of the career of Vincent van Gogh and what it reveals about the relationship between creativity and madness. Prinzhorn acknowledges the differences of opinion as to the artist's psychiatric diagnosis and also puzzles over how his creative powers seemed to remain intact or even increase at a time "when the artist was certainly in a condition of psychosis". He suggests that such cases force us to re-examine traditional ideas about genius and madness, arguing that the value of the created work does not rest on the artist's normalcy or abnormality but on the strength of their talent, and the place which this "productive force" occupies in their "total personality".

Propokoff, 1984: Stephen Propokoff, "The Prinzhorn Collection and Modern Art", in *The Prinzhorn Collection*, Urbana, IL: Krannert Art Museum, 1984, pp. 15-20.

The author highlights how Prinzhorn's analysis of the works he collected and the works themselves fitted the historical context as they reinforced the studies of unconscious creativity that had become a significant area of study in European intellectual life in both psychiatry and the visual arts. In comparing the Prinzhorn Collection to the contemporary art world, Propokoff argues that the works measure up both technically and stylistically. The paper also discusses the artists who were drawn to this Collection and the many parallels to be found in their works.

Reaume, 2006: Geoffrey Reaume, "Mad People's History", *Radical History Review*, no. 94, Winter 2006, pp. 170-82.

This paper discusses the author's rationale for developing a syllabus to teach the history of madness from the perspective of those who have written about the experience of being mentally ill or mad. He argues that to ignore their voices is to continue the history of their disempowerment. He explains that the course examines the interpretation of madness, where the concepts of madness arise from, how these ideas change over time, and how "mad people" have expressed their own experiences.

Rexer, 2005: Lyle Rexer, *How to Look at Outsider Art*, New York: Harry N. Abrams, Inc., 2005.

This book is designed as an introduction to the field of Outsider Art for those interested in learning how to understand and appreciate the works designated under this catchall term. Rexer highlights that the attribution of Outsider has been one provided by historians, critics and collectors but not the artists themselves. He also discusses how these works have been appropriated by various groups to support their own particular theories and agendas. He describes the differing receptions of Outsider Art in both Europe and America. He suggests that to understand these works "it is necessary to react just as we would in the face of any work of art" by considering "its forms and materials", querying its "relation to the world", examining its assumptions, trying to understand the artist's intentions, and consulting "our own emotional responses". This book also contains a number of case studies on particular artists and grapples with some of the complexities involved in the interpretation of these works.





Rhodes, 2000a: Colin Rhodes, “Outsider Art and the Mainstream” in *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stadshof Museum for Naïve and Outsider Art, 2000, pp. 102-18.

As the title suggests, this essay explores the relationship between Outsider Art and the practice of mainstream artists. The author posits a number of reasons why mainstream artists choose to impose the myth that Outsider Art and its producers are “somehow without cultural influence” despite clear evidence to the contrary. Rhodes also examines the reasons why many artists have been very cautious about revealing or discussing the influence of the art of Outsiders on their practice. He then discusses a number of examples of this influence in the work of artists associated with Expressionism, Surrealism and the Cobra group, among others.

Rhodes, 2000b: Colin Rhodes, *Outsider Art: Spontaneous Alternatives*, London: Thames & Hudson, 2000.

An accessible, informative and comprehensive overview of Outsider Art by an artist and art historian. Along the way the author engages in many of the debates surrounding the presentation and reception of works in this field. He highlights that psychiatrists such as Prinzhorn and Morgenthaler, who were the first to consider patients’ work in aesthetic terms, were “influenced by Expressionist theories that valued spontaneity and immediacy, above all, as the proper means to artistic communication”. He also suggests that they, in turn, influenced the Surrealists’ reception of the art of psychiatric patients and led Dubuffet to “his conception of Art Brut”. Rhodes highlights some of the parallels between the beliefs of certain psychiatrists who believed the “work of the insane” can “illuminate with unique clarity the conditions governing the genesis of artistic creativity”, and the ideas of artists such as Picasso, Kandinsky and Matisse. The author posits that Prinzhorn’s labelling of ten “schizophrenic masters” “confirmed within psychiatry the plausibility of qualitative aesthetic judgements in relation to this kind of work”. Rhodes also tackles the widespread criticism of art therapy and the notion that “it stifled creativity” whereby “interference by the therapist is seen to result in work of inferior quality.” He suggests this position, held by many supporters of Outsider Art/Art Brut, “highlights the Romantic emphasis placed on expression rather than technique” and “reveals the continued survival of a related entrenched belief that the most authentic artistic production is somehow linked to suffering”. Rhodes suggests that, because art therapy’s function is not the production of art per se, but to facilitate a forum in which therapy can take place “it is not surprising that more ‘bad art’ survives than hitherto” and acknowledges that a work that is “valuable in psychiatric terms is not necessarily interesting as art”. The author also challenges one of the most prevalent notions of Outsider Art proponents by proclaiming the “impossibility of ‘art without precedent’” and highlighting that with “the post-war increase in general literacy and the inescapable visual domination of advertising and the mass media” it is no longer possible for anyone to remain “impervious to the dictates of culture”.

Ricco, Maresca and Rexer, 1993: Roger Ricco, Frank Maresca and Lyle Rexer, “American Self-Taught Art and the Recovery of a World” in *American Self-Taught: Paintings and Drawings by Outsider Artists*, New York: Alfred A. Knopf, Inc., pp. 1-6.

In this short introduction to the exhibition catalogue the authors challenge a number of stereotypes and presumptions surrounding Outsider Art. They dismiss the label “Outsider” as misleading and stigmatising preferring the more neutral “self-taught” instead. They also posit that their exhibition highlights how untenable the notions that these artists are unable to make aesthetic and formal judgements, do not participate in any common traditions, and that the symbols they develop are private and indecipherable. The essay also calls into question the presumed isolation of these artists.



Robson, 1999: Belinda Robson, "A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education", *Health and History*, 1, no. 4, December 1999, pp. 330-46.

In her article, Robson addresses the question as to why Dax originally collected artworks made in psychiatric hospitals and how the collection and its purpose evolved. She finds that Dax's initial drive to collect art came from two sources, the increasing recognition of its therapeutic qualities for patients, and its potential to provide clinical information to psychiatrists about mental illness. The author contends that Prinzhorn provided Dax with an important precedent by: consolidating a collection of art by psychiatric patients; defining a role of a psychiatrist/curator who could publicise and 'speak for' the artists; and articulating how artistic expressions functioned as an outlet for psychic and subconscious unrest and disturbance. She suggests that although Dax acknowledged the potential therapeutic aspects of these works, he clearly saw the patients' art as containing information that could reveal information to the psychiatrist about the nature and progress of their illness and thereby aid the clinician in diagnosis. She contextualises Dax's ideas about art within the broader professional culture of the time, one which valued technologies that could cure their patients, or could provide more efficient and effective methods for treatment. Over time, however, a new purpose for the patients' art emerged to teach people about the experience of mental illness and this became the rationale for his collection in the mid-1980s. Robson suggests that this change in focus reflects "two significant cultural shifts in the mental health system: the rise in community rather than hospital as the site for patients' lives (facilitated by new chemical treatments), and the increased focus on public education about the experience of mental illness." In this way the Collection evolved into a site for preserving and communicating the experience of the patients. Furthermore, she posits that Dax's aim was not only to teach but also to use art as historical evidence about the experiences of an earlier period, prior to the use of pharmaceutical treatments, in artworks which reflected symptoms more directly. She concludes that by establishing the role of the collection as an educative tool and a historical archive, Dax created a new role for himself as psychiatrist and curator.

Robson, 2000: Belinda Robson, *The Making of a Distinguished English Psychiatrist: Eric Cunningham Dax and the Mythology of Heroism in Psychiatry 1951-1969*, Ph.D, University of Melbourne, 2000.

PhD thesis that comprehensively examines the life and career of Dax, exploring, among other aspects of his career, the importance he placed on the collection of "psychiatric art". Robson suggests that the collection and display of art offered Dax "a means of gaining power through 'organising' its interpretation" whereby "his own profile was enlarged and the multiple voices contained within the art were channelled through his". She argues that Dax's use of art as medical data for research and as a resource for public education helped him to achieve his ambition to sustain his professional identity, and defend psychiatry by representing "a version of the history of the transformation in services and the expert role of the psychiatrist in contributing to the advance in knowledge about mental illness".

Robson, 2003: Belinda Robson, "Preserving Psychiatry Through Art: Historical Perspectives on the Cunningham Dax Collection of Psychiatric Art" in *"Madness" in Australia: Histories, Heritage and the Asylum*, St Lucia, QLD: University of Queensland Press, 2003, pp. 195-205.

In this article, Robson examines Dax's purpose in preserving artworks made by psychiatric patients. She posits that the current status of the works as public cultural artefacts of asylum life is mediated by the selection of pieces, their descriptions and final categorisation by Dax whereby "the public memories of psychiatry that are potentially communicated by the Collection are guarded by the curatorial style of Dax." The author begs the question, whose life is being preserved by the Collection? "Dax, as the person who initiated, organised, and ultimately gained professional and public status through the art collection? The artists, who themselves were sustained by the practice of art, albeit through mechanisms dictated by asylum conditions?" For the following reasons she suggests that it is the former: by inserting his name into the Collection



it becomes comparable with the famed Prinzhorn Collection whose work has had an enduring influence; it carries significance as evidence of the transitional period from asylum to community care; the works are reminders of the period of the hospital as the site for long-term treatment and rehabilitation and the authority of the psychiatrist over the patient; unlike other artefacts from the asylum period it has been reinvented as a tool that serves the needs of modern audiences wanting information about the experience of mental illness; Dax acts as the mediator between the private worlds of the patients and the public who are shown the art to gain insight into the 'primary experience' of the mentally ill; by taking the art from its original therapeutic context Dax created a new entity — the Cunningham Dax Collection of Psychiatric Art — whereby his professional identity was enhanced whilst the private views and consent of the patients were left unknown; the biography of the artist and the individual struggles which inform the art, are minimised so that the larger purpose of the Collection can remain intact; Dax interpreted the works for the artists and for the public whereby his voice becomes the critical factor in how the Collection is read by its audience. As such, she concludes “removed from their original context the Collection is now a site for recalling the lives lived in asylums, mediated through the language of psychiatry.”

Rosen, 2007: Alan Rosen, “Return from the Vanishing Point: A Clinician’s Perspective on Art and Mental Illness, Particularly Schizophrenia”, *Epidemiologia e Psichiatria Sociale*, 16, no. 2, 2007, pp. 126-32.

In his essay, the psychiatrist critically examines what he perceives are the uses and abuses by both the psychiatric and arts communities. Describing the work made by patients of psychiatric institutions as “captive art”, he contends that the creative work should belong to those who made it. The author takes a strong stance against the “colonisation” of these works for the purpose of furthering various ideologies including psychiatric research, artistic expression, or degenerate art. He contends that terms like “Art Brut” and “Outsider Art” are highly stigmatising for mental health consumers who mostly “seek ‘social inclusion’, not ‘outsider’ status, alienated and excluded from society”. Rosen argues for a move to demarginalise the art of the mentally ill by empowering them to rebuild their lives as “autonomous practicing artists” through: joint cooperative ventures like Splash Art Studio; community awareness campaigns; and clinicians, art historians, curators and dealers acknowledging their past complicity in the colonising of the artworks and lives of creative people with mental illness.

Sandblom, 1989: Philip Sandblom, *Creativity and Disease: How Illness Affects Literature, Art and Music*, Philadelphia: G. B. Lippincott, Company, 1989.

A book dedicated to highlighting the parallels between different types of illness and creativity. The author, a doctor “with an interest in the arts”, makes many wild speculations about the influence of disease on a range of artists works with little or no substantiation and a poor understanding of the subjects and works he presents. His findings often conform to the most inane assumptions and tend to reinforce highly stereotypical notions of the “tortured artist”. Claims such as “(w)orks of the insane have provided fundamental insight into certain manifestations of mental disorder, and in certain cases may even help us to reach a *diagnosis*” are presented without any qualification or research to back them up.

Sass, 1987: Louis A. Sass, “Introspection, Schizophrenia, and the Fragmentation of Self”, *Representations*, no. 19, Summer 1987, pp. 1-34.

