"**Seeing What I Could Do": The Experience of Art-Making at the Art Access Studio, Larundel Psychiatric Hospital, 1989 – 1996.**

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Abstract

Art-making by people with experience of mental illness has long been regarded as different from dominant Western conceptualisations of art. It has been variously constructed as evidence of pathology or spontaneous outpourings of pure creativity, and labelled as *Art Brut* or Outsider Art. These constructions have relied upon the absence of the voice of the maker, upholding the authority of experts in a range of disciplines.

This study is an interdisciplinary, phenomenological investigation of the experience of art-making by people who attended the Art Access Studio on the grounds of Larundel psychiatric hospital between 1989 – 1996. To generate the primary research materials, I interviewed six people who attended the AAS. In their experiences, art-making at the AAS was a self-directed, experimental engagement with need and capacity, involving material and social collaboration. It allowed them insight into their inherent potential, and changed their understanding of their capacities, empowering them in ways that felt magical, rebellious and therapeutic. Coming to understand themselves as artists, makers and creative people was a process of becoming, of recognising and enacting their inherent potential.

Their articulation of art as a continuum of practices challenges the reductive constructions of art created by mentally-ill practitioners, while their understanding of art-making as insight generation align it with contemporary understandings of art as a research practice. Through the investigation of the individual experience of art-making, this study both documents a little-known episode in local art-making and locates the Larundel Collection in a more plural, nuanced understanding of art. It thereby contributes to the current reconsideration of art by those regarded as "outsiders" in contemporary art discourse.

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Signed: *Rosemary O'Neill*

Date: 18 October 2021

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Acknowledgments

Preface: A brief history of the Art Access Studio

In the latter half of the twentieth century the suburb of Bundoora, then the northern fringe of Naarm/Melbourne, held such a concentration of psychiatric institutions that it was referred to as a "psychopolis".[1] These institutions included Larundel Psychiatric Hospital and the adjoining Mont Park, and Plenty Psychiatric Hospitals. First gazetted as a "mental hospital" in 1953, by the 1970s Larundel had 750 beds across nineteen wards providing short-term treatment of acute illnesses, "long-term or indefinite hospitalisation" of the chronically ill, and locked wards for those deemed "very disturbed".[2] In popular conception Larundel was a synonym for "loony bin", the epitome of the "madhouse on the edge of town".[3] However, in its field Larundel had a reputation for innovation, especially in the 1970s and 80s. It was a teaching hospital, providing training for nurses and psychiatrists. Its initiatives included Fawkner House, a therapeutic community utilising intensive group psychotherapy rather than medication; the use of psychodrama; and the employment of Australia's first music therapist.[4] In addition, staff created pantomimes and reviews that were enjoyed by patients, staff and families, while an in-house band was formed from staff and patients.[5] In this atmosphere where professional innovation combined with creative endeavours, the Arts Access Society (now Arts Access Victoria), a community organisation dedicated to inclusion in the arts facilitated a number of projects at Larundel. In 1986 this included a residency by two dance and movement artists, Richard Benge and Libby O'Neill. The impact of this residency was felt to be so positive that hospital management sought funding from the Health Department to employ the artists directly.[6] Benge and O'Neill continued as artists-in-residence until 1989, when two visual artists, Vincent Gilvarry and Maria Filippow, were employed by the hospital.[7] A dedicated studio was established in a building near the oval and called the Art Access Studio (AAS); a name

[1] Carolyn Webb, 'Doors close on Larundel 'psychopolis'', *The Age* (Melbourne), 17 July 1999.

[2] Iliya Bircanin and Alex Short, *Glimpses of the past : Mont Park, Larundel, Plenty* (Melbourne, Vic., : The Authors, 1995)., pp. 47- 51; 'Larundel (Mental Hospital 1953-1991; Receiving House 1953-1959; Psychiatric Hospital 1959-1999)', *Public Record Office of Victoria*, (<Public Record Office Victoria online catalogue (prov.vic.gov.au)>, accessed 22 July 2021.

3 James Button, Down the rabbit hole: A closer look at Larundel. This Place (City of Darebin, 2018) <https://www.darebinarts.com.au/wp-content/uploads/2018/06/2018-335-City-Of-Darebin-This-Place-Proof04-1.pdf>.
Sandy Jeffs and Margaret Leggatt, Out of the madhouse; From asylums to caring communty? (Melbourne: Australian Scholarly Publishing 2020).

[4] Iliya Bircanin and Alex Short, *Glimpses of the past : Mont Park, Larundel, Plenty*., p. 51; Sandy Jeffs and Margaret Leggatt, *Out of the madhouse; From asylums to caring communty?*, pp. 6, 72, 127-131.

[5] Sandy Jeffs and Margaret Leggatt, *Out of the madhouse; From asylums to caring communty?*, pp. 5, 59-60.

[6] Frank Bazik, *Future employment of artists in residence, Larundel Hospital.* (1987).

[7] A list of the AAS Artists-in-residence is included as Appendix E.

which acknowledged the continuity of the program since 1986, and a founding philosophy of accessibility.[8]

Image removed for copyright reasons
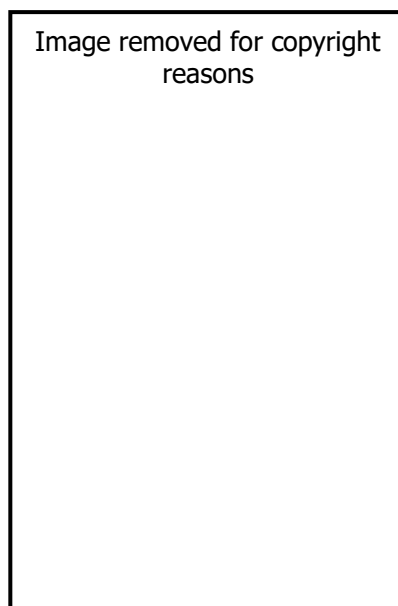
Figure 1; Untitled, not dated, (photograph), Larundel Collection Archive, La Trobe Art Institute.
An exterior view of the Art Access Studio.

Extant documentation written by the Artists-in-residence indicate that the Studio's approach was based in the recognition of an individual's right to creative expression and acknowledged the contribution of creativity to rehabilitation and well-being. Art-making at the Studio was defined as "an individual approach to self-discovery", involving the opportunity for clients to discover their inherent "talents".[9] The Studio was seen as providing an "alternative to the rules and regulations, expected codes of behaviour" of the hospital, offering the possibility of "productive enterprise" and encouraging "positive interaction" between clients.[10] Operating five days a week the Studio offered a range of media, including painting, drawing, sculpture and print-making. Attendance was voluntary; individuals attending structured their own time, while groups from wards had set attendance times. First Nations people were amongst those attending the Studio.[11] In

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[8]Anonymous, 'Art Access Program' (Unpublished document held in the Larundel Collection Archive), c.1992. Sally Margaret Clifford, 'Why have you drawn a wolf so badly?: community arts in healthcare' (Queensland University of Technology, 1997., p. 113. Documentation does not make it clear why there was a shift from the performing to the visual arts, nor the source of the impetus for the change. However, documentation clearly states that the program ran, as a continuous entity, from 1986 to 1996, including the Benge / O'Neill residency.

[9] Anonymous, *Art Access Program*.

[10] Ibid.; S Metzner and E Vyhnal, 'Art in Institutions' (Unpublished document held in the Larundel Collection Archive), 1996.

[11] 'Art Access - An art program in a psychiatric hospital' (Unpublished document held in the Larundel Collection Archive), 1993. For information about the establishment in 1987 of the Victorian Aboriginal Mental Health Service, a culturally appropriate mental health treatment and referral service for Aboriginal people living in Melbourne, see Jane H McKendrick et al., 'A unique mental health network for Victorian Aboriginal people', *Medical Journal of Australia*, 153/6 (1990), 349-351.

addition, the Artists-in-residence ran art-based activities on the wards, ensuring the inclusion of those unable to attend the Studio. Collaborative activities and methods were regarded as important tools by the Artists-in-residence, especially in the facilitation of group work and on the wards. While group works were returned to the wards for display, other works were also exhibited around the hospital, and in 1992 a gallery space was established at Mont Park where public exhibitions by groups and individuals were held. The Studio also facilitated the involvement of groups and individuals in exhibition opportunities external to the hospital.[12]

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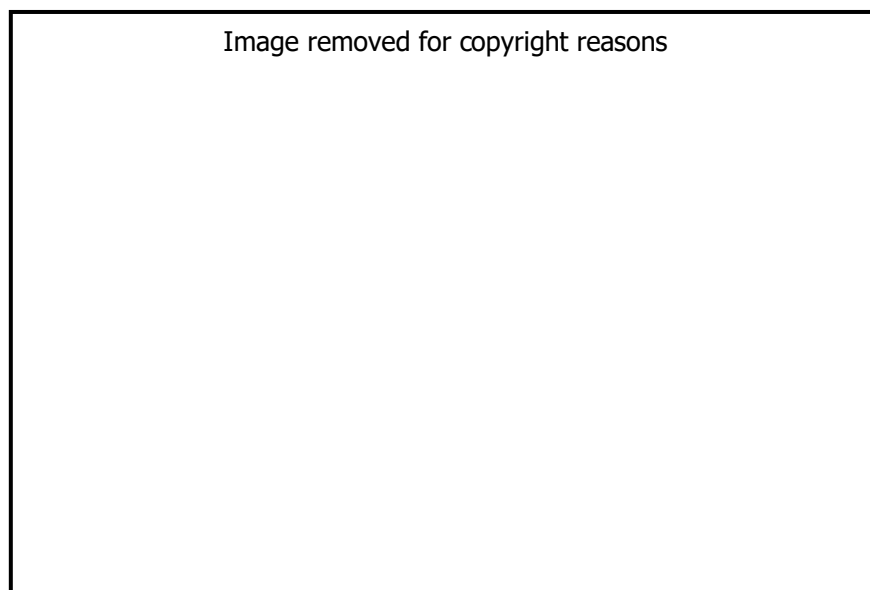
Figure 2. Untitled, not dated, (photograph), Larundel Collection Archive, La Trobe Art Institute. An interior view of the Art Access Studio.

In 1992, after an administrative amalgamation, Mont Park, Plenty and Larundel Hospitals became the North East Metropolitan Psychiatric Services (NEMPS). The Studio became available to all NEMPS patients and extended its on-ward program across the three campuses.[13] Documents by the Artists-in-residence record the hospital management's support for the Studio program, recognising its positive impact on clients. This is reflected in a statement by NEMPS CEO Chris Gibbs which acknowledged that the program allowed people to discover untapped abilities, and to demonstrate to themselves and others that they were defined by more than their illness.[14]

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[12] Anonymous, *Art Access Program*.

[13] Ibid.

[14] Sally Marsden, *Healthy Arts: A Guide to the Role of the Arts in Health Care* (Arts Access, 1993)., p. 15.

Image removed for copyright reasons
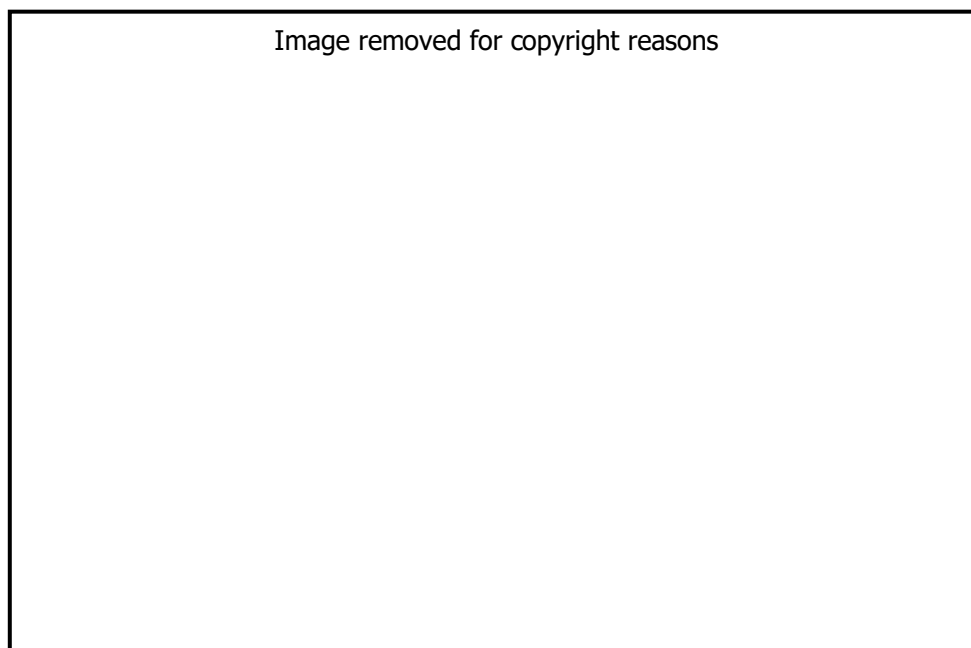
Figure 3 Map of Larundel Hospital, circa 1978 to 1986. Image credit; Bircanin, I and Short, A, Glimpses of the past: Mont Park, Larundel, Plenty (Melbourne, Vic. The Authors, 1995)., p. 52. The building which became the Art Access Studio is highlighted.