The author explores the definition and understanding of schizophrenia which he states has traditionally been seen as the most “incomprehensible of mental illnesses”. Sass challenges a number of the preconceptions of psychoanalysis on the nature of schizophrenia before positing his own model.



Sass, 1992: Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought*, Cambridge, MA; London: Harvard University Press, 1992.

This dense text by a psychologist puts forth a sustained analysis and thesis that highlights a number of continuities between the experience of schizophrenia and Modernist attitudes and approaches to creative expression. Sass argues that many artists and writers of the early twentieth century powerfully conveyed experiences of “cognitive slippage”, “disturbances of distance”, a turn inwards, multiple perspectives, self-referentiality, and a “loss of self”. He highlights how these traits, which he finds in a range of works and embedded in the culture of the time, coincided with the developing theories of schizophrenia and mirrored the subjective experience of its symptomatology.

Schmidt, 1961: Georg Schmidt, “What Has the Art of Psychotics to Do With Art as Such?”, in *Insania Pingens*, Basle, Switzerland: CIBA Limited, 1961, pp. 13-19.

The author dispels the myth of the mad genius finding that most patients are endowed with very meager artistic ability, and outstanding talents are just as rare here as in any other field. However, he does argue that in most cases the disease triggers off the patient’s artistic activity, releasing them from their rational inhibitions and stimulating their emotions. The paper also contains some questionable assumptions such as: “anatomical distortion constitutes *the* characteristic attribute of the work of psychotics”; “the art of the psychotic is inspired by notions arising entirely within his/her own fantasy”; the art of the psychotic is often in the nature of “a lonely monologue”, its substance and form are “independent of any collective norms”; “we can hardly accept it as art in the strict sense of the term”; “the psychotic lives in a world in which time with its questions and answers has been eradicated”; “the fact that our generation has learned to recognise artistic merit in the drawings and paintings of psychotics does not mean that their work is a genuine artistic expression of our time”.

Schoeneman, Henderson and Weathers, 2005: Thomas J. Schoeneman, Carly M. Henderson and Vianne M. Weathers, “Interior Landscapes of Mental Disorder: Visual Representations of the Experience of Madness”, *American Journal of Orthopsychiatry*, 75, no. 2, 2005, pp. 171-89.

In this paper the authors present their study of visual stereotypes of both “the external appearance of the mentally ill” and “the artistic representation of the inner experience of madness”. They surveyed 38 textbooks of abnormal psychology from the past 150 years and found 673 pictures of the inner experience of mental disorder. The authors found that there are three uses for these images: “to diagnose varieties of mental disorder, and, more broadly, to understand the psychology of individual artists”; “to demonstrate a connection between mental illness and creative genius”; and “to illustrate the subjective experience of madness”, all of which have “turned out to be problematic”. They reveal that the history of attempts to correlate artistic elements with diagnostic categories has been full of controversy and frustration” and suggest that “(d) iagnosis, if relevant, should be established independently; the analyst must have a thorough knowledge of art history and a comprehensive grasp of relevant external factors, such as the artist’s life situations, therapist influences, current and past artistic conventions, and relevant cultural stereotypes of depicting different types of individuals and mental processes”. The authors also discuss how mental health and art professionals alike “have used these images to depict the subjective experience of mental disorder for lay audiences”. However while some argue this has “the potential to promote understanding, acceptance, and a reintegration into society of the mentally ill”, others believe that, “even if images of the internal world of the mentally ill are intended to promote empathy”, they may have an adverse effect “by emphasizing the difference of the mentally ill and the distance between the disordered and the normal”. Furthermore, they argue, it “could also inadvertently promote degeneracy theories, the mad artist stereotype, or the Romantic idea of “insanity as a marvellous state of creative freedom and unrestrained imagination”. They conclude that acknowledging these stereotypes and the attitudes they promote are “crucial in challenging the stigmatization of the mentally ill”.



Sherman, 1994: David Sherman, “Madness and Modernism, The Cult of the Avant-Garde Artist, and Empathic Art in the Mediascape”, *Art Criticism*, 9, no. 2, 1994, pp. 98-112.

This paper explores and compares two theories regarding the relationship between modern art and pathology. He discusses Louis Sass’s notion of modern art as the space in which the schizophrenic pathology of modern society is expressed and exposed and Donald Kuspit’s view that modern or “avant-garde” art provides a therapeutic or curative function for this general social pathology. He finds that Sass attempts to reinterpret schizophrenia and related forms of pathology by demonstrating affinities between schizophrenia, the condition of Modernity, and modern and postmodern art. Sherman also discusses Kuspit’s idea that the “avant-garde’s melting forms are simultaneously symptoms of disintegration anxiety and indications of a process of creative reintegration of the self.”

Spaniol, 2001: Susan Spaniol, “Art and Mental Illness: Where is the Link?”, *The Arts in Psychotherapy*, no. 28, 2001, pp. 221-31.

This paper by an art therapist, explores the relationship between creativity and mental illness, particularly the “healing potential” of art. The author begins with a brief overview of the “myth of the mad genius” and surveys some of the studies on the subject of art and mental illness. She finds that, although this research points towards a link, “the literature lacks a descriptive exploration of sufficient breadth and depth to represent the perceptions and experiences of artists with mental illness”. To address this Spaniol outlines the methods she used to undertake a “qualitative study of the creative development and processes of a small cohort of artists with mental illness”. In presenting the findings of this study, the author distinguishes between the different functions of artmaking, including: meaning-making, social function, psychological function, and formal function, discussing the implications of each in turn. She concludes that the connection between artistic creativity and mental illness appears to be “related to a person’s natural striving for emotional wellness, not to their psychopathology” and, as such, it contradicts old stereotypes that people with mental illness are “irrational and uncontrolled”.

Stewart, 1999: Jeff Stewart, “Disqualified Knowledges: Insight into Disturbance at Splash”, *Artlink*, 19, no. 3, 1999, pp. 62-64.

In an article published in *Artlink* in 1999, Stewart criticises the Cunningham Dax Collection, along with Formalist approaches to art practices, for their restriction of alternative readings of the works they attempt to define by claiming an authoritative voice and ownership over the understanding of the works. In contrast he describes the Splash Arts Studio as operating “in between the dominant voices of the psychiatric and art institutions making possible a space for people to develop their own ways of working.”

Tansella, 2007: Carole Tansella, “The Long and Winding Journey of Outsider Art: An Historical Perspective”, *Epidemiologia e Psichiatria Sociale*, 16, no. 2, 2007, pp. 133-38.

A brief survey of the history of Outsider Art from the 1970s to the present, highlighting the many difficulties and contradictions inherent in the debate surrounding the definition of this field of art.

Thévoz, 1976: Michel Thévoz, *Art Brut*, (trans. by James Emmons), London: Academy Editions, 1976.

Following in the footsteps of Dubuffet, the Director of the Art Brut Collection presents his thesis on the nature of these works and surveys a number of the makers. Thévoz maintains many of the same positions as Dubuffet, defining makers of Art Brut as “outsiders, mentally and/or socially”, working outside the art world without regard for the recipient of their creative expressions, and using subjects, media, styles and techniques not derived from tradition but from their own personal inventiveness.



Thévoz, 1994: Michel Thévoz, "An Anti-Museum: The Collection de l'Art Brut in Lausanne" (trans. by Roger Cardinal) in *The Artist Outsider: Creativity and the Boundaries of Culture*, Washington and London: Smithsonian Institution Press, 1994, pp. 62-74.

The author, the then Director of the Musée de l'Art Brut, provides a brief survey of the history of the Collection and the establishment of a place to house and display the works. He posits the view that the number of works that could be considered Art Brut are waning since the advent of psycho-pharmaceuticals and art therapy in the 1950s. He swerves slightly from his predecessor in acknowledging that no artists are 100 percent "impervious to culture", instead he states that they "misappropriate the cultural ingredients they encounter".

Thomashoff, 1998: Hans-Otto Thomashoff, "Psyche and Art", in *Psychopathology of Expression*, April 1998, pp. 3-7.

A brief overview of the "discovery" of the art of the mentally ill by Prinzhorn and its misuse by the Nazis. The author suggests that it was "as a consequence of this historic catastrophe" that the insights and questions Prinzhorn had raised have not been further explored by psychiatry and psychoanalysis. Furthermore, Thomashoff contends that a "narrow definition of how art was defined by art historians helped to exclude psychiatric or psychodynamic theories from art analysis because of fear of refuelling a potential condemnation of contemporary artists". In this light he sees a need to "separate the judgement of the quality of a piece of art from the possible health or illness of its producer".

Thompson, 1998: Jon Thompson, "Peripheral Vision — the Limits of Modernism" in *Art Unsolved: The Musgrave Kinley Outsider Art Collection*, Dublin: Irish Museum of Modern Art; London: Lund Humphries Publishers, 1998, pp. 8-13.

The paper begins by discussing the response to the *Outsider* exhibition in London in 1979 in which the public were supportive whilst critics were divided. The author suggests that the show marked a moment where something that had been suppressed by the history of Modernism was brought into a major metropolitan gallery, the domain of "official" art history. Thompson finds that Prinzhorn's work had a decisive influence in shaping both professional and public attitudes to the art of the insane from the 1920s on, particularly his term "schizophrenic masters" which, he suggests, served to separate the "appropriated" and the "appropriators", the psychotic and the normal. He also discusses the notion of Outsider Art in relation to Modernism. He contests the notion of Outsider Art suggesting that the question is not of coming to terms with otherness but of understanding how the edge of something relates to its centre. He argues that to understand these artists we must bring them inside our existing social and cultural critical frameworks and try to understand "in what sense they are a product of modernity and therefore, a crucially important aspect of 'Modernism' itself".

Thompson, 2006b: Jon Thompson, "The Mad, the 'Brut', the 'Primitive' and the Modern: A Discursive History" in *Mundos Interiores Al Descubierto*, Madrid: Fundación "la Caixa"; Dublin: Irish Museum of Modern Art; London: Whitechapel Gallery, 2006, pp. 51-69.

As the co-curator of the exhibition Thompson explains that, while this is not the first to show works of established artists alongside Outsider Art, it is the first to do so in an unqualified way. This rationale is based on two reasons: "the premise that all human minds are fundamentally the same and this sameness is manifest in both groups of works"; and "historically speaking, both insiders and outsiders are products of the condition of modernity which, in Marxist terms, is one of alienation". Thompson contends that while Outsiders may constitute an extreme response to this condition, they are nevertheless thoroughly embedded in Modernity's history and its cultural legacy. He is critical of the fact that most discussion of Outsider Art has been dominated by psychological or psychoanalytical considerations and that its link with psychiatry has impeded



acceptance of Outsider Art as an integral part of Modernist art history. The author argues that the psychologising of the work “continues to be a key instrument in its ghettoisation”. After discussing Freud’s model of the psyche he encourages viewers of the exhibition to recognise that we share the same mind as those deemed as Outsiders and that their world is also our world.

van Berkum, 2000a: Ans van Berkum, “Introduction” in *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stadshof Museum for Naïve and Outsider Art, 2000, pp. 8-11.

The Director of De Stadshof Museum of Naive and Outsider Art in Zwolle describes the background to the establishment of this Dutch institution. The author describes that one “point of departure” in their exhibitions “was that the form of display was to convey information about the content of the work” in a way that “reflected the unceasing flow of the work and disclosed something of the home culture of its makers”. Van Berkum then discusses what she considers the failure of critics to understand this curatorial approach and the very nature of the works themselves.

van Berkum, 2000b: Ans van Berkum, “Outsider Art: From Discovery to Museum Art” in *Marginalia: Perspectives on Outsider Art*, Zwolle, The Netherlands: De Stadshof Museum for Naïve and Outsider Art, 2000, pp. 12-50.

The art historian provides a broad overview of the history of the presentation and reception of Outsider Art. She discusses the difficulties of defining these works as “the visual style of these artists is heterogeneous and their imagery is extremely diverse in its expressive import”. Van Berkum highlights the two main approaches to the field, looking solely at the work itself and its difference from conventional art, or the more popular approach which “concentrates on the maker’s biography and contrasts his position to that of the professional artist”. The author then traces “the discovery and characterization of Outsider Art up to and including its fragmentation into a variety of terms” and the “progressive embracing of this art by specialist museums and galleries” which are making the “most significant contribution to the developing concepts of Outsider Art and its growing public appreciation”. She discusses the diagnostic use of the works of the mentally ill by the Dutch psychiatrist Plokker in the 1970s but notes that “the practice is on the decline” internationally. She argues that “images by the mentally ill are, like those of anyone else, more than a mere reflection of the maker’s personal situation” and that “(s)tylistic diagnostics is in this respect the outcome of a series of dubious assumptions”. The influence of Prinzhorn’s text is also discussed with the author positing that its publication “was perfectly matched to the current demand for originality and the consequent romanticisation of mental illness”. The author provides a brief description of several European collections and galleries dedicated to the promotion of Outsider Art. She also undermines a number of widespread preconceptions found in the discourse surrounding this field, particularly the notion that artists can be immune from cultural influences.

van Borssum Waalkes, 1995: J.B. van Borssum Waalkes, “Expressive Illustrations”, in *Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients*, Lundbeck BV; The Netherlands: Art and Psychiatry Foundation, Lundbeck and Netherlands Schizophrenia Foundation, 1995, pp. 20-22.

The author argues that the artworks of people with schizophrenia can provide insight into their psychotic world and the progress of the illness. He considers their creative expressions to be “illustrations and exceedingly sensitive indicators of the course of their illness”. He argues that through painting, “they open a window in the hope that the symbolic expression of their psychotic experience will be understood”. He finds the aesthetics of the work, whether it be beautiful, ugly, repellent, interesting, fascinating, curious or noteworthy, irrelevant.

Van Lith, 2007: Theresa Van Lith, “Surroundings Art Essay” in *Surroundings Art Exhibition 2007*, Melbourne: Richmond Fellowship Victoria, 2007.





In her catalogue essay Van Lith reflects on the theme of the exhibition and how it relates to the artworks on display, examining the artists' surroundings and how they may impact on their lives and creative expressions. She reinforces the importance of displaying artist statements as she finds that only "the artists themselves can properly describe the role that art has played for them in their journey of recovery". The author discusses the role of art in nurturing and personal development, finding that it can lead to great improvements in the lives and wellbeing of many artists. Finally, she urges viewers to treat the works respectfully and to appreciate the difficulties faced by many of the artists in the exhibition.

Vernon and Baughman, 1972: McCay Vernon and Marjie L. Baughman, "Art, Madness and Human Interaction", *Art Journal*, 21, no. 4, Summer 1972, pp. 413-20.

A paper by a psychologist and an art historian which examines the works of artists, including van Gogh, Munch, Pollock and Gauguin, as well as drawings by patients with mental illness, in order to explore the relationship between art and mental health and "examine the way in which art communicates the inner psychic processes which comprise the affective component of mental functioning". The authors conclude that artistic expressions "are often non-verbal manifestations of these unconscious affects or feelings" and are "means by which the artist, the work of art, and the patient can be better understood.

Waller, 1991: Diane Waller, *Becoming A Profession: The History of Art Therapy in Britain, 1940-82*, London and New York: Routledge, 1991.

A detailed history of the development of art therapy in the UK. The author argues that underlying early comparisons between child art, primitive art, and insane art "was the assumption that they were all somehow removed from culture" and as a result "these groups were not allowed a historical or cultural context for their art". Waller also critiques the attitudes of supporters of Art Brut who suggest that art therapy has interfered with works by the mentally ill. Waller finds that "there is no evidence to show that patients in a deeply disturbed or psychotic state are more 'creative' than others", but rather the opposite is true. She provides an account of the "rigorously ordered research" of Reitman and Dax at Netherne. Waller also highlights that Dax did not want to use the term art therapy as he felt it "brought disrepute on their experimental methods of attacking psychiatric illness if they were labelled as curative without statistical evidence to support their claims".

Weiss, 1992a: Allen S. Weiss, "Nostalgia for the Absolute: Obsession and Art Brut", in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 280-95.

In this catalogue essay Weiss critiques Dubuffet's understanding of Art Brut and his questioning of "the very conception and politics of psychopathology", finding that his "claims are too polemical and of decidedly romantic inspiration". Furthermore, the author believes Dubuffet's valorization of these works "dissimulates an often terrible suffering". The author posits "a new paradigm, a new mode of criticism and theory, through which we can more accurately describe and interpret works of art brut" based on "dream interpretation and ethnographic study". Weiss then provides some examples of this new approach in his analysis of some of the works in the exhibition.

Weiss, 1992b: Allen S. Weiss, *Shattered Form: Art Brut, Phantasms, Modernism*, Albany: State University of New York Press, 1992.

This book raises a number of questions about the discourse surrounding Art Brut. Weiss calls for a more considerate perspective whereby "aesthetic appreciation must be tempered" by an ethical approach that acknowledges that "if certain creators of Art Brut wish to remain silent, isolated, secretive, if they wish to hide or destroy their own works", we should allow this. He states that





many such works “(especially those originating in psychiatric hospitals) are expressions of pain, attempts at communication, cries of recognition — as well as productions of art” and that it is “this suffering that is often forgotten by those who otherwise valorize such art”. The author calls for a reconsideration of these works whereby “we must ask ourselves — beyond our fascination with otherness and difference, beyond our nostalgia for the origins of creativity and aesthetic purity — precisely how we wish to use these works and what we wish to establish as their fate”. He also questions why, when “aesthetic theory” has discounted “the Romanticist notion of originality and individual genius as the ultimate determinant of aesthetic value”, “this anachronistic value system persisted in the field of Outsider Art”. Weiss states his wish for an appreciation of works made in “outreach groups and art therapy” in order to “recuperate certain inspired, and inspiring, artworks from the historical trashcan of psychiatric symptomatology”.

Westmore, 2003: Ann Westmore, “Reading Psychiatry’s Archive: Academic Medicine and Psychiatric Medicine in Mid-twentieth Century Victoria” in *‘Madness’ in Australia: Histories, Heritage and the Asylum*, St Lucia, QLD: University of Queensland Press, 2003, pp. 207-16.

In this essay, the historian looks at different types of archival material in order to examine “the relationship between psychiatry and other medical specialty groups, and the mechanisms by which psychiatry sought acceptance as a fully-fledged scientific discipline and a legitimate part of medicine in the twentieth century”. The author highlights that in “the recent historiography of psychiatry” one of the main trends has been the use of patient records “to focus on the experiences of individuals in times of mental illness.” She finds that medical records can be invaluable resources for providing “an interpretation of the worlds of mentally ill patients and their carers and clarify certain dimensions of the doctor-patient relationship”.

White, 2005: Anthony White, “The Artist and Mental Illness: An Art Historical Perspective”, Melbourne: Bundoora Homestead Art Centre, 2005.

This paper discusses whether it is appropriate to consider creative works by people with an experience of mental illness within the framework of art. The author finds there are a number of reasons why they should, including: the broadening of the definition of art “to focus on issues of social, psychological and historical significance”; despite their illness, these works were created by people who “participated in a world outside their afflictions” where “technical, stylistic, historical, social and institutional factors necessarily impinged upon the creation of these works”. Furthermore, White finds that visual art “is connected not only to the inner dimension of the artist’s experience” but it also contains an inherent social dimension. He concludes that art history can provide a different lens for viewing these works, reminding us that “an artwork, just like a person, can never be entirely defined by an illness”.

White, 2006: Anthony White, “Beyond Van Gogh: Art, Mental Illness and Art History” in *For Matthew & Others: Journeys with Schizophrenia*, Sydney: The University of New South Wales, 2006, pp. 31-35.

This paper highlights how past approaches to art by the mentally ill have tended to either reinforce social stigmas or romanticise the experience of the illness, dividing them into three categories: studies that illustrate the works’ “otherness”; approaches that relate the work to common forms of artistic activity and understanding; and studies that examine the work in its socio-historical context. The art historian argues that a synthesis of all three approaches gives the most complete picture, one that reflects all the complexities surrounding the works of those with experience of mental illness. This approach is then applied to several works in the exhibition. The author concludes that whatever approach is adopted there is always a case for seeking the subjective voice of the artist.





Wilson, 1992: Sarah Wilson, "From the Asylum to the Museum: Marginal Art in Paris and New York, 1938-68", in *Parallel Visions: Modern Artists and Outsider Art*, Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992, pp. 120-49.

This paper highlights the parallels between the "discovery" of the art of the mentally ill with the development of Modernist European art in the mid-twentieth century. The author suggests that it was exhibitions such as the International Exhibition of Psychopathological Art (1950) that "led to a climate of receptivity to these works". She suggests that in recent times the boundaries have virtually dissolved, claiming that "art brut/outsider art can no longer be considered outside culture" as it has been appropriated to the point where it can now be considered as "an essential element of the story of modernism and merely another visual repertory in the synchronic 'postmodernist' worldview".

Wood, 1997: Chris Wood, "The History of Art Therapy and Psychosis (1938-95)", in *Art, Psychotherapy, and Psychosis*, London; New York: Routledge, 1997, pp. 144-75.

A concise and unbiased survey of the development of art therapy and the different approaches that have been adopted since its inception. The author suggests that "the impulse for much psychotherapeutic work with people with a history of psychosis comes from the wish to understand more in order to be helpful". He also provides an overview of some of the significant exhibitions and texts on the subject throughout the course of the twentieth century, finding that "the idea of unraveling the meaning of pictures made by people in the midst of psychosis in order to achieve some form of universal understanding, does seem on some level to be the quest of most periods".

Wtorkiewicz, 1981: Bogumil Wtorkiewicz, "Some Comments on the Pictorial Art by Schizophrenics", *Leonardo*, 14, no. 3, Summer 1981, pp. 218-19.

A short paper in which an art theorist presents what he believes are "the traits of schizophrenics giving evidence of in pictures of their mental disorder".

Zimmerman and Garfinkle, 1963: Joseph Zimmerman and Leonard Garfinkle, "Preliminary Studies of the Art Productions of the Adult Psychotic", *Psychiatric Quarterly*, 16, no. 2, June 1963, pp. 313-18.

This brief paper presents the findings of a study that attempts to establish "some preliminary method of classification of the drawings and paintings done by adult psychotics at Brooklyn State Hospital". The researchers conclude that "there are apparent characteristic differences in art productions of patients with the psychoses investigated".

Zolberg and Cherbo, 1997: Vera L. Zolberg and Joni Maya Cherbo (eds.), *Outsider Art: Contesting Boundaries in Contemporary Culture*, Cambridge: Cambridge University Press, 1997.



CATALOGUES

Andrada, Martin and Spira, 2006: Félix Andrada, Elmeare Martin and Anthony Spira (eds.), *Mundos Interiores Al Descubierto*, exh. cat., Madrid: Fundación "la Caixa"; Dublin: Irish Museum of Modern Art; London: Whitechapel Gallery, 2006.

Carlano, 2003: Annie Carlano (ed.), *Vernacular Visionaries: International Outsider Art*, exh. cat., New Haven and London: Yale University Press; Sante Fe, New Mexico: The Museum of International Folk Art, 2003.

Dax, 1998: Eric Cunningham Dax, *The Cunningham Dax Collection: Selected Works of Psychiatric Art*, Melbourne: Melbourne University Press, 1998.

Friends of J Ward Inc, 2004: Friends of J Ward Inc, *The J Ward Story*, Ararat: Friends of J Ward Inc, 2004.

in der Beeck, 1973: Manfred in der Beeck (ed.), *The face of psychosis: Self-portrait by a patient*, exh. cat., Schleswig, Germany: Dr. in der Beeck Collection, Psychiatric Museum, Schleswig; Janssen Pharmaceutica, 1973.

Kyoto, 1989: *Outsider Art*, Kyoto, Japan: Kyoto Shoin, 1989.

London, 1979: *Outsiders: An Art Without Precedent or Tradition*, exh. cat., London: Arts Council of Great Britain, 1979.

London, 1987: *In Another World: Outsider art from Europe & America*, exh. cat., London: The South Bank Centre, 1987.

London, 1996: *Beyond Reason: Art and Psychosis, Works from the Prinzhorn Collection*, (trans. by David Britt), exh. cat., London: Hayward Gallery; Berkeley, Los Angeles, London: University of California Press, 1996.

Lundbeck BV; The Netherlands, 1995: *Balance in Psychiatry: Paintings and Sculpture by Psychiatric Patients*, exh. cat., Lundbeck BV; The Netherlands: Art and Psychiatry Foundation, Lundbeck and Netherlands Schizophrenia Foundation, 1995.