In the 1990s, State Government policy brought about the closure of large inpatient psychiatric hospitals across Victoria. As part of the process of closing Larundel Hospital, the Art Access Studio program was put out to tender in 1995 and won by the North Eastern Alliance for the Mentally-ill (NEAMI, now Neami National).[15] New premises were found in High Street, Preston, in 1996 and the new studio, which came to be known as Neami Splash Art Studio, inherited furniture, equipment and materials from the AAS.[16] It also inherited artworks, and a small archive of documents and photographs. The subsequent relocation of Splash in 2004 initiated a process of cataloguing and creating appropriate storage for the AAS artworks, along with investigations into the legal and ethical implications of NEAMI's custodianship of the artworks.

When changes in Victorian government funding to the community mental health sector led to the closure of Neami Splash Art Studio in 2015, the artworks from the AAS, by then referred to as the Larundel Collection, were placed in storage. It was through the advocacy of Associate Professor Patricia Fenner, then Co-ordinator of the Art Therapy Program at La Trobe University, working with Wendy Slinger, Neami National Regional Manager, that the Larundel Collection and its accompanying archive were donated to La Trobe University

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[15] NEMPS Department of Health and Community Services, *Northern Region Community Arts Program; Information for Tenderers* (c.1995).

[16] N Dane, *Launch of unique art studio.* (media release), 19/11/1996, Neami (North Eastern Alliance for the Mentally Ill).

in 2018. They are now in the custodianship of the La Trobe Art Institute and housed at the University's Bundoora campus, a stone's throw from where they were made.

Chapter 1. Introduction: research aims and approach

At the time of its operation the Art Access Studio was thought to be unique in Australia yet no major study of the program has taken place and published references to it are few.[17] Primary documentation of the AAS is also limited, consisting of the documents in the Larundel Collection archive written by the AAS Artists-in-residence and hospital management, some hospital and departmental correspondence sourced from the Victorian Public Records Office and a few contemporaneous newspaper references. There is also no written record of the value or meaning of the experience of art-making to people who attended the AAS while hospitalised as psychiatric patients. The artworks in the Larundel Collection stand as the only document of the art-makers' activities, having survived while their makers' experience of creating them has not. It is this gap in our understanding of the meaning and value of the experience of art-making for the makers of the Art Access Studio that this study seeks to address.

Research questions and approach

To address this gap, I proposed several exploratory questions; What was it like to make art at the Art Access Studio? What meaning did art-making have for those makers? What impact did art-making have on their lives? Did they consider themselves artists? In other words, I asked, what was the nature of the experience of art-making at the AAS? Answering these questions required a focus on individual lived experience which determined the research approach; in-depth interviews with a limited number of people about their experience of making art at the AAS. The choice of research questions and the approach taken in answering them was shaped by several factors. Firstly, by the tendency for art made by people with an experience of mental illness to be characterised as different from the norm. Art made by the mentally-ill has been regarded reductively as evidence of madness, pathology, degeneracy. It has also been idealised as the product of pure and unfettered creativity. In contemporary art discourse the artist with an experience of mental illness is frequently characterised as operating outside the mainstream, an Outsider Artist. These various constructions of art made by the mentally-ill as other, exceptional, non-mainstream, non-normative are built on the absence of the voice and experience of the maker with a mental illness. As a consequence, collections of art made in similar institutional circumstances to that of the Larundel Collection reflect this marginalisation of the experience of the art-maker. Collections such as the Prinzhorn Collection in

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[17] Anonymous, *Art Access Program*.

Heidelberg, Germany, the *Collection de l'Art Brut* in in Lucerne, Switzerland, the Cunningham Dax Collection in Melbourne and the Adamson Collection in London, United Kingdom, include artworks that have survived at the cost of being disconnected from their makers, often with little information to link artwork and maker.

The second factor shaping this study's approach is my previous employment as a Community Artist at Neami Splash Art Studio from 2005 to 2015. As the program which succeeded the AAS after the closure of Larundel Hospital, Splash offered people with an experience of mental illness living in the community the opportunity to explore their creativity and to develop a practice in the visual arts. Working at Splash gave me a privileged insight into the many roles played by art in the lives of people whose engagement with art varied from the recreational to the deeply committed. Working at Splash also brought me into a relationship with the AAS. Over the years, the people who attended Splash included many who had previously been hospitalised at Larundel, Mont Park or Plenty Psychiatric Hospitals, some of whom had attended the AAS. This proximity to the AAS deepened through my involvement in the care and cataloguing of the works in the Larundel Collection. It was this familiarity with the artworks and archive, with the history of the AAS and the art-makers who attended it, that provided the impetus for this study. Together with the absence of the maker with a mental illness from the consideration of their artwork, it is my relationship with many such makers that informs this study's focus and approach. This has determined a focus on understanding the individual experience of art-making at the AAS, and a commitment to valorising the voices of makers with an experience of mental illness through the collection of narratives of the lived experience of art-making at the Art Access Studio. [18]

Although grounded in art history this study takes an interdisciplinary approach, integrating theory from a number of disciplines to gain insight into the nature of the experience of art-making at the AAS. Such an integrative approach recognises that knowledge transcends boundaries rather than being contained by them. [19] Therefore, theories from art therapy, anthropology, philosophy, psychology and sociology are employed for the influence they exert on contemporary art theory or because they illuminate a particular aspect of the experiences under consideration. However, in this interdisciplinary mix art therapy is the principal addition. In this combination art therapy's focus on the processes

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[18] Archival documents make it clear that collaborative group work facilitated by Artists-in-residence formed a very significant part of the AAS program however, the focus of this research is on the individual's experience of art-making.

[19] Tim Ingold, *Making : anthropology, archaeology, art and architecture* (London, New York: Routledge, 2013)., p. 12.

of art-making and the therapeutic potential of the relationship between maker, process and artwork complements art history's focus on the object.[20] This combination also reflects the reality of the Larundel Collection. As a collection of art-works made in a psychiatric environment the Larundel Collection now resides in the La Trobe Art Institute - a public art institution - through the advocacy of the University's Art Therapy program. In that context, it is valued as a teaching resource for psychology, public health, education and the creative arts, with particular relevance to art therapy.[21] Taking an interdisciplinary approach is thus a way of cultivating an expanded view of art, admitting a range of possibilities in the artworks in the Larundel Collection and fostering a more nuanced understanding of art-making by people with an experience of mental illness.

Research aims

In addressing the research questions, my aim is to gain insight into the individual maker's understanding of their experience of art-making, to respect and learn from their authority, and to place their recollections and experiences at the center of understanding the AAS. It is also my intention to provide a foundation for approaching the Larundel Collection, creating a basis for its future use which reflects the diverse voices and experiences of the art-makers of the AAS. As the first in-depth research into the AAS this study does not involve the visual analysis or close reading of the works in the Larundel Collection. Rather it endeavours to furnish the groundwork for future research about the Larundel Collection and the AAS. In addition, this research aims to contribute to discourse about the work of art-makers designated by the term Outsider Artist, including those with an experience of mental illness, who are regarded as operating outside the artistic mainstream. It seeks particularly to contribute to a process currently underway in art discourse, where art by those who have been deemed outsiders is being reconsidered. For example, the presence of Outsider Art in the peak institutions of art world legitimacy, such as the 2013 Venice Biennale, or in the National Gallery of America's 2018 exhibition "Outliers and American Vanguard Art", demonstrate an expansion in the idea of what constitutes artistic excellence which transcends superimposed binaries of inside and outside.[22] In the local context,

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[20] Susan Hogan, *The introductory guide to art therapy : experiential teaching and learning for students and practitioners* (Hove, England: New York: Routledge, 2014)., pp. 9-12.
ANZACATA, 'About - ANZACATA', (2021), <https://www.anzacata.org/About-ANZACATA>, accessed 16/01/21.

[21] 'Collections, La Trobe Art Institute, La Trobe University', *La Trobe University*, (<www.latrobe.edu.au/art-institute/collections>, accessed 16/01/2021.
Danielle Smelter et al., 'The Larundel Collection and the ethics of care', *Matter* (online journal)/2 (2020), <https://us9.campaign-archive.com/?u=f642a2d38cf1fc914a0d1f178&id=0ee5d2bcba>, accessed 16 May 2020.

[22] Vera L. Zolberg, 'Outsider art: from the margins to the center?', *Sociologia & Antropologia*, 5 (2015), 501-514; Lynne Cooke, *Outliers and American vanguard art* (Washington: Chicago: National Gallery of Art : The University of Chicago Press, 2018)., pp. 3-24.

research currently taking place specifically addresses the contribution of those deemed outsiders to the history of Australian art, through the perspectives of artists from supported studios or those with a "long association with the outsider art label", whose voices are not usually heard.[23] In this regard this study is timely, offering a contribution to a vital debate taking place in contemporary art. It is also timely in addressing the urgency of capturing the voices of lived experience, given the passage of time since the AAS was in operation.

Thesis structure

This thesis is structured in the following chapters. Chapter 2 reviews the subject of art made by people with an experience of mental illness across the key literature, demonstrating the exclusion of the voice of the maker from psychiatric, therapeutic and art historical approaches. By examining the various ways in which art made by the mentally-ill has been constructed as different from the norm it provides a context for considering the experience of art-making at the AAS. Chapter 3 outlines the methodological foundations of this thesis, articulating a set of values and a world-view which recognises the authority of lived experience, and warrants the privileging the voice of the maker with a mental illness. It details the choice of a phenomenological approach and processes which recognise the subjective, relational nature of knowledge production to counter the distance and objectivity that have informed the marginalisation of the maker with a mental illness. In Chapter 4 the research findings are presented, based on interviews with the six Makers. The findings take the form of individual case studies, to preserve the Makers' individual voices and convey something of the qualities of each interview. Chapter 5 then analyses and interprets the findings, suggesting that the Makers' diverse experiences of art-making involved an exploratory engagement with needs both individual and universal, in which both material and social resources were collaborators in the generation of self-knowledge. This emergent self-understanding is conceptualised as empowering and as forming the core of the Makers' experiences at the AAS. The thesis conclusion summarises the insights generated into the nature of the experience of art-making at the AAS. It outlines the implications of this research for the Larundel Collection, for contemporary notions of art made by those with mental illness and for the role of art-making in mental health care, and proposes future research opportunities.

A note on terminology and the use of images

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[23] ARC funded project entitled "The underworld: outsider artists and the reformulation of Australian Art", conducted by Dr Anthony White, Prof. Charles Green, University of Melbourne and Dr Grace McQuilten, RMIT University. See, Anthony White et al., 'Outsider Art in Australia: Artists' Voices Versus Art-world Mythologies', *Art and Australia*, 56/6 (2019), 80-95.

In this study, the choice of the term "maker" rather than "artist" is deliberate and thoughtful. It is employed to avoid making assumptions about the role of art-making in peoples' lives and to allow for a range of possibilities; that art-making may have been a pastime, a hobby, an experiment, play, or a formal practice. People who attended the AAS are therefore referred to as makers, while the research participants are referred to collectively as the Makers. Only they could say whether they considered themselves artists and it was the aim of this research to listen to their opinions. The use of the term maker is also extended to people who made artistic products in psychiatric institutions in the past because it is no longer possible to ask them about their relationship to art-making. Additionally, this study does not use the term "data" to describe people's recollections and artworks. Inspired by the anthropologist Tim Ingold I use the terms '"materials" or "research materials" as an alternative.[24]

As indicated above, the close examination or analysis of the artworks in the Larundel Collection is not the focus of this study. However, images from the Collection and its accompanying archive are reproduced in this thesis. The Preface includes only archival photographs to provide a visual record of the Studio. In Chapter 4 the Findings are accompanied by artworks made by the individual Makers at the time they were attending the AAS. Of these, only the works by Carol are identifiable in the Larundel Collection. In Chapter 5, works from the Larundel Collection are reproduced to illustrate, complement and expand the discussion of the Makers' experiences.

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[24] Tim Ingold, *Making : anthropology, archaeology, art and architecture*.

Chapter 2. Literature review; pathology, mythology and therapy

Chapter introduction

The literature which addresses the Art Access Studio program is slight, with little information on the public record and limited primary documentation. By contrast, the literature which addresses art made by people with an experience of mental illness is extensive, spanning several centuries and a range of disciplines. In the documentation of the Art Access Studio, the absence of any record of an attendee's experience of art-making is the gap that this thesis seeks to address. In the wider literature on art made by the mentally-ill, however, the absence of the voice of the maker is a consistent feature. The exclusion of the voice of the maker defines the way in which art made by the mentally-ill has been characterised, in discourses dominated by the voices of Western, educated, acculturated professionals; psychiatrists, artists, historians, therapists and connoisseurs. These characterisations originated in the successive "discoveries" of art made by people in asyla - firstly by the newly emergent discipline of psychiatry, then by artists - in the late nineteenth and early twentieth centuries.[25] This was a time of flux socially and intellectually, in which the two disciplines exercised a mutual influence through the characterisation of "asylum art". The discourses that emerged from this "borderland" between art and psychiatry can be broadly characterised as concerned with the construction of difference; that is, with the attempt to delineate how art made by people with a mental illness differed from accepted Western norms of art.[26] While the nature of that difference has been variously construed, it shares a common set of assumptions about the inherent qualities of art made by the mentally-ill; that it was the product of extraordinary states of mind, produced spontaneously – that is, without training or prompting – in response to inner compulsion, and without conscious direction.[27] These assumptions have their foundation in a number of paradigmatic ideas which have shaped Western conceptualisations of art. Such concepts have been used to both pathologise and mythologise art by people with a mental illness, giving rise as a consequence to the idea of Outsider Art. In this way, the characterisation of the maker with an experience of mental illness and their art has been central to Western art's idea of itself, informing both its limits

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[25] John M MacGregor, *The discovery of the art of the insane* (Princeton University Press, 1989).

[26] Ibid., p.38; Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration* (New York: New York : Springer-Verlag, 1972)., p. 4. Both MacGregor and Prinzhorn refer to the interdisciplinary space in which art by the mentally-ill is placed as a "borderland", stressing it's curious, marginal, even insignificant nature.

[27] Colin Rhodes, *Outsider art : spontaneous alternatives* (London: Thames & Hudson, 2000)., pp. 8-9.

and its aspirations. The absence of the voice of the maker has been essential to such characterisations; a method of containment that ensured the primacy of the authority of various experts over that of the maker.[28]

A review of these discourses can provide a context for the consideration of the experience of art-making at the Art Access Studio. In the era of de-institutionalisation across the Western world, the people who attended the AAS were among the last in Victoria to make art while hospitalised in long-stay, in-patient psychiatric institutions. As a result, ideas which emerged in response to art made in such institutional environments can still provide the lenses through which art produced at the AAS may be viewed today. This review of key literature on art made by people in asyla and psychiatric hospitals prior to the establishment of the Art Access Studio in the late 1980s is therefore essential to assessing whether such ideas have any relevance to the Makers' experiences of art-making at the AAS. Focusing primarily on discourse from Europe, the United Kingdom and Australia, as most directly influential on the local context, I begin by mapping the foundational ideas that have shaped assumptions about art by the mentally-ill. Critical consideration is then given to the impact of the application of such ideas to art made by people with a mental illness. I explore how the psychiatric profession's characterisation of art made by the mentally-ill as evidence pathologised both the art and its maker; how the early modernist artists appropriated art made by the mentally-ill and mythologised the maker with a mental illness, giving rise to the concepts of *Art Brut* and Outsider Art; how the use of art as part of a therapeutic treatment regime denied the makers' agency and volition. At the same time, I demonstrate how these various constructions of art made by those with a mental illness has both shaped and been shaped by ideas of what constitutes art, contributing to the exclusion of voice of the maker. Finally, by summarising the influence of these various constructions of art made by the mentally-ill on the contemporary circumstances of the AAS I establish a context for considering the Makers' experiences.

The idea of art, and the art-maker in the asylum

When the emergent discipline of psychiatry began to take an interest in art produced in asyla, the prevailing conception of art was shaped by changes which occurred in the eighteenth century. In its classical origins, the word art - *ars* in Latin, or *techne* in Greek- referred to any human skill, as distinct from natural processes; a broader understanding

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[28] Ann E. Bowler, 'Asylum art: the social construction of an aesthetic category' in Vera L Zolberg & Joni Maya Cherbo (eds.), *Outsider art; contesting boundaries in contemporary culture* (Cambridge, United Kingdom: Cambridge University Press, 1997).

of art that included practices subsequently categorised as craft. As the philosopher Larry Shiner argued, it was during the Enlightenment that art was separated from craft, and artist from artisan, giving rise to a concept of art specific to the modern Western world.[29] In the hierarchy of human skill thus created, the artist was deemed to have superior creative powers, while the artisan became a mere technician. In this separation of object and process art became differentiated from non-art by its value as an object of contemplation rather than utility. That is, art ceased to be defined by the act of making, by the performance of human skill, and became defined by the aesthetic appreciation of the end product. Shiner emphasised the revolutionary nature of this change and suggests that it was driven by the emergence of a middle-class art consumer displacing the traditional system of patronage for art. Thus, when the idea of "art as construction" was replaced by the idea of "art as contemplation" the range of different understandings which characterised earlier and traditional notions of art were obscured. In addition, the value and meaning of the processes of making became peripheral to the idea of art and both the object and the artist became commodities subject to the power of the market.[30]

Against this general understanding of what constituted art, two significant sets of ideas affected the characterisation of art made by people with a mental-illness. Firstly, the idea of the "mad genius" which derived from the Romantic movement's conflation of the Classical Greek association between creativity and abnormal mental states - in which "divine madness" was a state of divine inspiration rather than clinical pathology - with the Enlightenment perception of genius as being formed in the balance between the faculties of imagination and reason.[31] With its emphasis on the primacy of the imagination and its fascination with the irrational and heightened emotional states, Romanticism de-emphasised the function of reason in the operation of creativity and genius and thereby "established a logical foundation for the association of genius and madness".[32] By further narrowing the definition of genius to that of artistic genius, Romantic thinking completed the equation of artist = genius = "madman".[33] This Romantic fascination with mental illness is evidenced in art and literature; in for example the portraits of "madmen" and the

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[29] Larry Shiner, *The invention of art: A cultural history* (University of Chicago press, 2001)., pp. 5-7.

[30] Ibid., pp. 5-7.

[31] For more extensive discussions on the impact of Romanticism on the perception of art by the mentally ill, see the following: Ann E. Bowler, *Asylum art: the social construction of an aesthetic category*., p.13; George Becker, 'The Association of Creativity and Psychopathology: Its Cultural-Historical Origins', *Creativity Research Journal*, 13/1 (2001), 45-53; John M MacGregor, *The discovery of the art of the insane*., pp. 67-90; Joanne Cubbs, 'Rebels, Mystics, and Outcasts: The Romantic Outsider Artist' in Michael D Hall et al. (eds.), *The Artist Outsider; Creativity and the Boundaries of Culture* (Washington and London: Smithsonian Institution Press, 1994).

[32] George Becker, 'The Association of Creativity and Psychopathology: Its Cultural-Historical Origins'., p. 49.

[33] Ann E. Bowler, *Asylum art: the social construction of an aesthetic category*., p. 13.

interiors of asylums by Francesco Goya, Théodore Géricault or Henry Fuseli, or the writings of E T A Hoffman or Lord Byron.[34] Mental illness was regarded as a source of creativity and the "madman" and the artist alike were characterised as alienated, inward looking, driven by passions, close to nature, and uninhibited by either reason or social constraints.[35] Such close identification of the artist and the mentally-ill coloured discourse about art made by mentally-ill persons at the end of nineteenth and the beginning of twentieth century and still infuses popular notions about the relationship between creativity and mental illness today.[36]

The second set of ideas influencing discourse about art made by people with a mental illness was psychiatry's evolving understanding of *dementia praecox*, the disease which was redefined as schizophrenia in the early twentieth century, through the work of German psychiatrist Emil Kraepelin, and Swiss psychiatrist Eugen Bleuler.[37] Historian Sander Gilman suggests that in the definition of schizophrenia, with its emphasis on autism and hermeticism, psychiatry "found the 'disease' which best defined its center of mental illness".[38] These characteristics – an inability to communicate and a withdrawal into a private reality - reinforced the Romantic equation of the artist-genius-madman. It is in the intersection of these sets of ideas that the characterisation of the asylum art-maker as the archetype of artist-genius-madman and the construction of their art as different has its source. In their confinement, under the assumption of unreasonableness, the maker in the asylum could neither contribute nor respond to such characterisations. The absence of the maker from discourse about their art thus provided the opportunity for others – psychiatrists, artists, collectors, therapists, historians - to be the expert, the interpreter, and the spokesperson.[39]

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[34] John M MacGregor, *The discovery of the art of the insane*., pp. 67-73; Sander L Gilman, *Seeing the Insane: A Cultural History of Madness and Art in the Western World* (New York: John Wiley & Sons, 1982).

[35] Ann E. Bowler, *Asylum art: the social construction of an aesthetic category*., p. 13; John M MacGregor, *The discovery of the art of the insane*., pp. 68-72.

[36] George Becker, 'The Association of Creativity and Psychopathology: Its Cultural-Historical Origins'., p. 52.

[37] Edward Shorter, *A history of psychiatry : from the era of the asylum to the age of Prozac* (New York: New York : John Wiley & Sons, 1997)., pp.104-108.

[38] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art', *Journal of Contemporary History*, 20/4 (1985), 575-597., p. 582.

[39] The voice of the female maker with a mental illness is, it's worth noting, doubly excluded. The makers of the art-works deemed worthy of consideration in discourse about art by the mentally-ill are predominately men, as are the commentators. In Lombroso's study of 108 "insane artists" he mentions five women, while stating that inherited insanity occurs as frequently in women as men. All of Prinzhorn's ten 'schizophrenic masters' are men even though, as Brand-Claussen states, twenty percent of the artists represented in the Prinzhorn collection are women, and at the time of Prinzhorn's study, women patients outnumbered men in the clinics. In this way, the women in asylums who made art were not just silenced, but rendered invisible.
Cesare Lombroso, *The man of genius*, The Contemporary science series (London: W. Scott, 1891)., p. 412; Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration*; Bettina Brand-Claussen, 'The Collection of Works of Art in

Pathology: art made by the mentally-ill as evidence

The study of mental illness as a medical specialty was in its infancy in the mid-nineteenth century, when early *Psychiatre* began to take an interest in the creative products of asylum patients.[40] Art-making by asylum inmates was not a new phenomenon, as attested to by a reference in a textbook by French psychiatrist Philippe Pinel, published in 1801. In addition, in a series of depictions of asylum interiors from *A Rake's Progress* (1735), William Hogarth portrayed an inmate drawing on the wall.[41] However, prior to the mid-nineteenth century the creative products of asylum inmates were usually destroyed.[42] As a young discipline, psychiatry was concerned with the need to establish itself as a recognised medical speciality by defining diagnoses and classifying the wide array of symptoms confronting it.[43] The study of asylum artworks supported this endeavour. For example, the study by French psychiatrist A A Tardieu, *Etudes medico-legales sur la folie* published in 1872, is credited with being the first professional publication to include the reproduction of a patient's artwork.[44] The artwork was reproduced as graphic proof of diagnosis, supporting Tardieu's aim to "establish objective criteria for a legally acceptable diagnosis of insanity".[45] In 1876, another eminent French psychiatrist, Paul-Max Simon, made more extensive use of asylum artworks as diagnostic tools, directly correlating formal elements with accepted diagnostic classifications of the time; "Thus the paintings of the 'demented' are childish or foolish, while the paintings by 'chronically manic' patients are incoherent and unreal in regard to use of colour"[46].

The most influential example of this reductive approach to art made by people with a mental illness was the work of the Italian psychiatrist, criminologist and anthropologist Cesare Lombroso[47]. In the 1882 edition of his study, *L'Uomo di Genio* (Man of Genius), Lombroso examined the work of 108 "insane artists" as evidence for his thesis that genius

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the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945' in *Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection* (London: Hayward Gallery, 1996)., pp. 7-23.

[40] German physician Johann Christian Reil proposed this term for the discipline in 1808. Edward Shorter, *A history of psychiatry : from the era of the asylum to the age of Prozac.*, p. 17.

[41] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 578; Sander L Gilman, *Seeing the Insane: A Cultural History of Madness and Art in the Western World.*, p. 55; John M MacGregor, *The discovery of the art of the insane.*, pp.11-21.

[42] John M MacGregor, *The discovery of the art of the insane.*, p. 45; Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 48. For evidence that works continued to be disposed of in the twentieth century see; David O'Flynn, Solomon Szekir-Papasavva and Chloe Trainor, 'Art, power, and the asylum: Adamson, healing, and the Collection', *The Lancet Psychiatry*, 5/5 (2018), 396-399; Eric Cunningham Dax, *The Cunningham Dax collection: Selected works of psychiatric art* (University of Melbourne Press, 1998)., p. 3.

[43] John M MacGregor, *The discovery of the art of the insane.*, p. 107.