Madrid, 2007: *Outsider, un Arte Interno — Outsider, an Inside Art*, exh. cat., Madrid: NAEMI, Sala Latinarte Madrid, 2007.

Marshall, 1998: Catherine Marshall (ed.), *Art Unsolved: The Musgrave Kinley Outsider Art Collection*, exh. cat., Dublin: Irish Museum of Modern Art; London: Lund Humphries Publishers, 1998.

Melbourne, 2006: *ArtWorks: Prahran Mission 23rd Annual Art Exhibition*, exh. cat., Melbourne: Prahran Mission, 2006.

Melbourne, 2007a: *Pride & Prejudice: Creations from a Social Margin: Prahran Mission 24th Annual Art Exhibition*, exh. cat., Melbourne: Prahran Mission, 2007.

Melbourne, 2007b: *Surroundings Art Exhibition 2007*, exh. cat., Melbourne: Richmond Fellowship Victoria, 2007.

New York, 1990: *Portraits from the Outside: Figurative Expression in Outsider Art*, exh. cat., New York: Groegfeax Publishing, 1990.



Oxford, 1978: *The Inner Eye*, exh. cat., Oxford: Museum of Modern Art, 1978.

Paris, 2000: *Fifty Years of Expression in Psychiatry*, Paris: French and International Societies of Psychopathology of Expression and Art Therapy, 2000.

Sydney, 2006: *For Matthew & Others: Journeys with Schizophrenia*, exh. cat., Sydney: The University of New South Wales, 2006.

Tuchman and Eliel, 1992: Maurice Tuchman and Carol S. Eliel (eds.), *Parallel Visions: Modern Artists and Outsider Art*, exh. cat., Los Angeles: Los Angeles County Museum of Art; Princeton, N.J.: Princeton University Press, 1992.

Urbana, Illinois, 1984: *The Prinzhorn Collection*, exh. cat., Urbana, IL: Krannert Art Museum, 1984.

Willis and Twigg, 1994: Elizabeth Willis and Karen Twigg, *Behind Closed Doors: A Catalogue of Artefacts from Victorian Psychiatric Institutions held at the Museum of Victoria*, Melbourne: Museum of Victoria, 1994.





REVIEWS

Ashbery, 1985: John Ashbery, “Visions of the Insane”, *Newsweek*, Art section, Monday 11 February 1985, p. 61.

A brief review of the first Prinzhorn Collection exhibition to be shown in America, the reviewer finds the works fascinating and comparable to many works by renowned Expressionist and Surrealist artists. He provides descriptions of several works in detail but proposes that many of the works present “unanswerable riddles”.

Bell, 1999: Carl C. Bell, “Art and Psychosis”, *The Journal of the American Medical Association*, 281, no. 3, January 1999, pp. 288-89.

A favourable review of the *Beyond Reason* exhibition catalogue which summarises the three catalogue essays before adding that the works in the catalogue are “absorbing” and their study “makes for an excellent, leisurely, intellectual activity”.

Biggs, 2001: Iain Biggs, “David Maclagan, *Psychological Aesthetics: Painting, Feeling and Making Sense*”, *Journal of Visual Art Practice*, 1, no. 2, July 2001, pp. 127-28.

The reviewer posits that Maclagan’s *Psychological Aesthetics* is “a valuable contribution” to a “growing body of revisionist texts” on the practice and teaching of painting and articulates “the continuing value of a contemporary aesthetics which gives an important place to the imagination”.

Campbell-Johnston, 2006a: Rachel Campbell-Johnston, “Exiles on Main Street”, *The Times*, Features section, Wednesday 3 May 2006, p. 14.

In her two reviews of *Parallel Visions* for *The Times*, Campbell-Johnston finds that the exhibition has a point in that the works share many of the same interests and seem to orientate themselves around the same cultural reference points. She suggests that maybe they should all be seen as insiders, particularly now that they are all shown in a major gallery. She also observes that if the show reflects culture, “it less that of the Modernist past, but rather that of our own times”. Inexplicably, in the following day’s edition she writes the following about the exhibition: “the visitor is left staring with perplexed curiosity into the secret fantasies of — to put it quite bluntly — complete crackpots ... The screws are so loose it’s amazing the pictures don’t just drop off the walls”.

Campbell-Johnston, 2006b: Rachel Campbell-Johnston, “Welcome to the Asylum, Where the Pictures Somehow Stay on the Walls”, *The Times*, Features section, Thursday 4 May 2006, p. 19.

Cox, 2006: Roger Cox, “Creativity is All in the Mind”, *The Scotsman*, Saturday 6 May 2006, p. 6.

An overview of a new gallery in Scotland devoted to Art Extraordinary, the curator Joyce Liang’s alternative term to Outsider Art. It is a positive review which reinforces the notion that the artists are compelled to make these works which are “inspired directly from the unconscious”.

Davidoff-Hirsch, 1975: Helen Davidoff-Hirsch, “Artistry of the Mentally Ill by Hans Prinzhorn”, *Leonardo*, 8, no. 3, Summer 1975, pp. 266-67.

A brief but favourable review of Prinzhorn’s *Artistry of the Mentally Ill* which finds that the text’s “respectful and nonreductionistic approach to the question of art versus psychosis” represents the “most valuable contribution” to contemporary readers. The reviewer does qualify some of Prinzhorn’s proclamations about the “complete” isolation that is at the essence of “schizophrenic configuration” suggesting that this isolation would be viewed as a matter of “extreme, not



total, degree". Overall, however, he finds the book is highly valuable both for its presentation of previously unseen works, and "for its wise and measured approach to their aesthetic and psychological place in human phenomenology".

De Carlo, 2001: Tessa De Carlo, "A Purist's Kind of Outsider Art", *The New York Times*, Sunday 14 January 2001, p. 39.

In her review of an exhibition by the Parisian gallery ABCD's *Art Brut* exhibition in New York, De Carlo discusses the differences between Europe and American notions of this field. She highlights that while Dubuffet's original notion of Art Brut was highly prescriptive and selective and was used to protest against official mainstream culture, the American approach to Outsider Art has evolved far beyond the original concept to embrace almost any art that isn't influenced by academic training, becoming "an official art culture in its own right". The author then goes on to discuss the different terminology that has been used by those uncomfortable with the label "outsider".

Di Maria, 2001: Audrey Di Maria, "The Cunningham Dax Collection: Selected Works of Psychiatric Art", *Book Reviews/The Arts in Psychotherapy*, 28, 2001, pp. 148-49.

A positive review of Dax's catalogue which finds the interpretations that accompany the artworks to be "concise yet thoughtfully constructed". As a teacher of art therapy she suggests that art therapists will "ache to hear more about the histories of the patients whose work is featured" and "the circumstances under which the art was created". Di Maria also wonders about the "extent to which the patient contributed" to the formulation of the interpretations and also suggests the inclusion of the dimensions of the works would have been helpful. Nevertheless, the author finds the strength of the publication "is to highlight aspects of the patients' experience of their illness, thereby enabling the viewer, not only to better understand the illness, but to better empathize with the individuals who were trying to come to terms with it".

Dorment, 2006: Richard Dorment, "Why it's Mad to Show Art This Way. A New Exhibition Disastrously Fails to Draw Distinctions Between the Work of the Sane and the Insane, says Richard Dorment", *The Daily Telegraph*, Features section, Tuesday 9 May 2006, p. 24.

Richard Dorment's review of *Inner Worlds Outside* for *The Daily Telegraph* is scathing, labelling the show as "a wicked, pernicious exhibition based on a false premise and proselytizing for an evil idea." While he acknowledges that a show of Outsider Art is worth doing he objects to presenting art of people with severe mental illness alongside established artists and proposing there is "no essential difference between the two, that both are simply different manifestations of modernity", labeling it "post-modernist crap". He distinguishes between the two groups of works in the following ways: there is a difference between artists affected by neurosis and the mentally ill afflicted with psychosis and this impacts on their creative works; for mainstream artists there is a gulf between the artist's identity and his work which does not exist among Outsider artists; Outsider artists are driven by compulsion not creativity; although anti-rationalism has a long history in art, in these cases artists were voluntarily seeking new sources of inspiration; and Outsider artists work never develops technically or stylistically. Dorment concludes that it is "utterly ridiculous to hang works side by side without distinction".

France, 2007: Christine France, "For Matthew and Others: Journeys with Schizophrenia", *Art Monthly Australia*, no. 199, May 2007, pp. 34-38.

Christine France's review of *For Matthew & Others* in *Art Monthly Australia* is in many ways a direct riposte to Smee's criticism of the exhibition. She contends that art does have a role to play in raising awareness and addressing social issues. She writes that the aims of the exhibition were to overcome stigma, make visible the experience of mental illness and to explore the insights those who experience schizophrenia can offer to the community. France emphasises that this is



the first exhibition of its kind and that it deliberately avoided previous diagnostic and romantic approaches to the exhibition of art by the mentally ill. She highlights that in recognition that many who experience the illness are not creative, oral histories and personal materials were presented to tell a larger story and offer greater understanding of the experience. After discussing a number of the works she finds that there was an “absence of a particular dominant style or subject matter”. France also found that the multiple styles, themes and viewpoints represented went against her expectations. She concludes by stating that there is a need to “stop relegating the art and writings of those with schizophrenia to the ghetto of Outsider Art and openly communicate with the ideas and creativity of those experiencing schizophrenia”.

Freeman, 2002: Julian Freeman, “Private Worlds: Outsider and Visionary Art; Outsider Art: Spontaneous Alternatives”, *The Art Book*, 9, no. 2, March 2002, pp. 25-26.

A positive review of two publications on Outsider Art. The reviewer finds that these texts “prove and support the value of Outsider Art”, highlight the “breadth of experience available for study” in this field, and “challenge aesthetic preconceptions”.

Gantt, 2001: Linda Gantt, “Beyond Reason: Art and Psychosis: Works From the Prinzhorn Collection”, *American Journal of Art Therapy*, 40, no. 2, November 2001, pp. 161-63.

A positive review of the exhibition catalogue and essays accompanying *Beyond Reason*, Gantt finds that this publication is “an important companion piece Prinzhorn’s original work” and recommends it to those interested in the fields of art therapy and the art of the mentally ill.

Gardner, 1973: Howard Gardner, “*Artistry of the Mentally Ill* by Hans Prinzhorn; E. von Brockdorff”, *The Journal of Aesthetics and Art Criticism*, 32, no. 2, Winter 1973, pp. 285-87.

In reviewing the first English translation of Prinzhorn’s *Artistry of the Mentally Ill*, Gardner offers a summary of the historical significance of the book, referring to its “pathbreaking achievement” when it was first published in 1922. However, while Gardner finds that Prinzhorn’s analysis “provided significant insights on the nature of style” and “the limits of the creative processes”, he is critical of the author’s methodology and his “irrationalist bias” towards viewing the works as “direct products of a universal subconscious urge”, thereby overlooking large areas of potential research such as Gestalt psychology or the “symbolism in or motivations of a work.”

Graham-Dixon, 2006: Andrew Graham-Dixon, “Art”, *The Sunday Telegraph*, Sunday 7 May 2006, p. 24.

Graham-Dixon’s review of *Inner Worlds Outside* for *The Sunday Telegraph* offers a more balanced response, finding that the show manages to resist easy generalisations whilst highlighting some of the common preoccupations between insider and Outsider Art. He finds much of the work is “undeniably strange, nearly all of it is overwhelmingly introspective and some is undeniably powerful”. However, whilst acknowledging the premise of the exhibition is that Outsider Art deserves to be shown alongside more mainstream work, he finds there are irreconcilable differences in that most Outsider Art remains out of reach and that while it “may be deeply intriguing”, in the end “it remains too rooted in solipsism, too locked away in personal compulsion, to be truly fascinating”.

Grush, 2002: Owen C. Grush, “Beyond Reason: Art and Psychosis. Works from the Prinzhorn Collection”, *Annals of Clinical Psychiatry*, 14, no. 3, September 2002, pp. 198-99.

In reviewing the catalogue for *Beyond Reason* Owen Grush, an American psychiatrist, admits to his initial impulse to place a diagnosis on the artists but later finds that this “not only proved non-productive but also detracted from the works”. He finds that although the patients may not have



considered themselves as artists, their works “stimulate, educate, and arouse as works of art even if they originated in minds frequently devoid of reality and seeking relief from torment”.