[44] Ibid., p. 104.

[45] Rudolf Arnheim, 'The Artistry of Psychotics: Art works created by the mentally ill spring from the same basic psychological roots as do the works of other artists', *American Scientist*, 74/1 (1986), 48-54; John M MacGregor, *The discovery of the art of the insane.*, pp. 103-104.

[46] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 581.

[47] John M MacGregor, *The discovery of the art of the insane.*, pp. 91-103.

was degenerative and a form of madness.[48] He identified thirteen "special characteristics" of the "art of the insane", linking diagnosis with formal elements of the image; - "in cases of dementia and acute mania there prevails a chaotic confusion".[49] He drew extensively on the art-makers' explanations of their use of symbols - without acknowledging them as sources - but viewed those explanations as further evidence of the maker's degeneracy or atavism; suggesting that the works demonstrated a reversion to a primitive state.[50] Lombroso's thesis was clearly derived from Romanticism's equation of the artist and genius with the mentally-ill.[51] In exploiting this link between madness and creativity, Lombroso argued that any non-normal expression of creativity - such as an abundance of it, as in the case of genius - is pathological. His thesis was so widely accepted at the time that the link between creativity and madness became a truism.[52] In what art historian Roger Cardinal refers to as the "first significant study of the relationship between psychic disorders and artistic creativity", Lombroso used artwork to prove the degeneracy of one class of people by reference to the illness of another, dehumanising both.[53]

As a result of this burgeoning interest in the art of mentally-ill, psychiatrists were responsible for establishing some of the earliest collections of such artworks. Simon was one of the first to form a large collection of paintings and drawings, while others who established significant collections include Auguste Marie and Gaston Ferdière in Paris, William Browne in Dumfries, Cesare Lombroso in Turin, Charles Ladame in Geneva, and Hans Steck in Lausanne.[54] As collectors and colleagues, the psychiatrists lent and exchanged patient artworks. In this way, works collected by Marie, in Paris, formed part of the research data employed by Réja and others, while Lombroso was given works and notes by numerous colleagues.[55] Such professional collecting preserved the artworks, as evinced by the works from Marie's collection that are still to be found in those of Prinzhorn, Dubuffet and private collections.[56] It also acknowledged that the works had value, albeit not aesthetic value. However, the collections thus established grew out of psychiatry's

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[48] Ibid., p. 94.

[49] Cesare Lombroso, *The man of genius.*, pp. 200-201.

[50] Ibid., p. 191.

[51] John M MacGregor, *The discovery of the art of the insane.*, pp. 91-101.

[52] Ann E. Bowler, *Asylum art: the social construction of an aesthetic category.*, p. 15.

[53] Roger Cardinal, *Outsider art* (London: Studio Vista, 1972)., p. 16.

[54] John M MacGregor, *The discovery of the art of the insane.*, p. 113.
Lucienne Peiry, *Art brut : the origins of outsider art* (Paris: Paris : Flammarion, 2001)., p. 25.

[55] Allison Morehead, 'The Musée de la folie: Collecting and exhibiting chez les fous', *Journal of the History of Collections*, 23/1 (2011), 101-126; Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 26.

[56] Thomas Röske, 'By donation-by trade-by purchase. How works from the Prinzhorn Collection made their way into the Dammann Collection' in Monika Jagfield; Gerhard Dammann (ed.), *Collecting Madness II; Outsider Art from the Dammann Collection* (St. Gallen: Museum im Lagerhaus, 2013)., pp. 57-63

willingness to overlook the makers' rights in their creative works. Such rights were subordinate to the benefits accruing to the profession and to professional reputations, and the makers' agency over their work was subsumed by the paternalism of the psychiatrist.[57]

Psychiatry's approach to the creative products of the asylum artist constructed them as evidence of illness and proof of diagnosis. The value of the work was determined by its utility to professional understanding but excluded any aesthetic appreciation of the work, ultimately reducing the artwork to a function of illness. Not just the art, but the opinion and by extension the whole person with a mental illness was, by this strain of discourse, pathologised. However, psychiatric discourse on art made in asyla was not exclusively focussed on seeing evidence of the pathological. Another tendency is discernible, which sought to find evidence of common human traits in the artwork, especially as part of research aimed at enumerating the psychological impulses which underpin creativity.[58] This demonstrates the growing influence of artistic concerns on psychiatry's apprehension of asylum art. This intersection of disciplines is evinced in the writings, and in the professional and personal interests of several psychiatrists. In 1907 the French psychiatrist Paul Meunier published the study *L'art chez les fous*, under his *nom de plume* as an art critic, Marcel Réja. Widely regarded as signalling a new way of seeing the art of the mentally-ill, his study examined artworks by asylum patients not for evidence of illness, but to understand the basic impulses of art-making.[59] Aimed at a non-specialist audience, Réja's analysis drew no links between the artworks and diagnoses, asserting that there was "no comprehensive influence of mental illness on all the aesthetic production of the insane".[60] His classification of the works was based on formal and aesthetic qualities.[61] He did not equate distortion or the absence of naturalism with pathology, perceiving it as an expression of the maker's reality.[62] In his thesis that artworks by asylum patients were regarded as simpler, less evolved, expressions of human creativity, and his use of comparative material such as art made by children, prisoners, tribal people and mediums, Réja revealed an intimate alignment with concerns that came to fuel modern art's search for the primitive.[63] However, in selecting artworks for his study from the collections of Dr

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[57] Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 148; Bettina Brand-Claussen, *The Collection of Works of Art in the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945.*, p. 10.

[58] Anthony White, *Beyond Van Gogh: art, mental illness and art history.*, p. 5.

[59] John M MacGregor, *The discovery of the art of the insane.*, p. 180; Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 24; Colin Rhodes, *Outsider art : spontaneous alternatives.*, pp. 53-56.

[60] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 582.

[61] John M MacGregor, *The discovery of the art of the insane.*, p. 178; Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 24.

[62] John M MacGregor, *The discovery of the art of the insane.*, p. 175.

[63] Ibid., p. 174; Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 53.

Marie and other French psychiatrists, Réja prioritised works that were more "primitive" in expression, to support his thesis.[64] Réja's focus on the aesthetic qualities of the art of asylum patients was certainly a significant re-valuing of such art in the discourse of psychiatry. Yet his belief that art made by the mentally-ill was somehow less developed and his selection of artworks to support this thesis subtly reinforces the conception that art made by people with a mental illness was different.

The study published in 1921 by the Swiss psychiatrist Walter Morgenthaler entitled *Ein Geisteskranker als Kunstler* (A Mentally-ill person as Artist) showed a similar tendency. In the book's title Morgenthaler clearly implied that the individual under consideration is defined by more than their illness. The artist, Adolf Wölfli, was named, and in the style of an "artistic monograph" the study included biographical material and sought to elucidate Wölfli's style.[65] The book's focus on a named individual brings the maker with a mental illness out of the shadows of clinical anonymity and into a position of respect. Like Réja's, Morgenthaler's study was profoundly informed by contemporary artistic concerns, in which his brother, Ernst Morgenthaler, a prominent painter, and the German art historian Wilhelm Worringer are suggested influences.[66] Art historian and psychiatrist John MacGregor suggested that Morgenthaler's book is a work of pure "art criticism", and that in his tolerance of the non-naturalistic and abstract he demonstrated a deep familiarity with contemporary art and theory.[67] Morgenthaler asserted that Wölfli merited "unreserved recognition as a genuine artist".[68] However, as artist and art therapist David Maclagan noted, Morgenthaler's emphasis on the instinctual and unconscious nature of Wölfli's art-making placed it outside the norm, making it almost "a freak of nature".[69] This characterisation made Wölfli both an exemplar of the Romantic ideal of the artist, and the artist with schizophrenia; the instinctual creator of elaborate inner worlds driven by unconscious forces. In addition, Morgenthaler's study conformed to the paradigm of psychiatric discourse about asylum art, where the psychiatrist is the spokesperson for the artist-patient, providing a prototype for the role of the connoisseur as discoverer, patron and mediator in the future presentation of Outsider Art.[70] The outcome of a long-term and

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[64] Allison Morehead, 'The Musée de la folie: Collecting and exhibiting chez les fous'., p. 114.

[65] Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 22.

[66] Allan Beveridge, 'A disquieting feeling of strangeness?: the art of the mentally ill', *Journal of the Royal Society of Medicine*, 94/11 (2001), 595-599., p. 596; John M MacGregor, *The discovery of the art of the insane.*, p. 209.

[67] John M MacGregor, *The discovery of the art of the insane.*, pp. 209-214.

[68] Roger Cardinal, *Outsider art.*, p. 17.

[69] David Maclagan, 'Inspiration and madness: the case of Adolf Wölfli', *Art Monthly (Archive : 1976-2005)*/45 (1981), 3-7., p. 6.

[70] Christina McCollum, 'Exhibitions of Outsider Art Since 1947', PhD thesis (City University New York, 2017.), p. 24.

respectful relationship, Morgenthaler's study recognised Wölfli's agency as a maker, celebrated him as an artist and humanised him as an individual, yet still constructed his art as exceptional, and located authority in the artwork in the role of the psychiatrist as spokesperson.

Morgenthaler's study was published just a year ahead of that by Hans Prinzhorn, *Bildnerei Der Geisteskranken* (The Artistry of the Mentally-ill) in 1922. Prinzhorn, trained as both an art historian and a psychiatrist, was employed at the Heidelberg Psychiatric Clinic in 1918 to develop the existing "teaching collection" of artworks by patients.[71] By studying art made by asylum patients Prinzhorn's aim was to "uncover the psychological roots of the creative urge".[72] Like Réja, Prinzhorn addressed the works as aesthetic products, not the documents of illness, and his approach to the classification of the artwork related not to diagnosis but to what it suggested of the underlying creative impulse – for example, the "ornamental urge".[73] Focussing on the work of ten patients, Prinzhorn's book gave them visibility and individuality as makers - despite the use of pseudonyms - by devoting a chapter to each and nominating them "schizophrenic masters". [74] His study concluded with an emphatic endorsement of art made by people with a mental illness as indistinguishable from the dominant conception of art; "the differentiation of our pictures from those of the fine arts is possible today only because of an obsolete dogmatism. Otherwise, there are no demarcation lines".[75] Yet, unlike Réja and Morgenthaler, Prinzhorn refrained from calling the works he examined "art"; arguing that the "pictures are attempts at configuration, like art".[76] Prinzhorn aimed to distance his study from value-laden distinctions between "art" and "non-art" by emphasising the psychological aspects of his investigations.[77] However his avoidance of the term "art" is strongly at odds with his unambiguous conclusion, quoted above, and points to fundamental contradictions in Prinzhorn's research.[78] Like the Expressionists, whose influence is evident in his study, and later, the Surrealists, Prinzhorn was seeking the Romantic dream of an original and unsullied source of creativity.[79] For Prinzhorn this was located in the "schizophrenic

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[71] Bettina Brand-Claussen, *The Collection of Works of Art in the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945.*, p. 7.

[72] Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration.*, p. 6.

[73] Ibid., p. 20.

[74] Colin Rhodes, *Outsider art : spontaneous alternatives.*, pp. 64-65.

[75] Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration.*, p. 274.

[76] Ibid., p. 4.

[77] Ibid., p. 4.

[78] Roger Cardinal, *Outsider art.*, p. 20; Hal Foster, 'Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill', *October*, 97 (2001), 3-30., pp. 6-9; Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 585.

[79] Bettina Brand-Claussen, *The Collection of Works of Art in the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945.*, pp. 13-14.

outlook"; the assumption that due to the nature of the illness they suffered the maker with schizophrenia was isolated, concerned only with an interior reality and therefore produced art that was necessarily free of influence, driven only by internal inspiration[80]. For Prinzhorn this meant that art made by patients with schizophrenia was the ideal subject for the study of the human impulse to configuration, because only here was it "instinctive, free of purpose… without any demonstrable external stimulus or direction".[81] However, by focusing on the characteristics of schizophrenia, Prinzhorn's study disenfranchised the maker with a mental illness, denying them intention or agency; "they know not what they do".[82] Although Prinzhorn made no explicit links to diagnosis his book is, in effect, the study of a specific diagnosis and how it manifested through creative products. As a result, Prinzhorn's study humanised the maker with a mental illness by deeming them subject to the same creative impulses as any artist and clearly equated art made by the mentally-ill with the fine arts, yet it denied the makers the possibility of agency, insight or speech. It attempted to build a theory about common creative impulses that included the maker with a mental illness, on the foundation of assumptions about the inherent "otherness" of art-making in people with a mental illness. Ultimately it characterised the artwork as possessed of *Fremdheitsgefühl,* a "disquieting feeling of strangeness".[83]

Additionally, Prinzhorn's selection of works to include in his study was biased towards the more expressive and unusual. MacGregor gives the example of Prinzhorn's selection of works by August Natterer, which excluded works that were more realistic and potentially accessible to the broad audience that Prinzhorn's book sought to address.[84] In other words, the works included in the study were selected to conform to an aesthetic principle, emphasising that "feeling of strangeness" that so impressed Prinzhorn.[85] Under Prinzhorn's guidance the collection at Heidelberg grew to over five thousand works, a renowned and influential collection that reflects Prinzhorn's imprint in more than name, shaped by his conception of the nature of art made by people with a mental illness.[86] Given the impact of Prinzhorn's publication, on modernist artists, on Jean Dubuffet and the conception of

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Colin Rhodes, *Outsider art : spontaneous alternatives*., pp. 60-61.