Hessling, 2001: Gabriele Hessling, “Madness and Art in the Prinzhorn Collection”, *The Lancet*, 358, 1 December 2001, p. 1913.

This was the response of Gabrielle Hessling in her review for *The Lancet* of the Prinzhorn Collection’s first exhibition, *Vision and Revision of a Discovery*, in its new premises: “I left the exhibition with these fascinating pictures in mind and the vague idea that the nature of madness might lie within the dimensions of thought and experience in us all”.

Johnson, 1993: Ken Johnson, “Significant Others — Travelling Art Exhibition Mounted by the Los Angeles County Museum of Art: ‘Parallel Visions: Modern Artists and Outsider Art’”, *Art in America*, 81, no. 6, June 1993, pp. 84-88.

In his review of the exhibition *Parallel Visions* for *Art in America*, Ken Johnson positions it in relation to other exhibitions by the same curator which explore “alternatives to formalist history” and highlight how the development of modern art has also been “driven by nonrational imperatives.” He criticises the exhibition for failing to live up to its aims, finding that: it is curated in a way which obscures the nature of Outsider Art, overlooking what distinguishes it from other kinds of art; and it confuses as much as illuminates the nature of Outsider Art’s influence on modern art. Whilst acknowledging that outsiders and their works are varied, Johnson postulates two distinctive traits which they all seem to share: “isolation from the sociocultural milieu within which professional artists work” and “an unusually strong power of imagination and fantasy.” For insiders, he contends, the connection to a shared reality is never completely severed and their training and education suppress the direct creative forces of the unconscious. He sees the main problem with *Parallel Visions* is the presentation of insider and outsider work together as though there is no significant difference, whereby there is no sense that outsiders differ psychologically or biographically from professional artists. Furthermore, unlike the insider artists which were displayed in their appropriate contexts, the outsider works were displayed in various different contexts which tended to diminish their uniqueness. The critic contends that in showing these works in this way it denies the fundamental quality that has made Outsider Art so fascinating and influential, its otherness. Instead, he suggests it would have been better to give each outsider their own space to convey what is unique and individual about each artist: “the sense of each living in and giving expression to a singular psychological reality”. Johnson also finds that in trying to highlight the influence of outsiders on modern art the exhibition merely conveyed the impression that insider interest in the work was largely to do with developing an idiosyncratic and unconventional style. By framing Outsider Art in mainstream terms he finds that it misses the point, as the “art-world observer’s interest in the outsider is to find a way to escape the mainstream context, to join the outsider in the ... ‘psychic elsewhere.’” Nevertheless, he concludes that the exhibition is an important event from the point of view of both art history and philosophy.

Jones, 2000: Ronald Jones, “The Prinzhorn Collection: Drawing Center, New York”, *Artforum*, 1 November 2000, p. 151.

This review of the exhibition at the Drawing Center posits that from the National Socialists who labelled the works as “Degenerate Art” to the Modernist artists who praised them, the “ethical dimension that shaped the reception of the Prinzhorn Collection are diverse, intricate — and troubling”. Jones poses the question of whether one can translate “an expression of mental illness into an aesthetic declaration” without “ethically trespassing”.

Lind, 2000: Vera Lind, “Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection”, *German Studies Review*, 23, no. 2, pp. 357-58.



In this review of the *Beyond Reason* exhibition catalogue the author acknowledges that the catalogue essays provide background on potential historical, artistic, or psychological evaluation of the works but also make it clear that each perspective has major shortcomings in negotiating the complexity surrounding works created by mental patients. She finds that the works “become aestheticised and are easily considered ‘beautiful’ when they are shown in an environment familiar to society, like at an exhibition”.

Lubbock, 2006: Tom Lubbock, “Arts: Rank Outsiders; You Don’t Have to be Mad to Paint Here But it Helps. Tom Lubbock Enters the Deranged World of Outsider Art”, *The Independent*, Monday 15 May 2006, p. 12.

In his review of *Inner Worlds Outside* for *The Independent*, Tom Lubbock describes the artists in the exhibition as “distinguished weirdos” interleaved with famous moderns. He suggests that rather than remove the barriers between the two groups the exhibition does the opposite and highlights how remote fine art and Outsider Art are. He contends that this is particularly the case in relation to the viewer whereby unlike the fine artist who can stand back from their work and gain perspective on it, outsiders are too closely involved in their work, excluding any potential audience.

McDonald, 2006: John McDonald, “Inside the World of the Outsiders”, *Sydney Morning Herald, Spectrum* section, Saturday 14 January 2006, p. 28.

In this review of *Australian Outsiders* at Orange Regional Gallery, McDonald provides an overview of Outsider Art in Australia. He describes the show as the “most comprehensive survey of local Outsider Art”, calling it “a landmark exhibition” which has given “the most significant recognition that any of these artists have received”. The author subscribes to common assumptions about Outsider artists who he states are “completely immersed in the world of their art”, they are “someone who is outside culture”, and their numbers are dwindling because of the pervasiveness of popular culture and “the use of anti-psychotic drugs has blunted the creative abilities of many artists, even as it has improved the quality of their life”. Although McDonald finds the exhibition “a compelling show”, he is critical about the lack of biographical information about individual artists “when the ties between the art and the circumstances of an artist’s life are so crucial to one’s appreciation of the work”. He calls for greater recognition and support of Outsider Art in Australia and concludes by positing that “there is a common core of humanity that we share with the outsider, and that a little of the outsider lives within us all”.

Paroissien, 2007: Leon Paroissien, ‘For Matthew & Others: Journeys with Schizophrenia’, *Art & Australia*, pp. 34-37.

In his largely sympathetic review of the exhibition *For Matthe & Others* in *Art & Australia*, Paroissien situates the exhibition as a contemporary exploration of a broader, complex and cross-disciplinary field of enquiry into art and mental illness. He finds that the curators and essayists in the catalogue do not make any “extravagant claims for widespread artistic talent among those suffering from schizophrenia”, rather the exhibition demonstrates that for the mentally ill, “creative expression can represent an important communication tool, assisting in the recuperation of a full imaginative life”. Paroissien concludes by stating: “Long relegated to the domain of psychiatric treatment and intellectual analysis, the subject of mental illness and creativity was opened up by this project, committing it to public consideration and to wider understanding”.

Porter, 1996: Roy Porter, “But is it Art? The Difference Between a Paul Klee and a Painting by a Psychiatric Patient is All in the Mind of the Beholder”, *New Statesman*, 125, no., 4313, 12 June 1996, pp. 46-48.

In reviewing *Beyond Reason*, Porter finds that works from the Prinzhorn Collection raise difficult questions about how to define a work of art. He provides a brief historical overview of how



“popular culture, artistic conventions and psychiatry” have “sustained stereotypes of lunacy”. He argues that in and of themselves the exhibits “form a stunning tribute to the creative spirit”.

Rasula, 1994: Jed Rasula, “Review: Brutalities of the Vanguard”, *Contemporary Literature*, 35, no. 4, Winter 1994, pp. 782-85.

In reviewing Allen Weiss’s book *Shattered Forms*, the reviewer critically examines the postmodern “celebration of the margins and marginality”. He cautions against the romanticisation of marginality and the appropriation of the margins as an avant-garde strategy or to claim bourgeois tolerance of alterity.

Riding, 2003: Alan Riding, “Creativity as an Ingredient of Madness”, *The New York Times*, *The Arts/Cultural Desk* section, Wednesday 6 August 2003, p. 1.

This is a short review of an exhibition entitled *La Cle des Champs* at the Jeu de Paume, which was drawn from Saint-Anne Hospital in Paris which has a collection of over 70,000 objects including many paintings and drawings. Riding finds that the art by psychiatric patients was presented as it would be in any group show and as a result: “the art alone speaks here. The challenge is to decipher the minds and meanings behind the art”. He also finds that the exhibition demonstrates that the art of the mentally ill does not have any single source of inspiration.

Robson, 2000: Belinda Robson, “Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection”, *Journal of the History of the Behavioral Sciences*, 36, no. 3, Summer 2000, pp. 283-84.

In her short review of the exhibition catalogue *Beyond Reason*, Robson finds that the text and images within invite art historians and psychiatrists alike to reassess the ways in which they analyse and define such artworks.

Schildkraut, 2000: Joseph J. Schildkraut, “Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection”, *The American Journal of Psychiatry*, 157, no. 12, December 2000, pp. 2068-70.

The reviewer provides an uncritical and brief summary of the essays in the *Beyond Reason* exhibition catalogue.

Searle, 2006: Adrian Searle, “Meet the Misfits: The Criminal, the Mentally ill, the Spiritual, the Eccentric, the Alienated and the Untutored . . . A Show of ‘Outsider Art’ Leaves Adrian Searle Disturbed”, *The Guardian*, *Culture* section, Thursday 4 May 2006, p. 18.

Reviewing the exhibition *Inner Worlds Outside* for *The Guardian*, Adrian Searle finds that it is complex and sometimes disturbing. While acknowledging the power of some of the works he states that context matters and that many outsiders could never survive as artists, nor was that how they saw themselves. He argues that “making visible does not in itself make anyone an artist”.

Sewell, 2006: Brian Sewell, “Mad, Bad But Not Dangerous to Know; The Whitechapel’s Gallery’s Exhibition of Outsider Art and its Influence is as Stale and Joyless as it is Misleading”, *The Evening Standard*, *Merge* section, Friday 12 May 2006, p. 36.

Brian Sewell’s review of *Inner Worlds Outside* for *The Evening Standard* finds that the exhibition raises more questions than it provides answers such as: if the artists worked in psychotic or non-psychotic states; whether their imaginations were enhanced or suppressed by prescribed drugs; where these artists stand in the range of afflictions between a merely discordant disposition towards society and the depths of manic depression; how far they have withdrawn into their imagined worlds and whether this a profound withdrawal or merely a response to the harsh or repressive conditions of the asylum or institution in which they were incarcerated; whether



creativity relieves psychological suffering; and why outsiders immediately have a style, and never develop it. He labels it a “shallow exhibition masquerading as a serious enquiry” and concludes that: “The art of the Outsider is no more art than the primal yelps and screams of lunatics are music, or their scribblings are literature. The tedious material exposed at Whitechapel makes an utterly joyless exhibition”.

Smee, 2006: Sebastian Smee, “In the Mind’s Eye”, *Weekend Australian, Review* section, 21-22 October 2006, pp. 18-19.

Sebastian Smee’s review of *For Matthe & Others* for the *Weekend Australian* is highly critical of the exhibition, borrowing many of Dorment’s arguments from his review of *Inner Worlds Outside*. He begins by questioning why art in Australia is often used to solve social problems, suggesting that *For Matthew & others* is the latest example of this tendency. He commends the exhibition for not making exaggerated claims for the aesthetic quality of the works and acknowledges the purpose is instead to raise awareness and combat stigma. Smee finds that this is better than the alternative of making grandiose claims for work by the mentally ill such as in *Inner Worlds Outside*. He contends these works should not be seen as equivalent to work by Modernist artists. While acknowledging that Outsider Art has inspired mainstream artists it is important to distinguish between artists who may experience neurosis and the experience of psychosis which “entails the kind of loss of control that is antithetical to the production of great art because it is involuntary”. He finds there is a bind in addressing the art of the mentally ill between not wishing to stigmatise these works on the one hand and the danger of romanticising the illness when the works are celebrated. The critic agrees with the organisers of the exhibition’s decision to avoid diagnostic approaches to the work on the grounds that the “process is bound to be inaccurate and it can be terribly condescending”. He does see the exhibition’s undifferentiated display between the healthy and the ill may help reduce stigma but he also finds that the illness does not necessarily confer artistic talent. Smee concludes by saying that the exhibition is “thought-provoking, moving and sobering”, but it is not art’s responsibility to solve social issues.

Smith, 1992: Roberta Smith, “Art View; How ‘Outsiders’ Opened a Door On Imagination”, *The New York Times*, Sunday 13 December 1992, p. 33.

Smith’s review of *Parallel Visions* for *The New York Times* is scathing: “its superficial treatment of a complex subject, its unimaginative criteria for selection and its scattershot, often insulting installation are confusing and infuriating”. Despite claims by the curators that the influence of outsiders is more than stylistic, Smith finds that many comparisons tend to position the Outsider Art as source material for the mainstream artists. She finds the exhibition is more successful if the insider artworks are overlooked and it is viewed as a survey of Outsider Art instead.

Smith, 2000: Roberta Smith, “Where Insanity and Modernism Intersect”, *The New York Times*, Friday 21 April 2000, p. 35.

This is a review of an exhibition of works from the Prinzhorn Collection at the Drawing Center in New York. The reviewer gives a brief overview of the history of the Collection before critically examining the catalogue essays which, with one exception, she finds that “the dichotomies and generalizations in the catalog often founder.” She finds the works of the show exhibit varying degrees of quality and interest and suggests that “the single most interesting thing about this show is its time-capsule feeling”. In contrast to claims about the spontaneity and timelessness of the works she finds that many of them directly reflect the context in which they were created. Smith concludes by arguing that all art, along with other visual activities not always seen as art, is “part of a single visual continuum whose parts we divide and isolate at our intellectual and emotional peril”.





Speidel, 1998: Nadine Dalton Spiedel, "Beyond Reason: Art and Psychosis", *Library Journal*, August 1998, p. 82.

In her brief review of *Beyond Reason*, Speidel states that the catalogue "shocks and engrosses like a car wreck; we don't want to gawk but we are compelled". She observes that the works don't fit with developments in psychiatric diagnosis nor in art historical categorisations but all "emanate from a place of extreme emotion and suffering"

Spence, 1996: Sean Spence, "Beyond Reason", *British Medical Journal*, 313, no. 7071, 14 December 1996, p. 1561.

Sean Spence's review of *Beyond Reason* misreads the exhibition stating that the curators intended for the works to be seen as "independent of those who produced them, as artistic artifacts in the wider context of modern art".

Thompson, 2006a: Jon Thompson, "Culture Criticism: Yes, But...: Jon Thompson, Co-curator of Inner Worlds Outside", *The Guardian*, Wednesday 10 May 2006, p. 21.

In the wake of widespread criticism, one of the co-curators of the exhibition *Inner Worlds Outside*, Jon Thompson, made a riposte in *The Guardian*. He expresses surprise at the "inattentiveness and prejudice" shown by some reviewers who he accuses of misrepresenting the intention of the exhibition and demonstrating little knowledge of the field. He states that: they mistakenly ally Outsider Art with that of the mentally ill which only accounts for a small proportion of it; artists shouldn't be distinguished on the basis of training; the exhibition is not pretending that there are no differences but offers a chance to see overlaps in how they deploy visual language. He concludes by stating that the show's purpose "is not to dispense with categories but to offer a visual testing ground upon which the nature of previously held categorical differences might be refined or reassessed, beyond existing opinions and prejudices".

Trumble, 1999: Angus Trumble, "The Eric Cunningham Dax Collection: Selected Works of Psychiatric Art", *Art Monthly Australia*, August 1999, pp. 29-30.

In his 1999 review of Dax's catalogue *Selected works of Psychiatric Art* for *Art Monthly Australia*, Trumble finds that a number of questions are raised as to: the nature of the art classes in hospital; did they paint alone or in groups?; was it compulsory?; what form did the supervision take? He criticises the catalogue for not including details about the dimensions, dates and media of the works reproduced. He also finds it difficult to agree with Dax's interpretations of the works, finding them "wildly conjectural", he asks "would psychiatrists now treat what their patients said or wrote with the same interpretative latitude as this book treats the art of the mentally ill?" He concludes by saying that although there is an undeniable sadness, richness and power in these works, he sees no more sense in looking for manifestations of pathology "than searching for symptoms of good health in the art of the sane".

Yamey, 2002: Gavin Yamey, "Art: Outsider Art", *British Medical Journal*, 324, 18 May 2002, p. 1222.

This review of the Musgrave Kinley Collection from the Irish Museum of Modern Art is enthral to the biographies of the artists, which are found to be "as complicated and fascinating as the art itself", whilst critical of the use of such works as "diagnostic clues" which are found to reduce the works to byproducts of illness, marking them as different to "real" art.



REPORTS/WORKING DOCUMENTS

Lee, 2004: Penelope Lee (ed.), "Developing the Cunningham Dax Collection into a Community Resource", Working Document for a Cunningham Dax Collection Project Funded by the William Buckland Foundation, October 2004.

A report on the findings of the consultations, discussions and workshops the Cunningham Dax Collection held with a broad range of organisations and individuals. It highlights some of the difficulties that emerged as the Collection has attempted to balance "the multifaceted roles of the creative works, its mission to educate and its responsibilities to both the creator and the community they represent". Discussions and differences of opinion surrounding the complex ethical and legal issues regarding the status of the creative works, their ownership, their usages, and rights of the creator are also recorded.

Neami Splash Art Studio, 2003: Executive Summary of *The Secret Life of Splash: Putting Words to a Visual Experience*, the Neami Splash Art Studio Evaluation, 2003, URL: <http://www.neami.org.au/publications/documents/SplashEvaluationExecutiveSummary.pdf>.

The Studio's activities were evaluated in 2003 in a report entitled *The Secret Life of Splash: putting words to a visual experience* with the aim of assessing the effectiveness of its service delivery to people living with mental health issues. The evaluation was undertaken by a consultant who worked four months part time on site at the Studio. The report found that: Splash's arts-based practice service delivery model is unique from and complementary to clinical support and other day programs, groups and outreach supports; two of the essential ingredients in its model are that Splash is a dedicated art studio and all the staff are practising artists; its arts-based practice includes a reflective practice approach to service delivery; it provides opportunities and possibilities that are not available anywhere else; from the range of key stakeholders interviewed Splash successfully in delivers important consumer outcomes; stakeholders found that it helps enable people living with severe and enduring mental health issues to maximise their recovery and wellbeing. The report also clearly distinguishes art therapy and arts-based practice as fundamentally different models. It states that, whilst there are some similarities in outcomes, the process by which these are achieved varies significantly in that Splash offers the opportunity for people to self-determine how they use art and gain the power of self-knowledge.

Richmond Fellowship: *Richmond Fellowship Annual Report, 2006-2007*, URL: <http://www.rfv.org.au/publications.htm>.

Salmon, 2005: Fiona Salmon, "European Collections of Creative Works by Psychiatric Patients: A Comparative Survey", report for The Cunningham Dax Collection, May 2005.

As the title suggests this report provides an overview of collections of works by people with an experience of mental illness in Europe and compares them to the Dax Collection. It highlights a number of parallels between them such as the collections have been built by psychiatrists, the works and medical records were procured from psychiatric institutions, and as a result face a number of legal and ethical questions regarding their use. Salmon also draws attention to some significant differences that distinguish them from the Dax Collection such as: "diagnostic interpretation and presentation has been dismissed by other collections"; "European museums now label their works with the creator's full name arguing that this rightfully elevates the creator from patient to artist and allows for proper recognition and celebration of his/her creative achievements"; "the relative isolation of Dax collection compared to the emphasis placed on networks and collaboration in the surveyed museums". The author also acknowledges that the Dax Collection's education programs servicing secondary students of psychology and tertiary students are unparalleled as is its initiative to address moral, ethical and legal issues surrounding the Collection.

ENDNOTES

- ¹ Ames 1994, p. 256.
- ² Gilman 1992, p. 230.
- ³ Maclagan 1997, p. 121.
- ⁴ Maclagan 1997, p. 139: "Psychotic art is not an absolute or constant category: it is a cultural construct, marked by specific agendas. Whatever it meant to its creators, it has cultural, as well as clinical, functions."
- ⁵ Douglas 1996, p. 37.
- ⁶ Bowler 1994, p. 14.
- ⁷ Douglas 1996, p. 37.
- ⁸ Quoted in Bowler 1994, p. 15.
- ⁹ Bowler 1994, p. 14.
- ¹⁰ Maclagan 2001, p. 78.
- ¹¹ Bowler 1994, p. 15.
- ¹² Quoted in MacGregor 1989, p. 102.
- ¹³ Douglas 1996, p. 37.
- ¹⁴ Dax 1953, p. 35.
- ¹⁵ Hogan 2001, p. 51. See also Foster 1997, p. 7: "If [the art of people with mental illness] could be revealed as somehow Modernist in affinity, the art of the Modernists could be branded as somehow pathological in tendency".
- ¹⁶ Dax 1953, p. 38.
- ¹⁷ González Garcia 2006, p. 37.
- ¹⁸ Prinzhorn, 1922, p. 5. As John MacGregor highlights, these effects continue to be felt to this day: "The persistence of Lombroso's perverted conception of genius, as well as his generalisations about 'insane art,' continue to prejudice the reader of psychiatric and psychological investigations of art today. It remains necessary to slay the Lombrosian dragon before beginning any serious discussion of the art of the mentally ill." See Macgregor, 1989, p. 103.
- ¹⁹ See Beveridge, 2001, p. 595 and Macgregor, 1989, pp. 91-102.
- ²⁰ Bowler, 1994, p. 15. See also Berge, 2000, p. 78: "Interpreting the work of art as symptomatizing the artist's mental state seemed a potentially useful principle for psychiatry, then in its infancy and fervently seeking objective methods to establish its standing as a real science".
- ²¹ Quoted in MacGregor, 1989, p. 174.
- ²² Kris, 1952, p. 88.
- ²³ Quoted in Preston 2005, p. 36.
- ²⁴ Quoted in Jakab 1998, p. 169. See also Kris 1952, p. 107: "[T]he intact part of the personality reaches us in spite of the pathological process." Michel Foucault's contention that "work and madness are incompatible" goes further in its suggestion that the experience of true madness necessarily precludes the creation of a work of art. See Foucault 1961, pp. 272-273: "Madness is the absolute break with the work of art ..."
- ²⁵ Hogan 2001, p. 88.
- ²⁶ Propokoff 1984, p. 15: "[Prinzhorn's observations and the works themselves] were perfectly suited to their epoch for they conformed to and affirmed the investigations of unconscious creativity that formed an important current in European intellectual life and, particularly, in both the useful science of psychiatry and in the visual arts, manifested in Expressionism, Dada and, subsequently, in Surrealism." See also Maclagan 2001, p. 29: "[I]n the first decades of the twentieth century ... there is a kind of convergence between various models of unconscious or instinctual mental functioning, their manifestation in pictorial form in a variety of seemingly separate contexts, and different notions of the nature and status of formal or aesthetic qualities. On the one hand, there is the idea that aesthetic qualities result from the deliberate application of the artist's technical skills; on the other is the idea that some of the most significant psychological qualities are connected to pictorial form in a spontaneous, automatic or unconscious way. At the



same time, the notion of what ‘psychological’ messages a work of art is capable of conveying has also become split, between intentional or consciously expressed content ... and instinctual, automatic or ‘unconscious’ forms of significance ...”

²⁷ See Rhodes 2000, p. 65: As Colin Rhodes suggests, by labelling the ten main patients that feature in his study ‘schizophrenic masters’, Prinzhorn attested to the credibility of qualitative aesthetic judgements of “psychotic art.” See also Golding 1997, p. 75: “Prinzhorn’s account of ‘schizophrenic configuration’ is offered less as a means of insight into psychotic illness than as an intervention in a post-WWI German aesthetic and political debate, in which the figure of the mad artist might reconnect with ‘primordial’ energies and return art to the ‘purity’ and ‘authenticity’ of its imaginative origins.” See also Foster 2001, p. 7: “Prinzhorn was taken by Expressionism and he claims for the art of the mentally ill a profound affinity with the ‘emotional attitude’ of such art, with its ‘renunciation of the outside world’ and its ‘turn inward upon the self.’” See also Kris 1952, p. 88: “[Prinzhorn’s text] was meant to support an aesthetic thesis and to plead the cause of German expressionistic art.”

²⁸ Golding 1997, p. 75.

²⁹ See Dax 1986, p. 146: “[Prinzhorn] stressed the relationship between the psychology of creativity and emotional expression, in so doing he made an important contribution to the association between psychiatry and modern art.”

³⁰ Robson 1999, p. 332.

³¹ Prinzhorn 1922, p. 234.

³² Prinzhorn 1922, p. 4.

³³ Prinzhorn 1922, p. 265.

³⁴ Brand-Claussen 1996, p. 14.

³⁵ Quoted in Foster 2001, pp. 10 and 13.

³⁶ Quoted in Beveridge 2001, p. 596.