[80] Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration*., p. 38.

Ann E. Bowler, *Asylum art: the social construction of an aesthetic category*., p. 25; Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 583.

[81] Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration*., p. 269.

[82] Ibid., p. 269.

[83] Ibid., p. 265.

[84] John M MacGregor, *The discovery of the art of the insane*., p. 202.

[85] Hans Prinzhorn, *Artistry of the mentally ill : a contribution to the psychology and psychopathology of configuration*., p. 265.

[86] John M MacGregor, *The discovery of the art of the insane*., p. 194.

Art Brut and later Outsider Art, and the ongoing influence of the collection at Heidelberg, this selectivity can be said to continue to shape discourse about art made by people with a mental illness.

Thus, the two tendencies evident in late nineteenth and early twentieth century psychiatric discourse varied in their assessment of art from the asylum; one could not see art, only evidence of pathology and an instrumental value to the profession. The other saw something "like art", and evidence of common human creative impulses. The latter humanised the maker with a name or the designation of artist, but ultimately both characterised the work as different from the norm. The creative products of the asylum artist were either fundamentally different, or the same, but different. What these strands of discourse share is their relationship to the authority of the profession. The general authority of the psychiatrist in the performance of their role, and the wielding of the power of their profession was upheld by their position as sole interpreter of art made by the mentally-ill. At the same time, the reputation and legacy of the individual psychiatrist, such as Lombroso, Prinzhorn or Morgenthaler was enhanced in eyes of the profession and the public, through the publication of studies, the exhibition of artworks, and the development of collections. The maker, on the other hand, was assumed, on the basis of their illness, to be unreliable, not conscious of their own intention or unable to articulate that intention. Once schizophrenia became the diagnosis that defined "madness", that incapacity was shaped by schizophrenia's characteristics. That is, nineteenth century makers were silenced because they were assumed unreasonable, in the twentieth century, because they were assumed to have withdrawn into an autistic inner world.

Mythology: the artist with a mental illness idealised

The end of the nineteenth century saw a seismic shift in the conception of art in the Western world. In a search for fresh and original modes of creative expression that was deeply influenced by Romanticism, many early modernist artists looked outside the Western artistic tradition for inspiration. Rejecting social and artistic conventions perceived as moribund, the avant-garde sought to emphasise the expressive over the conventional and representational. This search led artists such as Pablo Picasso, Paul Klee and Wassily Kandinsky to embrace as inspiration the creative works of non-Western traditional societies, art made by children, and art made by rural people; art forms collectively characterised as "primitive" for their perceived proximity to a purer, less acculturated,

strain of creativity.[87] Such works were regarded as a "mirror of lost innocence and authenticity" to be held up to society.[88] Prinzhorn's study is generally held to have been a significant influence on the modernist artists' "discovery" of art made by the mentally-ill and yet in the intellectual climate of the time, interest in developments in psychiatry, psychology and the emergence of psychoanalysis was widespread, and many of the early modernist artists were deeply interested in psychopathology.[89] Artists such as Paul Klee and Max Ernst had already encountered art made in asylums prior to the publication of Prinzhorn's book.[90] Several contemporary commentators hypothesise that Klee may have been familiar with work of Adolf Wölfli and the Waldau asylum museum, while Max Ernst encountered the art of asylum patients while visiting the Bonn asylum as student of psychology before World War I.[91] As early as 1912, Klee espoused the value of artwork by children and people with a mental illness for their directness and freedom, and for their access to "the primitive beginnings in art".[92] For Klee, the works of the mentally-ill captured an innocence, "the modernist grail of pure vision" that he aspired to, and which he felt was needed to redeem art [93]. In this context, the modernist artists' embrace of the art of asylum patients can be viewed as another form of "primitivism", another aspect of the search for the purity and directness of art.[94]

Echoing the Romantic conception of the artist as "madman" freed from social and cultural constraints and exercising an uncontaminated creativity, many artists of early twentieth century idealised and identified with makers with a mental illness and their artworks. In that close identification, artists such as the Surrealists used the mentally-ill and their art to criticise society and to enliven their own practices, projecting their own motivations onto the mentally-ill; a defiance of society that they could not confirm, which ignored the individual reality of lives framed by suffering and incarceration.[95] This position held contradictions; the prizing of spontaneity, intensity and the instinctual in art made by the mentally-ill assumed a lack of conscious direction that was at odds with an – equally

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[87] Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 30; Colin Rhodes, *Outsider art : spontaneous alternatives.*, pp. 24-25.

[88] Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 24.

[89] John M MacGregor, *The discovery of the art of the insane.*, pp. 222, 274-280; Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 30; Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 8.

[90] Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 30-31.

[91] Hal Foster, 'Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill'., pp. 9, 18; John M MacGregor, *The discovery of the art of the insane.*, p. 233; Lucienne Peiry, *Art brut : the origins of outsider art.*, pp. 30-31.

[92] Klee, as quoted in John M MacGregor, *The discovery of the art of the insane.*, p. 231.

[93] Hal Foster, 'Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill'., p. 13.

[94] Ibid., p.3. ; Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 24.

[95] Hal Foster, 'Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill'., p. 17; Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 589.

assumed - conscious rejection of society. Many avant-garde artists mistook their own adoption of the appearance of madness, in defiance of social mores, with the actual experience of it.[96] The Surrealists in particular admired art made by asylum inmates, and aspired to its expressiveness. Deeming madness to be a source of unfettered creativity, they developed approaches to art-making designed to simulate its "freedoms", pursuing artistic experiments with altered mental states through trance, hypnosis and use of drugs.[97] Techniques such as "exquisite corpse" and automatic drawing were employed to overcome conscious intention[98]. That such close identification spilled over into borrowings and appropriation was hardly surprising; the formal and compositional similarities between Ernst's college *Oedipe* (1931) and August Natterer's *The Miraculous Shepherd* (n.d.), or his sculpture *The Imbecile* (1961) and Karl Brendel's *Devil* (n.d.) illustrate the depth of this indebtedness.[99]

For many early twentieth century artists, identification with madness and admiration for the formal qualities of art made by asylum inmates was a weapon of social critique. But this critique was two-edged, as popular reception of their artworks frequently drew damning parallels with art made by children or the mentally-ill.[100] Such parallels between "modern art" and "insane art" were exploited by the German National Socialist Party in the 1930s. Theories of degeneracy, given contemporary cultural valence by the physician and social critic, Max Nordau, a student of Lombroso, dovetailed with Nazi theories of racial superiority.[101] The resulting conflation of avant-garde artist, criminal, madman and Jew as degenerate provided the impetus for a series of exhibitions equating art by the mentally-ill with the art of the avant-garde.[102] Most notable was the travelling exhibition entitled *Entartete Kunst* (Degenerate Art) that began in Munich in 1937. Staging "defamation by juxtaposition", this exhibition contrasted works loaned from the Prinzhorn Collection with works by artists including Paul Klee, Oscar Kokoschka, Marc Chagall, Wassily Kandinsky, Emil Nolde and others, to demonstrate the degeneracy of the latter.[103] This time it was the

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[96] Maclagan notes that the "French term *aliené* refers to both someone who refuses to conform (a rebel) and to someone who is unable to (a madman)". To what extent might language have influenced this conflation of rebel with the mentally ill? David Maclagan, *Outsider Art : From The Margins to the Marketplace* (London, United Kingdom: Reaktion Books Ltd, 2012)., p. 30.

[97] Colin Rhodes, *Outsider art : spontaneous alternatives*., p. 84.

[98] Lucienne Peiry, *Art brut : the origins of outsider art*., p. 31.

[99] John M MacGregor, *The discovery of the art of the insane*., pp. 279-280; Colin Rhodes, *Outsider art : spontaneous alternatives*., p. 82.

[100] Hal Foster, 'Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill'., pp. 6-7; John M MacGregor, *The discovery of the art of the insane*., p. 234; Colin Rhodes, *Outsider art : spontaneous alternatives*., p. 56.

[101] John M MacGregor, *The discovery of the art of the insane*., p. 238.

[102] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., p. 592; John M MacGregor, *The discovery of the art of the insane*., p. 242.

[103] Bettina Brand-Claussen, *The Collection of Works of Art in the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945*., p. 18; Lucienne Peiry, *Art brut : the origins of outsider art*., p. 33.

German State that publicly used the artworks of asylum inmates - people constrained from speaking for themselves - to pathologise other artists, condemning them both. For the modernist artists this condemnation led to a prohibition on making and exhibiting, and the seizure and destruction of artworks; for many inmates of German asyla this led to forced sterilisation and extermination.[104]

Many of the themes in early modernist discourse about art made by the mentally-ill were pronounced in the French artist Jean Dubuffet's approach. Dubuffet's introduction to art made by people with a mental illness was via Prinzhorn's book, a copy of which he received in 1923.[105] Dubuffet, like the Surrealists, was profoundly influenced by the reproductions in Prinzhorn's study, which showed him that "Millions of possibilities of expression existed outside of the accepted cultural avenues".[106] Like earlier modernists, Dubuffet was engaged in a search for the primitive; for a pure, unacculturated source of creativity. To this end, he made several visits to the traditional, non-Western culture of the Algerian Sahara, and also collected art made by children.[107] Later, his search took him on a tour of Swiss psychiatric hospitals, hoping to discover and acquire works like those he had seen in Prinzhorn's book. It was from this journey in 1945 that the concept of *Art Brut* was born, with Dubuffet emerging as its self-appointed champion and spokesperson.[108]

> What we mean is anything produced by people unsmirched by artistic culture, works in which mimicry, contrary to what happens with intellectuals, has little or no part. So that the makers … draw entirely on their own resources rather than on the stereotypes of classical or fashionable art. We thereby witness the pure artistic operation, unrefined, thoroughly reinvented, in all aspects, by the maker, who acts entirely on his own impulses.[109]

In his appreciation of the art of asylum patients Dubuffet, like Réja and Prinzhorn, saw evidence of universal human impulses at work. He insisted that there was "no such thing as art by the insane", and that the impulse to create operated alike in both the mentally-ill and others, stating "that the mechanisms of artistic creation are exactly the same in their hands as in those of any supposedly normal person".[110] Dubuffet's approach was

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[104] Sander L Gilman, 'The mad man as artist: medicine, history and degenerate art'., pp. 592-594; Colin Rhodes, *Outsider art : spontaneous alternatives*., pp. 87-88.

[105] John M MacGregor, 'Art Brut chez Dubuffet', *Raw Vision*, 7/Summer (1993)., p. 42.

[106] Dubuffet, as quoted in ibid., p. 42.

[107] Antonia Dapena-Tretter, 'Jean Dubuffet & Art Brut: The Creation of an Avant-Garde Identity', *Platform*, 11 (2017)., p. 15.
David Maclagan, *Outsider Art : From The Margins to the Marketplace*., p. 32.

[108] John M MacGregor, *The discovery of the art of the insane*., p. 43; Colin Rhodes, *Outsider art : spontaneous alternatives*., p. 24.

[109] Jean Dubuffet, 'Art Brut preferred to the cultural arts' in Marc Glimcher (ed.), *J. Dubuffet* (New York: Pace Publications. Inc, 1987)., p. 104.