³⁷ Quoted in MacGregor 1989, p. 273. See also André Breton, “The Art of the Insane: Freedom to Roam Abroad” 1948: “Through an astonishing dialectical effect, the factors of close confinement and the renunciation of all earthly vanities ... together provide the guarantees of a total authenticity which is sadly lacking everywhere else”. Quoted in Conley 2006, pp. 134-35.

³⁸ Weiss 1992, pp. 3-4.

³⁹ Jádi 1996, p. 32. See also Wilson 1992, p. 133: “In his public presentation of Art Brut Dubuffet suppressed any evocation of the pain and tragedy of schizophrenia or of lifelong institutionalization”.

⁴⁰ See Foster 2001, p. 3: “[M]ost modernists saw the art of the mentally ill according to their own ends only — as expressive of an aesthetic essence, revelatory of an innocent vision, or defiant of all convention — and for the most part it was none of these things. Rather, these three readings — call them “expressionist,” “visionary,” and “transgressive” respectively — bespeak Modernist fantasies either of a pure origin of art or an absolute alterity to culture, and they obscure more than reveal the import of the art of the mentally ill.”

⁴¹ Bowler 1994, p. 28.

⁴² Bowler 1994, p. 28.

⁴³ Golding 1997, p. 75.

⁴⁴ Thomashoff 1998, p. 4.

⁴⁵ Dubuffet 1967, p. 36

⁴⁶ Dubuffet 1949, p. 33.

⁴⁷ Davies 2007.

⁴⁸ Thompson 2006, p. 65.

⁴⁹ Davies 2007.

⁵⁰ Dax 1990, p. 165.

⁵¹ See Berge 2000, p. 78: “When the artist’s creative act is defined as the expression of an inner life, the product may be regarded as a revealing trace of that life, a ‘mirror of the soul’ or, in psychiatric terms, as a symptom of a mental condition.”

⁵² Andreoli 1969, p. 54.

⁵³ Jakab 1998, p. 187



- ⁵⁴ Dax 1964, pp. 143-144.
- ⁵⁵ Hacking 1999, p. 61.
- ⁵⁶ Quoted in Maclagan 2001, p. 67.
- ⁵⁷ Maclagan 1999b, p. 27. See also Maclagan 1999b, p. 24: "At its most naïve, this 'window on the mind' model assumes a facsimile identity between the art imagery and the artist's dream, vision or hallucination. Less dramatic versions concentrate on the inflection of component features such as line, colour or composition, seen as involuntary and expressive signature's of the artist's self."
- ⁵⁸ Berge 2000, p. 79.
- ⁵⁹ Adamson 1984, p. 5.
- ⁶⁰ Dubuffet 1949, p. 33. Allen Weiss is critical of Dubuffet's questioning of the conception and politics of psychopathology, finding his "claims are too polemical and of decidedly Romantic inspiration". Weiss 1992, p. 284.
- ⁶¹ Barg 1990, p. 185.
- ⁶² Naumburg 1953, p. 123.
- ⁶³ Jakab 1991, p. 11.
- ⁶⁴ Dax 1964, p. 143.
- ⁶⁵ Maclagan 2001, p. 76.
- ⁶⁶ Quoted in Waller 1991, p. 13.
- ⁶⁷ Hacking 1999 p. 42.
- ⁶⁸ Maclagan 1999a, p. 305.
- ⁶⁹ Rhodes 2000, p. 131.
- ⁷⁰ Adamson 1984, p. 17.
- ⁷¹ Dax 1998, p. 3. For a more detailed description of the organisation of the studio see Dax 1953, pp. 18-25.
- ⁷² Quoted in Kirkby 1998, p. 47.
- ⁷³ Dax 1953, p. 26. See also Dax 1953, p. 27: "[O]ne sees pictures by patients who ... have painted as the artist would wish ... or who have submitted themselves to the production of an orgy of symbolic representation of a variety which will satisfy all the needs of their inquiring therapist." Kris also contends that artworks made in therapeutic settings are invariably altered in the process: "In drawings produced during therapy, the drawing usually serves a different function. It is, as a rule, made for the therapist and meant to convey something to him." See Kris 1952, p. 111.
- ⁷⁴ Dax 1953, pp. 26-27. See also Dax 1996: "Very few of the people whose works are shown [in the collection] had any instruction in the arts since leaving school so their selected paintings illustrating their disturbances were the result of being given the opportunity to express themselves without enquiry, restriction, criticism or interference."
- ⁷⁵ Dax 1998, p. 3. See also Dax 1948: "It is known by the patient that the painting will be studied and in some cases talked over with them by the doctor as a part of their psychotherapeutic treatment."
- ⁷⁶ Hogan 2001, p. 175.
- ⁷⁷ Dax 1953, p. 26.
- ⁷⁸ See Jakab 1998, p. 24-25: "When depressive patients sometimes intend to disguise their depression they change their style from gloomy, depressed subjects to more 'happy-looking' pictures."
- ⁷⁹ Dax 1953, p. 16.
- ⁸⁰ Dax 1964, p. 144.
- ⁸¹ Quoted in Innis 1985, p. 207: "...a work of art has the same structural characteristics as does a *langue*. So that it cannot be mere 'presence'; there must be an underlying system of mutual correlations, and thus a semiotic design ..."
- ⁸² Maclagan 2001, p. 21.
- ⁸³ Berge 2000, p. 82.
- ⁸⁴ Dax 1965.
- ⁸⁵ Dax 1965.
- ⁸⁶ Andreoli 1969, p. 15.
- ⁸⁷ Andreoli 1969, p. 37.



⁸⁸ Dax 1965.

⁸⁹ Allen 1992, p. 23.

⁹⁰ Dax 1998, p. 3.

⁹¹ Brand-Claussen 2001, pp. 434-435. See also MacGregor 1989, p. 199: "In selecting his ten schizophrenic masters [Prinzhorn] deliberately set out to mold artistic and critical opinion. In the choice of pictures he acted not as psychologist but as critic, withholding those that might weaken the impact of his artists, emphasizing through size or color those images he knew would be unforgettable."

⁹² Rhodes 2000, p. 60.

⁹³ Hogan 2001, p. 79-81.

⁹⁴ See Hogan 2001, pp. 81-82. See also Plokker 1964, p. 101: "Many investigators after Jung have referred, particularly in the case of schizophrenic patients, to the spontaneous appearance of archetypal images and representations, such as very ancient cosmologies, apocalypses, mythological figures, etc. It must be concluded from these that not only entry to the personal unconscious is granted to sufferers from this disease, but even that to [sic] the collective unconscious." See also Dax 1986, p. 146: Dax believes that this text by Plokker is "still the most authoritative work on the subject of schizophrenic art, and to whom anyone writing on the subject must be indebted."

⁹⁵ Dax 1953, pp. 55-56.

⁹⁶ Dax 1953, p. 51. See also Andreoli 1969, p. 52: "In studying the work of the mentally ill we must avoid seeing collective symbols every time there is an apparent identity or similarity in content."

⁹⁷ Jakab 1998, p. 159.

⁹⁸ Dax 1986, p. 148. Dax's description of this phenomenon appears to have been largely derived from Plokker's findings. See Plokker 1964, p. 103: "[M]any things which do not have any symbolic significance for the normal person can exert a strong symbolic effect on sufferers from schizophrenia and can apparently contain a completely subjective symbolism, referring to concepts which are of significance solely to the patient ... one thing can have several meanings for a patient at the same moment."

⁹⁹ See Jakab 1998, pp. 159-160: "Many symbolical expressions are not comprehensible with the help of conventional symbols ... in the symbols of schizophrenics the normal meanings are lost while abnormal meanings take the place of the normal ones". See also Plokker 1964, p. 103: "Sufferers from schizophrenia certainly know the conventional meaning of certain symbols ... it is however in no way that they really wanted to convey these concepts by them. It often appears that they attach a completely different private meaning to them ... This all makes the interpretation and appreciation of a work ... an extremely precarious undertaking."

¹⁰⁰ Dax 1986, p. 148. This notion is shared by Jean Delay: "One cannot interpret the symbols of patients unless the patient himself gives information about them." Quoted in Jakab 1998, p.160.

¹⁰¹ Quoted in Gregory 2000, p. 153.

¹⁰² Dax 1985, p. 21.

¹⁰³ Jakab 1998, p. 171.

¹⁰⁴ See Maclagan 1997, p. 134: "Art, with its conventions governing representation, symbolization and ornament, seemed to have a language which could, in theory, be calibrated to detect its improper or disordered use. Furthermore, the supposedly visual nature of much hallucinatory experience seemed to fit the notion of a picture as a sort of window into the artists' mind. Alternatively, the failure to represent, or the conspicuous distortion of recognizable forms, could be taken as evidence for a corresponding disturbance or perception or thinking."

¹⁰⁵ Dax 1953, pp. 27-28.

¹⁰⁶ Dax 1986, pp. 147-148 and 151: "In the Melbourne [Cunningham Dax] Collection there are sufficient drawings of heads for them to be classified as fragmented, obliterated, mutilated or disintegrated. Whether the schizophrenic sees himself in this way or whether this is the direction in which he feels he is changing is difficult to say, though perhaps equally frightening."

¹⁰⁷ Schmidt 1961, p. 17.

¹⁰⁸ Plokker 1964, p. 179. See also p. 179: "Since the decline of the old classical rules of form



in the plastic arts, it could be said that we scarcely any more find normal human figures in paintings.”

¹⁰⁹ Barg 1990, p. 182.

¹¹⁰ Plokker 1964, p. 168.

¹¹¹ See Kris 1952, p. 101: “As unintelligible as the language of schizophrenics may be, it nevertheless often preserves, and frequently to a very high degree, syntactical correctness. Similarly in their drawings certain formal conventions are adhered to.” See also Bader 1961, p. 52: “[We find] quite a number of pictures whose subject-matter is perfectly intelligible and raises no problems of interpretation.”

¹¹² Harriet Wadeson quoted in Hacking 1999, p. 35.

¹¹³ Plokker 1964, p. 67.

¹¹⁴ Prinzhorn 1922, p. 237.

¹¹⁵ Maclagan 1999b, p. 24.

¹¹⁶ Quoted in Jakab 1998, p. 171.

¹¹⁷ Maclagan 1999b, p. 24.

¹¹⁸ Kris 1952, p. 90.

¹¹⁹ Maclagan 1997, p. 53.

¹²⁰ Berge 2000, p. 82.

¹²¹ Maclagan 1997, pp. 133-34.

¹²² Maclagan 2001, p. 30.

¹²³ Allen 1992, pp. 22-23.

¹²⁴ Champ and Dysart 2006, p. 26.

¹²⁵ Henzell 2003.

¹²⁶ King and Alexander 1997, p. 4.

¹²⁷ Trumble 1999, p. 30.

¹²⁸ Trumble 1999, p. 30.

¹²⁹ Stewart 1999, p. 62.

¹³⁰ Rosen 2007, p. 128.

¹³¹ Quoted in Preston 2005, p. 36.

¹³² Quoted in MacGregor 1989, p. 298.

¹³³ See Dax 1998, p. 6: “Artistic merit is not important; the object is to allow patients to express their feelings freely and to show in their creations the thoughts which are often difficult to put into words.”

¹³⁴ Dax 1986, p. 145. See also Dax 1965: “... with the therapeutic treatments now available ... it is rare that paintings can be found which do not show the results of physical treatment, or without medication having complicated the production.” See also Dax 1998, p. 4: “Two developments in recent decades have impinged on the Collection. First, a large number of the paintings and models were made in the 1960s and 1970s, after which major changes took place in the delivery of psychiatric services. Most of the material came from mental hospitals where the patients stayed for long periods, whereas many are now treated in the community. Consequently the larger series of pictures are no longer produced ... since the majority of psychiatrists are now in private practice, it is difficult from [sic] them to organise and use psychiatric art ... A second important change is the use of drugs ... In most cases there is no record as to what medication the patients were receiving, and even if we had such a record it would be difficult to draw any conclusions, as so many factors would have to be taken into account. Individual observations on the effects of drugs have been anecdotal and very varied, suggesting anything from flattening or extinction of creativity to disinhibited freedom of expression.” For another discussion of the impact of changes in the treatment of mental illness on psychiatric art, see Maclagan 1997.