[110] Ibid., p. 104.

thus broadly inclusive, yet he celebrated the maker with a mental illness as exceptional, their art proceeding from "truly original states of mind", echoing the contradictions evident in Prinzhorn's study.[111]

In acquiring art by asylum patients Dubuffet relied on the same networks that had supplied Prinzhorn and other psychiatrist-collectors, receiving artworks as gifts from psychiatrists while touring Swiss asylums in 1945 and 1948.[112] MacGregor reports that Dubuffet saw himself as liberating artworks from stigma, giving them a new identity by locating them in the world of art, not psychiatry.[113] By taking artworks from the hospitals Dubuffet undoubtedly gave them a new context; he preserved them and made them available to wider appreciation by establishing what would eventually become the *Collection de l'Art Brut* - the "first public museum devoted, in large part, to the art of the insane".[114] In doing so, however, Dubuffet replaced one label – asylum art or the art of psychiatric patients – with another - *Art Brut* - locked in binary opposition to what he termed *Art Culturale*, the art of the academy, of galleries and museums.[115] Despite the proximity to makers with a mental illness that his collecting and promotional activities necessitated, Dubuffet's extensive, polemical writings demonstrate a provocative, idealised view of mental illness, where "Madness unburdens a person, giving him wings".[116] Like the Surrealists, Dubuffet saw the social position of the mentally-ill artist through the prism of his own values, as "champions of non-conformity, the standard bearers of personal and non-conditioned thought".[117] Through this Romantic characterisation, Dubuffet imposed the role of anti-cultural rebel on people whose intentions in art-making are largely unrecorded, and in all likelihood unconsulted.[118] Although Dubuffet professed a strongly anti-psychiatric stance, his conception of *Art Brut* as proceeding from extraordinary states of mind, by people who were unable to speak for themselves, reads as fundamentally similar to psychiatry's assumptions about the operation of autism and hermeticism in art made by asylum inmates.[119] By making it a defining characteristic of *Art Brut* that the maker was not

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[111] Jean Dubuffet, 'Let's make some room for uncivic behaviour' in Valerie Da Costa & Fabrice Hergott (eds.), *Jean Dubuffett; works, writings, interviews* (Barcelona: Ediciones Poligrafa, S.A., 2006)., p. 103.

[112] Lucienne Peiry, *Art brut : the origins of outsider art*., p. 88.

[113] John M MacGregor, 'Art Brut chez Dubuffet'., p. 43.

[114] Works from Dubuffet's collection were first exhibited in Paris in 1947, but it was not until 1972 that the collection found a permanent home in Lausanne, Switzerland. John M MacGregor, *The discovery of the art of the insane*., pp. 293-296.

[115] Jean Dubuffet, *Art Brut preferred to the cultural arts*., p. 101.

[116] Ibid., p. 104.

[117] Jean Dubuffet, *Let's make some room for uncivic behaviour*., p. 109.

[118] Joanne Cubbs, *Rebels, Mystics, and Outcasts: The Romantic Outsider Artist*., pp. 85-86; David Maclagan, *Outsider Art : From The Margins to the Marketplace*., p. 26.

[119] John M MacGregor, *The discovery of the art of the insane*., p. 302.

motivated by the idea of marketing their work Dubuffet could assume the role of champion, spokesman, connoisseur and arbiter.[120] By promoting himself as the sole spokesperson for a movement he invented and employing art by the mentally-ill as a conceptual foundation for his own visual language, Dubuffet enhanced his status as an innovator - the avant-garde artist *par excellence* - accruing the benefits of such notoriety through sales of his artwork.[121] Dubuffet thus mirrored the authority of psychiatrist, effectively silenced the maker with a mental illness and benefitted from their marginalisation.

By regarding the art and its maker as exceptional, modernist artists placed the maker with a mental illness outside the norm. They imposed their values on the maker with a mental illness, using them and their artworks as weapons in a battle with society and with academic traditions of art-making. In doing so, they enriched their own practices and cultivated a public stance, associating themselves with the glamour of the artist-genius and the notoriety of the cultural rebel. While psychiatric discourse about art made by the mentally-ill assumed that the maker was unable to speak for themselves because of the nature of their illness, Dubuffet and many early modernist artists assumed to speak for people who were prevented from speaking for themselves because of social isolation. In doing so, they reframed that isolation as a rejection of social and creative values, and mythologised the maker with a mental illness as the Romantic ideal of the artist as an individual of extraordinary talents.[122] Furthermore this construction of art made by the mentally-ill as exceptional persists in the legacy of *Art Brut.* Dubuffet continued to refine the definition of *Art Brut* over his lifetime, expanding it to include art made by any person deemed self-taught and free from cultural influences.[123] In 1972, the idea of *Art Brut* was recast as Outsider Art by Roger Cardinal, who defined it as art made by those untrained and outside artistic culture, characterised by an "attitude of integral alienation" and the creation of "self-contained worlds".[124] Although described as the latest incarnation of the Romantic idea of the artist as social isolate and criticised for appropriation and the disempowerment of marginalised makers, Outsider Art has come to occupy a central position in modern art's sense of itself.[125] Through the lasting influence of *Art Brut* on

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[120] Lucienne Peiry, *Art brut : the origins of outsider art.*, pp. 162-164.

[121] Antonia Dapena-Tretter, 'Jean Dubuffet & Art Brut: The Creation of an Avant-Garde Identity'., p. 25.

[122] David Maclagan, *Outsider Art : From The Margins to the Marketplace.*, p. 168.

[123] Lucienne Peiry, *Art brut : the origins of outsider art.*, p. 62.

[124] Roger Cardinal, *Outsider art.*, p. 39.

[125] Joanne Cubbs, *Rebels, Mystics, and Outcasts: The Romantic Outsider Artist.*, p. 90; Kenneth Ames, 'Outside outsider art' in Michael D Hall; Eugene W Metcalf; RogerCardinal (ed.), *The artist outsider: Creativity and the boundaries of culture* (1994); Eugene W Metcalf Jr, 'From

Outsider Art and Outsider Art's centrality to the discourse of modern art, the idealising of art made by the mentally-ill can be seen to inform contemporary debate on art's general parameters – what art is, and what it is not.[126]

Therapy: the use of art as treatment

Concurrent to Dubuffet's engagement with art made in asyla, another approach was emerging from psychiatric environments, which both perpetuated and refined nineteenth century psychiatry's reductive construction of art made by the mentally-ill, further diminishing the agency of the maker in the production of art as a tool of diagnosis. Coinciding with explorations in neuroscience and cognitive ability and the introduction of new physical treatments for mental illness, such as insulin coma therapy, ECT and psychosurgery, a number of art programs were established in sanatoria and psychiatric hospitals in mid-twentieth century England.[127] This included the art program established at Netherne Psychiatric Hospital by Dr Eric Cunningham Dax in 1946. Predicated on the understanding that art made by the mentally-ill contained information about illness that could be valuable for the psychiatrist, art-making at Netherne was systematised as treatment. As the historian Belinda Robson has shown, the Netherne art program was designed as an experimental study in the efficacy of art as a diagnostic tool and an aid to treatment.[128] All aspects of the program were strictly controlled. Materials were limited and standardised and the role of the facilitating artist was clearly delineated; to provide encouragement and technical support where needed but never to instruct or make suggestions. At the end of a session all the paintings produced were collected, to be reviewed by the clinicians. This highly regulated approach was designed to produce data free from influence for the clinician to interpret, in support of Dax's attempt to establish a systematic guide to meaning in art made by the mentally-ill.[129] Even though Dax acknowledged that a person could "paint themselves well" the program emphasised those functions of art in which the psychiatrist was the authoritative figure, rather than those which related to a patient's autonomous capacity for recovery.[130] While the nineteenth

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domination to desire: Insiders and outsider art' in Michael D. Hall et al. (eds.), *The artist outsider: Creativity and the boundaries of culture* (1994).

[126] Kenneth Ames, *Outside outsider art*., pp. 25-271.

[127] Susan Hogan, *Healing Arts : The History of Art Therapy* (Philadelphia : Jessica Kingsley Publishers, 2001).
, pp. 160-167; Belinda Robson, 'A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education', *Health and History*, 1/4 (1999), 330-346., p. 334.

[128] Belinda Robson, 'A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education'., p. 333; Eric Cunningham Dax, *The Cunningham Dax collection: Selected works of psychiatric art*., p. 6.

[129] Eric Cunningham Dax, *Experimental studies in psychiatric art* (Oxford, England: J. B. Lippincott, 1953)., pp. 20-25.

[130] Belinda Robson, 'A History of the Cunningham Dax Collection of 'Psychiatric Art': From Art Therapy to Public Education'., p. 336.

century study of patient art relied upon the exercise of the maker's own volition in the production of creative works (even if its supposedly spontaneous nature was frequently compromised by the prompting or encouragement of a psychiatrist), art-making at Netherne was undertaken solely at the direction of the clinician, and often prescribed in tandem with psychotherapy or physical treatments such as leucotomy, as a means of measuring the impact of such treatments.[131] The maker's role was to create images for the psychiatrist to interpret. According to Dax, the authority of the psychiatrist rested on their ability to "'feel' a meaning into the paintings" and the maker of the artwork could add nothing to this process. [132] The psychiatrist's control over the artworks was thus absolute, extending to their exhibition and public interpretation. Despite Dax stating they would not be, works from the Netherne program were displayed in popular non-psychiatric contexts and at the First International Congress of Psychiatry held in Paris in 1950.[133] Dax also published results of this experiment in using art as a diagnostic tool. By these means, as Robson argues, his "profile was enlarged and the multiple voices contained within the art were channelled through his".[134] Art-making at Netherne therefore not only perpetuated nineteenth century psychiatry's reductive approach to art made by the mentally-ill, but made more explicit the authority of the psychiatrist. The agency and volition of the artist was subsumed in that of the psychiatrist and any possible value of the process to the maker was lost in the artworks' instrumental value to the profession.

In 1946 Edward Adamson, a trained painter, was employed to facilitate the program at Netherne, becoming the first artist to be employed by the United Kingdom's National Health Service.[135] In 1951 Dax left Netherne Hospital to become the Chairman of the Mental Hygiene Authority in Victoria, Australia, while Adamson stayed in his role for another thirty years[136]. Dax and Adamson wrote about the role of the artist-facilitator in similar terms, each stressing the importance of the facilitator being a professional artist, there to encourage, rather than to teach or make suggestions, and never to analyse the works.[137]

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[131] Bettina Brand-Claussen, *The Collection of Works of Art in the Psychiatric Clinic, Heidelberg - from the Beginnings until 1945.*, p. 10.

Belinda Robson, 'Preserving psychiatry through art: historical perspectives on the Cunningham Dax Collection of Psychiatric Art' in *Madness in Australia: Histories, Heritage and Asylum* (2003)., pp. 200-201.

[132] Dax, as quoted in, Belinda Robson, 'The Making of a Distinguished English Psychiatrist: Eric Cunningham Dax and the Mythology of Heroism in Psychiatry 1951-1969', PhD thesis (University of Melbourne, 2000., p. 315.

[133] Ibid., p. 157.

[134] Ibid., p. 157.

[135] David O'Flynn, 'Art as Healing: Edward Adamson', *Raw Vision Magazine, Spring* (2011)., p. 47.

Laura Seftel, 'A conversation with Edward Adamson', *The American Journal of Art Therapy*, 26 (1987), 49-51., p. 48.

[136] Belinda Robson, *The Making of a Distinguished English Psychiatrist: Eric Cunningham Dax and the Mythology of Heroism in Psychiatry 1951-1969.*, p. 188.

David O'Flynn, Solomon Szekir-Papasavva and Chloe Trainor, 'Art, power, and the asylum: Adamson, healing, and the Collection'., p. 396.

[137] Eric Cunningham Dax, *Experimental studies in psychiatric art.*, p. 21; Edward Adamson, *Art as healing* (London, Boston: Coventure Ltd, 1984)., p. 3.

Yet in the years following Dax's departure the program expanded and its rigorous experimental parameters appear to have relaxed, reflecting a responsiveness to the creative needs and ideas of the patients.[138] A wider array of materials was offered – not just poster paints, but sculpture, ceramics and carving in wood – and the program eventually incorporated five dedicated studio spaces around the hospital.[139] Some things did not change however; Adamson continued to pass the artworks on to the medical staff for analysis, and he did not alter the fundamental nature of his role, instead making it his own; he said that his "method is to be as passive as possible" and stressed the importance of a welcoming, non-directive and patient attitude.[140]

Despite the commonalities in their understanding of the role of the facilitator, it is clear that Dax and Adamson conceived of the art program in very different ways. The critical distinction lay in what each man saw as taking place in the Netherne art studio. While Dax acknowledged the curative potential of art-making, he saw the art program primarily as means for the production of information for the psychiatrist to interpret.[141] By contrast, Adamson saw the creation of a secure, judgement-free space where people could express their individuality, away from the depersonalising atmosphere of the hospital. To Adamson, the studio was a place where patients could experience the sympathetic presence of a non-medical person, and the unconditional acceptance of the artwork they produced.[142] Most significantly, Adamson, as a practicing artist, was interested in the practice of art-making, not just the outcome. To Adamson it was the process that contained therapeutic value for the maker – the making of art itself was healing.[143] According to art therapist Susan Hogan, this crucial departure from psychiatry's approach to art made by people with a mental illness positions Adamson as a pioneer in the discipline of art therapy.[144] Most importantly, Adamson's approach admitted both the agency and the authority of the maker. He stated that "Art places the central responsibility for change upon the individual", and that the "true meaning of a work must be elicited from the author himself".[145] Such statements recognised the maker as an active participant in their own treatment, not just

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[138] David O'Flynn, 'Art as Healing: Edward Adamson'., p. 53; Laura Seftel, 'A conversation with Edward Adamson'., p. 49.