¹³⁵ See MacGregor 1990, p. 12. The following comment by John MacGregor is typical of this stance: “... most images made by [severely mentally ill images], especially now that treatment involves the use of anti-psychotic and mood-altering drugs, and the procedures of art therapy, is simply amateur art; mediocre, cliché-ridden and dull.” For a fuller discussion of this topic see Berge 2000, pp. 85-87.

¹³⁶ See Salmon 2005, pp. 9-10: “None of the museums [in Europe] present works as diagnostic



tools. Indeed using the works for diagnostic purposes was regarded in all museums as highly problematic.”

¹³⁷ Berge 2000, pp. 78 and 83.

¹³⁸ See Davies 2007: “Roger Cardinal’s *Outsider Art*, published in 1972, had caused an international stir, legitimizing art brut as a rich, but relatively undefined field of study, and introducing the concept of outsider art to the consciousness of the progressive art world.”

¹³⁹ See Cardinal 1979.

¹⁴⁰ Davies 2007: “[T]he art establishment, as is its nature, has made many attempts to define and compartmentalize non-mainstream production ... Often employed as sweeping generalizations in the service of critical agendas, these labels tend to forego accuracy for the sake of convenience. When applied to the outsider in particular, they tend to undermine the importance of the artists and the strength of their work by denying them the distinct individuality and extreme inventiveness that sets them apart in the first place.”

¹⁴¹ Davies 2007.

¹⁴² Davies 2007.

¹⁴³ Davies 2007.

¹⁴⁴ Beardsely 2003, p. 10.

¹⁴⁵ Beardsely 2003, p. 17.

¹⁴⁶ Davies 2007.

¹⁴⁷ Rosen 2007, p. 130.

¹⁴⁸ Berge 2000, pp. 84-85.

¹⁴⁹ Ames 1994, p. 253.

¹⁵⁰ Ames 1994, p. 255-256.

¹⁵¹ Ames 1994, p. 264.

¹⁵² Ames 1994, p. 265.

¹⁵³ Ames 1994, p. 268.

¹⁵⁴ Ames 1994, pp. 268-269.

¹⁵⁵ Metcalf, Jr. 1994, p. 215.

¹⁵⁶ Metcalf, Jr. 1994, pp. 215-216.

¹⁵⁷ Metcalf, Jr. 1994, pp. 218.

¹⁵⁸ Metcalf, Jr. 1994, pp. 221.

¹⁵⁹ Metcalf, Jr. 1994, pp. 221.

¹⁶⁰ Cardinal 1994, p. 24.

¹⁶¹ Cardinal 1994, p. 29.

¹⁶² Cardinal 1994, p. 37.

¹⁶³ Cardinal 1994, p. 36.

¹⁶⁴ Maclagan 2001, p. 11.

¹⁶⁵ Davies 2007.

¹⁶⁶ Beardsley 2003, p. 16.

¹⁶⁷ Jádi 1996, p. 24.

¹⁶⁸ Quoted in Davies 2007.

¹⁶⁹ Quoted in Davies 2007.

¹⁷⁰ Davies 2007.

¹⁷¹ Quoted in Davies 2007.

¹⁷² Quoted in Davies 2007.

¹⁷³ Quoted in Davies 2007.

¹⁷⁴ Davies 2007.

¹⁷⁵ Thompson 1998, p. 9.

¹⁷⁶ Bourbonnais 1979, p. 18.

¹⁷⁷ Musgrave 1979, p. 14.

¹⁷⁸ Brand 1984, p. 5.

¹⁷⁹ Jádi 1984, p. 2.

¹⁸⁰ Jádi 1984, p. 4.

¹⁸¹ Perin 1994, p. 181.





- 182 Perin 1994, p. 193.
183 Ashbery 1958, p. 61.
184 Ashbery 1958, p. 61.
185 Courtine 1990, p. 37.
186 Farber 1990, pp. 8-9.
187 MacGregor 1990, p. 11 and 13.
188 Cardinal 1990, p. 23.
189 Courtine 1990, p. 40.
190 Carr 1990, p. 47.
191 Tuchman 1992, p. 12.
192 Tuchman 1992, p. 12.
193 Preziosi 1992, p. 302.
194 Preziosi 1992, p. 303.
195 Preziosi 1992, pp. 304-305.
196 Wilson 1992, p. 133. See also Weiss 1992a, p. 284.
197 Johnson 1993, p. 84.
198 Johnson 1993, p. 84.
199 Johnson 1993, p. 85.
200 Johnson 1993, p. 87.
201 Smith 1992, p. 33.
202 Bowler 1994, p. 30.
203 Kopland 1995, pp. 11-12.
204 Otten 1995, pp. 15-16.
205 Van Borssum 1995, pp. 21-22.
206 Berge 2000, p. 83.
207 Ferleger Brades, Caiger-Smith and Patrizio 1996, p. 5.
208 Ferleger Brades, Caiger-Smith and Patrizio 1996, p. 5.
209 Robson 2000, p. 283.
210 London 1996, p. 49.
211 Brand-Claussen 1996, p. 7.
212 Brand-Claussen 1996, p. 12.
213 Brand-Claussen 1996, p. 13.
214 Douglas 1996, p. 40.
215 Douglas 1996, p. 40.
216 Douglas 1996, p. 46.
217 Jádi 1996, p. 24.
218 Jádi 1996, p. 25.
219 Jádi 1996, p. 31.
220 Jádi 1996, p. 31.
221 Jádi 1996, p. 31.
222 Grush 2002, p. 199.
223 Grush 2002, p. 199.
224 Lind 2000, p. 358.
225 Speidel 1998, p. 82.
226 Speidel 1998, p. 82.
227 Spence 1996, p. 1561.
228 Golding 1997, p. 77.
229 Golding 1997, p. 77.
230 McGonagle and Marshall 1998, p. 6.
231 Thompson 1998, p. 12.
232 Carlano 2004, p. 2.
233 Carlano 2004, p. 3.
234 Carlano 2004, p. 8.
235 Riding 2003, p. 1.





- 236 Cardinal 2006, pp. 15-16.
- 237 Conrado de Villalonga, Blazwick and Juncosa 2006, p. 10.
- 238 Thompson 2006, p. 54.
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³³⁹ Propokoff 1984, p. 16.

³⁴⁰ Golding 1997, p. 75.

³⁴¹ Maclagan 1999b, p. 221.

³⁴² Berge 2000, p. 89.

³⁴³ Maclagan 1998, p. 22. See also Gilman 1992, p. 233. In studying the relationship between bipolar disorder and creativity, Kay Redfield Jamison suggests that “the cognitive, perceptual, mood, and behavioural implications of creativity are analogous to madness.”

³⁴⁴ Morley 2003, p. 94.

³⁴⁵ Morley 2003, p. 97.

³⁴⁶ Morley 2003, p. 98.

³⁴⁷ Morley 2003, p. 94. See also Morley 2003, p. 103: “This is a belief or affective assent to the existence of the world despite its ambiguous perpetually incomplete, open-ended nature.” See also Phillips and Morley 2003, p.10: “Healthy-minded imagination, like wholesome perception, is tolerant of the ambiguously mixed nature of our human existence; it accommodates to a world that is never perfectly real or imaginary. It exhibits trust in the face of our ambiguous condition.”

³⁴⁸ Morley 2003, p. 99.

³⁴⁹ See Morley 2003, pp. 100-101: “[H]yper-rational or disembodied distance from the world is available to our understanding through surrealist, abstract expressionist, and modernist art generally where the perceptual and the imaginary are deliberately, even playfully, blurred ... however, for the artist, this blurring is an aesthetic inquiry performed with the purpose of exploring the boundary of the real and the imaginary; in short, it is methodically provisional uncertainty. The artist or philosopher rarely loses his ability to return to the “security” granted by the perceptual faith. So while the aesthetic act is a play with boundaries, pathological loss of boundaries is brought on by nature-nurture dynamics beyond the person’s control. This is a distinction that is too glibly neglected by authors who excessively valorize or romanticize psychopathology”.

³⁵⁰ See Phillips and Morley 2003, p. 7: “[The] power of imagination is a double-edged sword; it is destructive as much as it is creative, disintegrative, and integrative. While imagination may define our transcendence *from* and ascendancy *over* nature, it is also the means by which we capitulate to it.”

³⁵¹ Morley 2003, p. 104. See also Phillips and Morley 2003, p. 7: “Although psychopathology is, by definition, a disruption of the imaginary-real nexus, it is remarkable how marginal a place the theme of imagination has occupied in contemporary psychiatry.”

³⁵² See Dax 1990, pp. 166-67: “One can neither identify nor empathize with the schizophrenic persons since they are unusual, different and strange. They have feelings of isolation and distrust, their world has changed, their surroundings have become distorted, and they are withdrawn and unable to communicate. Nevertheless, they have a horror of being different and use projection as a defence against their own inadequacy, self-accusation and anxiety.”

³⁵³ See Nettle 2001, p. 29. See also Andreoli 1969, p. 21: “There is no sharp jump between a normal mental situation and schizophrenia. Rather, there is a gradation of situations ranging from the extreme of mathematical thinking as the typical example of pure logical thought and schizophrenic thinking as the example of thought without categories or logical rules.”

³⁵⁴ For example see Barg 1990, p. 177: “However purposeful their intended use, psychiatric formulations cannot indemnify man’s often ambiguous and complicated predicament. ‘Every schizophrenic, like every man, is both similar to, and different from, other patients and men’ (Arieti 1974).” See also Nettle 2001, p. 118: “The diagnosis schizophrenia has been applied to patients with a wide range of disturbances in thought and feeling. The mix of symptoms, not to mention the content of delusions, varies from person to person. Schizophrenics have not all been shown to share an underlying brain pathology. Nor is the course of their disease uniform ... the evidence for a single disease entity is weak.”





³⁵⁵ See Barg 1990, p. 179: "A human is more than a cluster of neurotic problems or series of conflicting structural systems. Each person utilises various endowments, experiences and potentialities to a particular degree. We need to remind ourselves, periodically, that the specific experiences clinicians study are not all the experiences that exist."

³⁵⁶ See Andreoli 1969, pp. 52-53: "We have emphasised the importance of the dynamic, longitudinal study of works in the analysis of graphical activity; the need to collect all the available material and to study it from a unitary perspective, seeking to understand the structures that sustain it as a discourse ... concentrating on individual works produces a partial analysis that often serves more to confirm the hypothesis of the analyst than to identify the linguistic structures to be related to the structures of the personality ... for this reason, the more urgent need today is not syntheses and classifications but focused studies that, despite the impression of fragmentation and dispersion of effort they may give, are still the basis of any subsequent work of synthesis."

³⁵⁷ Andreoli, 1969 p. 164. See also Andreoli 1969, p. 23: "Graphical work is an important tool for understanding schizophrenics as long as its use is not limited to identifying symptoms on the basis of a rigid structure of characteristics ... but rather is exploited within the framework of a richer, more fluid discourse."

³⁵⁸ See Otten 1995, p. 15: "[W]hen looking at psychiatric art, you start to look for signs of insanity, whether you want to or not ... It is an annoying and compulsive way of viewing these works of art, as you are also aware that they have been created by people. They are things that exist as a result of the efforts of their makers." See also Brand-Claussen 2001, p. 437: "The unwary visitor is overcome by the aura of the pictures and the dismaying life histories, and transfers them far too readily into his own emotional world. And more often than not this means that the diversity of the creative strategies and the calculation that is involved goes quite unnoticed."

³⁵⁹ Brand-Claussen 2001, p. 438.

³⁶⁰ Preziosi 1992, p. 302.

³⁶¹ Maclagan 2001, p. 11.

³⁶² Maclagan 2001, p. 21.

³⁶³ See Perin 1984, p. 27: "Speaking to us in signs, artists can only invite us to enter into their doubts, and we can accept only insofar as our own 'capacities' for deciphering them permit." See also Kopland 1995, p. 11: "[A]nyone looking at a work of art to learn something about the artist's inner world is looking in the wrong place ... You would do better to consider what the art work evokes in your own soul ..."

³⁶⁴ Adamson 1984, p. 17.

³⁶⁵ Weiss 1992, pp. 3-4.

³⁶⁶ See Weiss 1992, pp. 3-4: "When these artists do wish to communicate, we must take up their signs as our own, by giving voice to those who otherwise have so little chance to gain an audience."