[139] Edward Adamson, *Art as healing*., pp.1- 10; David O'Flynn, 'Art as Healing: Edward Adamson'., p. 53; Laura Seftel, 'A conversation with Edward Adamson'., p. 49.

[140] Edward Adamson, *Art as healing*., pp. 3-7.

[141] Eric Cunningham Dax, *Experimental studies in psychiatric art*., pp. 20-24.

[142] Edward Adamson, *Art as healing*., pp. 2-4.

[143] Ibid.; Laura Seftel, 'A conversation with Edward Adamson'., p. 50.

[144] S. Hogan, 'British art therapy pioneer Edward Adamson: a non-interventionist approach', *History of psychiatry*, 11/43 Pt 3 (2000), 259-271. Professional associations of art therapy were established in the United Kingdom in 1964 and in Australia in 1987. See; ANZACATA, *About - ANZACATA*; Laura Seftel, 'A conversation with Edward Adamson'.

[145] Edward Adamson, *Art as healing*., pp.7-8.

"passive recipients of authoritative care", and acknowledged that the maker not only had insight but that theirs was the voice that most needed to be heard. [146] In this understanding of the therapeutic possibilities of art-making that emerged from an art program in a psychiatric setting, there is embedded the recognition that the makers had voices and could speak for themselves; that the maker was an individual, with agency, intent and authority in their own experience, and that art was not just the production of objects or images.

However, that recognition of the authority of the maker did not extend to control over their artwork. Works made at the Netherne art program were exhibited by Adamson between 1946 and 1964, without naming the makers, as was usual in psychiatric practice.[147] During the thirty-five years that Adamson worked at Netherne Hospital, the majority of the works created in the program were retained by the hospital, numbering an estimated 100,000 by 1981.[148] While the retention of works was, at least initially, a condition of the art program as established by Dax, Hogan notes that patients may not have always understood this, citing an interview undertaken in 1980 in which program participants expressed unhappiness about the loss of their artwork.[149] When Adamson retired in 1981, some 6000 artworks left the hospital with him, and continued to be exhibited nationally and internationally until Adamson's death in 1996.[150] In perpetuating the role of the professional as authoritative presenter of artworks made by the mentally-ill, Adamson was motivated by the aim of demystifying mental illness and reducing stigma.[151] However, the legacy of a lack of clarity around issues of consent and ownership still form a primary concern for the management of the Adamson Collection by its trustees and the Wellcome Institute, London, where it is housed and continues to be exhibited.[152]

The art program at Netherne was therefore witness to divergent constructions of art made by those with an experience of mental illness. In the program's formal parameters art-making was solely for the purpose of diagnosis and treatment; art was data, and the psychiatrist was sole authority in its meaning. The program thus highlighted the power

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[146] Ibid., p. 2.

[147] David O'Flynn, Solomon Szekir-Papasavva and Chloe Trainor, 'Art, power, and the asylum: Adamson, healing, and the Collection'., p. 396.

[148] David O'Flynn, 'Art as Healing: Edward Adamson'., p. 47.

[149] Susan Hogan, *Healing Arts : The History of Art Therapy*., p. 173.

[150] David O'Flynn, Solomon Szekir-Papasavva and Chloe Trainor, 'Art, power, and the asylum: Adamson, healing, and the Collection'., p.396. The authors note that the remaining works were thrown into a skip, a not uncommon fate for artworks produced in psychiatric hospitals; See also, Eric Cunningham Dax, *The Cunningham Dax collection: Selected works of psychiatric art*., p. 3.

[151] David O'Flynn, 'Edward Adamson – art as healing', paper given at Bethlem Salon: On the inside of outsider art, Bethlem Gallery, Beckenham, Kent, 10/12/2013., p. 12.

[152] David O'Flynn, Solomon Szekir-Papasavva and Chloe Trainor, 'Art, power, and the asylum: Adamson, healing, and the Collection'.

differential in the relationship of psychiatrist to patient upon which the profession's authority rested. While in the nineteenth century the asylum art maker made art largely of their own volition and were unheard because they were assumed to be unreasonable, in the Netherne experimental art program, the maker made only at the psychiatrist's behest, and was unheard because the psychiatrist was the only one with the authority to speak. Although the idea that art-making might be beneficial for the maker emerged from this highly regulated program, granting the maker some agency, authority over the artwork was still invested in the expert, and the voice that was heard was that of the professional as spokesperson, not the maker.

Art made by the mentally-ill in the contemporary context of the AAS

This review of key literature has demonstrated that over several centuries art made by the mentally-ill has been constructed in various, frequently contradictory ways. For psychiatry, the dominant tendency has been to regard art by the mentally-ill as graphic expressions of pathology or degeneracy, valuable only for its utility as a diagnostic tool. While some psychatrists conceived of art by the mentally ill as something like art, born of common human impulses, they still characterised it as embryonic, or strange. Even where the use of art in psychiatric institutions acknowledged that art-making might have value for the maker, this value was secondary to the instrumental value of work, and the agency of the maker was subsumed in that of the expert. To modernist artists such as the Expressionists and Surrealists art made in asylums was indisputably art; an art superior to their own, born of universal impulses and yet, extraordinary. The nature of these constructions reflects the values and aims of the experts and their disciplines. For the profession of psychiatry, the pathologising of art made by the mentally-ill served to establish the authority of the profession and enhance the reputation of individual psychiatrists. For many early modernist artists raising art made by the mentally-ill to the status of myth was a means of attacking dominant notions of art, critique social norms and enriching their own practices. Such characterisations of the maker with a mental illness and their artworks could not have taken place without the absence of their voices.[153] Their silence was assured by their social marginalisation and the assumption of their unreason, reinforced by their identification with the Romantic myth of the artist-genius-madman as the uncommunicative inhabitant of a self-created world.

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[153] David Maclagan, *Outsider Art : From The Margins to the Marketplace.*, p. 64; Rita Elizabeth Risser, 'Insiders Curating Outsider Art', *Museum Anthropology*, 40/1 (2017), 79-87., pp. 79-80.

This complex interplay of ideas about art made by people with a mental illness is evident in the local context of the Art Access Studio. Psychiatry's characterisation of art made by the mentally-ill as evidence of pathology was predominant in Victorian psychiatric instititutions in the latter half of the twentieth century. In 1952 Dax was appointed to the post of Chairman of the Victorian Mental Hygiene Authority. In that role, he continued his experiments in art as a research tool and adjunct to treatment, and is therefore credited with "introducing the systematic practice of art to Victorian psychiatric hospitals".[154] An art studio and gallery were established at Royal Park Psychiatric Hospital, Melbourne in 1954, and from the late 1950s into the 1960s art was employed in a range of programs across Victoria.[155] Art programs were established at a number of Melbourne psychiatric institutions, including Larundel and Mont Park hospitals. These were referred to as both art therapy and occupational therapy while artists, art teachers-in-training and occupational therapists were variously employed to facilitate.[156] In this context, art-making was understood as therapeutic because it was a part of a patients' treatment regime. Participation was at the direction of a psychiatrist and the artworks produced were seen as evidence of illness, to be examined by the clinician. As medical records the artworks remained the property of the hospital.[157] Thus, the systematic introduction of art-making in the local psychiatric context perpetuated the tendency to see the artworks as evidence of pathology, and to override the agency of the maker. The authority of the individual psychiatrist predominated and was enlarged by the eventual absorption of thousands of artworks produced in Victorian psychiatric institutions into the Cunningham Dax Collection.[158] In the following decades, however, there was a proliferation of programs involving the arts – visual, performative, musical, dance – taking place across psychiatric institutions in Victoria, many initiated by the Arts Access Society.[159]   The Arts Access Society's recognition of the importance of inclusion in the arts, and of the contribution made by artists with a disability reflected an increasing democratisation of the arts.[160]   The

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[154] Belinda Robson, *Recovering Art: A History of the Cunningham Dax Collection*., p. 15.

[155] Eric Cunningham Dax, *The Cunningham Dax collection: Selected works of psychiatric art*., p. 3.
Belinda Robson, *Recovering Art: A History of the Cunningham Dax Collection*., pp. 15-20.

[156] Belinda Robson, *Recovering Art: A History of the Cunningham Dax Collection*., pp. 15-19.

[157] Unknown, 'The Art Therapist' in Wells (ed.), *Mental Health Services Review* (Melbourne: Mental Health Authority, 1964)., p. 57.

[158] Eric Cunningham Dax, *The Cunningham Dax collection: Selected works of psychiatric art*., pp. 3-4. For further information about the CDC see, www.daxcentre.org/collection.

[159] Art Access Victoria's annual reports indicate that its programs reached many psychiatric hospitals across the 1980s, including Larundel and Mont Park. See *Arts Access Society 1986 Annual Report* (Melbourne: Arts Access Victoria, 1986); *Arts Access Society 1987 Annual Report* (Melbourne: Arts Access Victoria, 1987).

[160] *Celebrating 40 years of arts and disability* (Melbourne: Arts Access Victoria, 2014) <https://www.artsaccess.com.au/our-history/ >, accessed 03/03/2017.

Society's projects were also in sympathy with the growing recognition of the agency and civil rights of people with a mental illness, evinced by the emergence of mental health consumer-led organisations and shifts in Victorian government policy, which foreshadowed the move towards de-institutionalisation.[161]

In this period, art nominated as "outside" or "marginal" became increasingly visible internationally. Although Dubuffet had coined the term *Art Brut* in 1945, it was only after Roger Cardinal reframed it as Outsider Art in 1972 that the idea of an "alternative art" characterised by "a refusal of standards and a search for new expressive forms" greatly expanded its reach.[162] The decade of the 1980s saw the first international tours of works from the Prinzhorn Collection, and works by Wölfli, as well as growth in the market demand for Outsider Art and a parallel rise in sale prices.[163] An attendant proliferation in terms, categories and subcategories for such art – self-taught, isolate, folk, visionary, untutored, maverick, schizophrenic, estranged – suggests both the interest and the contestation that the idea of Outsider Art attracted, while revealing the extent to which it relied upon social and psychological categories as points of demarcation.[164] However, concurrent with this explosion in the visibility and desirability of art deemed "outsider" there was a shift in the critical reception of art made in psychiatric contexts. The introduction of both anti-psychotic medication and the therapeutic use of art into psychiatric treatment regimes in the first half of the twentieth century led to the art world's dismissal of art made in institutional contexts as no longer raw, *brut* or "psychotic"; the taming of symptoms of psychosis were equated with a blunting of inspiration.[165] Both Cardinal and Macgregor suggested that the presence of a therapist introduced a stylistic conformity and diminished a patient's creative power.[166] Art made in the asylum was no longer art, merely therapy. Maclagan saw this reassessment as confirmation that "psychotic art" and "its first cousin

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The Community Arts Board of the Australia Council for the Arts was established in 1973. For a discussion of the evolution of the community arts and community cultural development see, Marnie Badham, 'Legitimation: The Case for'Socially Engaged Arts'-Navigating Art History, Cultural Development and Arts Funding Narratives', *Local-Global: Identity, Security, Community*, 7 (2010), 84.

[161] Advocacy group, the Victorian Mental Illness Awareness Council (VMIAC) was established in 1981 (www.VIMIAC.org.au), while the peak body for non-government psychiatric support services, VICSERV was established in 1986 (VICSERV. 2015. p. 5).

The passing of the Victorian Mental Health Act 1986 enshrined new protections for patients' rights and anticipated the closure of large psychiatric institutions. See, Piers Gooding, 'From deinstitutionalisation to consumer empowerment: mental health policy, neoliberal restructuring and the closure of the 'Big bins' in Victoria', *Health Sociology Review*, 25/1 (2016), 33-47.

[162] Roger Cardinal, *Outsider art.*, p. 39.

[163] Ann E. Bowler, *Asylum art: the social construction of an aesthetic category.*, pp. 11-12; Christina McCollum, *Exhibitions of Outsider Art Since 1947.*, p. 194.

[164] Maurice Tuchman, Carol S Eliel and Barbara Freeman, *Parallel visions: modern artists and outsider art*, (Los Angeles: Los Angeles County Museum of Art, 1992)., p. 11.

[165] Peter Byrne, 'Discussion with John MacGregor on the History of the Art of the Insane', *Issues in Architecture, Art & Design*, 4/1 (1995), 74-84; Colin Rhodes, *Outsider art : spontaneous alternatives.*, p. 92; David Maclagan, 'Has 'psychotic art'become extinct' in *Art, psychotherapy and psychosis* (1997).

[166] Roger Cardinal, 'Toward an outsider aesthetic' in Michael D Hall et al. (eds.), *The Artist Outsider; Creativity and the Boundaries of Culture* (Washington: Smithsonian Institution Press, 1994)., p. 35; John M MacGregor, *The discovery of the art of the insane.*, pp. 9-10, 265.

Outsider Art" were constructs that serve cultural and clinical agendas, and that the contradictory nature of the concepts involved - from exceptional creativity to common human impulses - point to fundamental ambiguities in the conceptualisation of human creativity.[167]

In Victoria the growth of the community arts fostered the increasing visibility of art produced in non-mainstream contexts. In 1992, exhibitions in the Access Gallery of the National Gallery of Victoria, the state's premier art institution, included "The Hidden Imagination", which featured artwork from community arts initiatives, and artworks by attendees of the AAS.[168] In the same venue that year, the exhibition, "Inside Out: Outside In" featured artists from Melbourne supported studio Arts Project Australia. This exhibition was accompanied by a catalogue essay by art historian Chris McAuliffe, which addressed the subtleties involved in representing artists normally excluded by academic definitions of art in such a mainstream setting. McAuliffe called for approaches that recognise difference without establishing hierarchies, and suggested that the boundary between inside and outside was not so much fixed as porous.[169]

The tendency to both pathologise and mythologise art made by the mentally-ill both therefore persisted against a background of art used as therapeutic treatment in the contemporary context of the AAS. Yet, in the era of drug therapy and de-institutionalisation, the artist with mental illness was no longer deemed isolated enough, by their illness or confinement, to conform to the Romanticised myth of the artist. The artist with a mental illness might be considered one of the legions of Outsider Artists, but they were no longer the archetype. At the same time the increased visibility of art produced outside the mainstream, including that made by people with a mental illness, can be seen to herald a new appreciation of such art; an appreciation that doesn't rely on rigid opposition. In the context of such varied, contradictory and shifting constructions of art made by people with a mental illness, how to determine what art-making meant for people attending an art studio in the grounds of a large psychiatric hospital in Melbourne's northern suburbs? In such a context, I contend, the only way to understand the experience

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[167] David Maclagan, *Has 'psychotic art' become extinct.*, p. 139; David Maclagan, *Outsider Art : From The Margins to the Marketplace.*, pp. 167-170.

[168] Anonymous, *Art Access Program*.

[169] Chris McAuliffe, 'Different strokes' in Chris McAuliffe & S Holt (eds.), *Inside out: outside in* (Melbourne, Australia: Arts Project Australia, 1992).

of art-making at the Art Access Studio is by listening to the voice whose exclusion has ensured that others control the discourse; the voice of the maker.

Chapter 3. Crafting a methodology

In seeking to understand the nature of the lived experience of art-making for people who attended the AAS, I began with the questions; What was it like to make art there? What meaning did art-making have for those makers? What impact did art-making have on their lives? Did they consider themselves artists? In addressing these questions, my purpose was to gain insight into the individuals' understanding of their own experience. This required avoiding the assumptions which have shaped the characterisation of art-making by those with a mental illness as different from the norm. To this end, the way the research questions were addressed is significant; the methods chosen and the values that informed those choices became the instruments for countering the marginalisation of the art-maker with a mental illness. This chapter explores the things that matter; the important factors that influenced the methodological choices made. It begins by acknowledging the importance of privileging the voice of the maker with a mental illness, and considers how the relationship between researcher and participant shapes this objective. It articulates an axiological and ontological foundation for the study which recognises both the authority of lived experience and our fundamental human interrelatedness. It considers the relevance of a phenomenological approach to the study's purpose of understanding the lived experience of art-making. Crafting a methodological foundation from these materials, I then outline the way these methods shaped the research processes.

Voice matters

As identified in Chapter 2 of this thesis, the voice of the maker has been largely excluded from discourses on art made by people with an experience of mental illness. Challenging the fundamental assumptions at work in such exclusion requires listening to the voices of those who have been silenced, creating a "counter-discourse" of the marginalised.[170] This determined the primary way in which this research responds to the construction of art made by those with mental illness as different from the norm – by privileging the voice of the maker. However, it is not enough just to say that we must listen to the voice of the maker. The reductive and appropriative use of art made by people with a mental illness that characterised late nineteenth and twentieth century discourses reflects the positivist paradigm that shaped Western society's world view at the time. Characterised by a belief in a single objective reality, and valorising scientific method as the way to comprehend that reality, the positivist paradigm encouraged distance between the knower and the

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[170] Craig Owens, 'The discourse of others; feminism and postmodernism' in Donald Preziosi (ed.), *The art of art history* (Oxford: Oxford University Press, 1998)., p. 344.

known and privileged normative voices.[171] The authority of the historic commentators on art made by those with a mental illness was therefore based on the assumption that their understanding of the nature of experience was universally applicable. In this way historic discourses about art made by those with an experience of mental illness demonstrate the "oppression of scientism"; the failure of the positivist mind to see the paradigm that it has created to shape the world.[172] The twentieth century evolution of other, critical perspectives have challenged this positivist world view, questioning the idea of an objective truth by suggesting that it is just "one way of understanding the world".[173] In particular, feminist approaches question the possibility of representing another's experience and prompt a critical examination of motives and methods, to avoid subsuming the voice and experience of the "other".[174] At the same time, such critical approaches serve as a reminder to not disguise the "differences that matter" in a language of inclusiveness and pluralism.[175] The emergence of Disability studies and Mad studies have also brought the voices of those with a lived experience of mental illness to the fore and drawn attention to the transformative potential of standpoints that valorise experiential knowledge.[176] Such critical standpoints challenge the universalising of experience by stressing its individual and subjective nature. They subvert the idea of the expert as sole source of knowledge by recognising that knowledge is shaped by the relationship between the knower and the known.[177] They can therefore undermine the operation of positivist standards of objectivity and distance that have shaped and still shape discourse around art-making by people with an experience of mental illness.

Heeding such critical approaches required me to be reflexive about my role as researcher. The work of anthropologist Ruth Behar has been valuable in this process. Behar asserts that paradigmatic assumptions of distance and objectivity ignore the reality of being a human being investigating other human beings.[178] In response Behar encourages the researcher to "bring themselves" into the research, to reveal themselves as being in

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[171] Egon G. Guba, Yvonna S. Lincoln and Susan A Lynham, 'Paradigmatic controversies, contradictions, and emerging confluences, revisited.' in Norman K. Denzin & Yvonna S. Lincoln (eds.), *The Landscape of Qualitative Research* (Thousand Oaks: Sage Publications, 2013)., pp. 208-236.

[172] John Heron and Peter Reason, 'A participatory inquiry paradigm', *Qualitative Inquiry*, 3 (1997), 274+, in Gale Academic Onefile (online database), accessed 2019/8/21/.

[173] Keith Moxey, 'The History of Art after the "Death of the Subject"', *Invisible Culture*/1 (1998)., p.2.

[174] bell hooks, *Yearning Race, Gender, and Cultural Politics* (2nd edn., Florence: Taylor and Francis, 2014) in ProQuest Ebook Central (online database).

[175] Sara Ahmed, *Differences that matter : feminist theory and postmodernism* (Cambridge, UK; New York: Cambridge University Press, 1998); Sara Ahmed and Elaine Swan, 'Doing Diversity', *Policy Futures in Education*, 4/2 (2006), 96-100.

[176] Alison Faulkner, 'Survivor research and Mad Studies: the role and value of experiential knowledge in mental health research', *Disability & Society*, 32/4 (2017), 500-520.

[177] Ruth Behar, *The vulnerable observer : anthropology that breaks your heart* (Boston: Beacon Press, 1996) in Ebscohost (online database).

[178] Ibid., ch. 1.

human, subjective and participatory relationship with the people they study.[179] By acknowledging my relatedness to the group of people whose experiences form the basis of this study (as outlined in Chapter 1), my position as researcher overturns the ideas of distance and objectivity that are fundamental to the positivist paradigm, and recognises the subjective, relational nature of knowledge production. However, Behar's words encouraged me to deepen this recognition of connectedness by acknowledging that there is more to my investment in this study than relationships of care and esteem forged through my prior employment. As a maker my creative endeavours have often been shaped by questions about the role and value of art and whether I have the right to claim the title artist. As a consequence, I can identify with the experiences this study's participants described of exploring the role of art in their lives. Their experiences help me understand my own. By acknowledging this identification, I hope to do as Behar suggests, and open the possibility of involving the reader in a circle of recognition of our shared humanity, a recognition that supports the erosion of "othering". [180]

Standing thus in human and subjective relationship to this study's participants subverts the position of researcher as expert and can support the privileging of their voices. However, it was also important to consider how I listened to the makers, via what means, and with what attitude? If this research project was to represent the voices and experiences of the makers of the AAS without misrepresenting or appropriating them, it needed to be located in a set of values and a world-view that supports that aim.

Paradigms matter: Deegan's idea of recovery and the Participatory Paradigm

To challenge rather than perpetuate the construction of art made by people with a mental illness as different from the norm requires a stance that acknowledges difference without creating boundaries. For this research, that stance is provided by the axiological and ontological positions common to the idea of recovery as articulated by Patricia Deegan, psychiatric services survivor and psychologist, and the Participatory Paradigm.[181] This set of shared values and world-view provide the foundation for the methodological choices I made.

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[179] Ibid., ch. 1.

[180] Ibid., ch. 1.

[181] John Heron and Peter Reason, 'A participatory inquiry paradigm'.

Since the 1990s, the concept of recovery has informed the governing paradigms adopted by the mental health sector in countries including the United Kingdom, USA, Canada, Australia and New Zealand.[182] In Victoria the Recovery Framework was defined as a guide for service delivery by the Victorian Department of Health in 2011. The Framework describes the concept of recovery as "a unique personal experience", "defined and led by each person in relation to their wellbeing".[183] It distinguishes recovery from clinical recovery, which is gauged by the abatement of symptoms and a resumption of "social functioning".[184] In a significant departure from the biomedical model of mental illness that informed much of nineteenth and twentieth century psychiatry, the Recovery Framework acknowledges people with a lived experience of mental illness as experts in their own lives.[185] In an articulation grounded in the authority of lived experience, Deegan deepened and radicalised this understanding of recovery. She asserted the need for those seeking to treat or assist the mentally-ill to "see and reverence the human being before all else", by entering into relationship with the human being rather than maintaining the "distanced professional posture" of the "expert".[186] While the Framework acknowledges the authority of people with a mental illness in their own lives, Deegan was explicit about what is required for the empowerment of those who "experience all the power to be in the hands of others".[187] According to Deegan, a recognition of the individual's authority requires exercising choice, having access to information, being listened to, and being supported to find and exercise one's own voice.[188] As expressed by Deegan, the idea of recovery becomes more a manifesto than a model of practice:

> The goal of recovery is not to get mainstreamed... We say let the mainstream become a wide stream that has room for all of us and leaves no one stranded on the fringes. The goal of the recovery process is not to become normal. The goal is to embrace our human vocation of becoming more deeply, more fully human…. The goal is to become the unique, awesome, never to be repeated human being that we are called to be.[189]

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[182] Larry Davidson, *The roots of the recovery movement in psychiatry lessons learned* (Chicester, UK; Hoboken, NJ: Wiley-Blackwell, 2010)., p. 6.

[183] *Framework for Recovery-oriented Practice* (Melbourne: Mental Health, Drugs and Regions Division, Victorian Government Department of Health, Melbourne, Victoria, 2011), <https://www2.health.vic.gov.au/getfile/?sc_itemid=%7b47D26EAC-5A2C-44FA-A52A-2F387F3C4612%7d&title=Framework%20for%20Recovery-oriented%20Practice>, accessed 08/09/2019., p. 1.

[184] Ibid., p. 2.

[185] Ibid., p. 2.

[186] Patricia Deegan, 'Recovery as a journey of the heart', *Psychiatric Rehabilitation Journal*, 19/3 (1996), 91-97.

[187] Ibid., p. 95.

[188] Ibid., pp. 95-96.

[189] Ibid., p. 92.

Implicit in Deegan's words is the recognition that human life, capacities and experiences are diverse and exist on a continuum. By insisting that individuality, uniqueness and diversity are the aim, rather than normalisation, Deegan redefined the very idea of the mainstream, expanding our understanding of what is to be human.

The value Deegan placed on the authority of the individual, on lived experience, and on human relatedness is also characteristic of the Participatory Paradigm. Defined by psychologists John Heron and Peter Reason, the Participatory Paradigm provides an ontological basis for the values it shares with Deegan. That is, it elaborates "a set of basic beliefs about the nature of reality and how it may be known" which warrant the privileging of the voice of lived experience. [190] Arguing that reality is subjective–objective and that knowledge is relative to the knower, the Participatory Paradigm validates "the knowledge and intelligence of ordinary people" and asserts that authority rests with subjective, lived experience rather than expertise.[191] However, accepting that knowledge is framed by the perspective of knower, the Participatory Paradigm also stresses the need for "critical subjectivity"; for the articulation and questioning of the researcher's perspective.[192] Such an emphasis is congruent with feminist and disability standpoints, and provides an alternative to the positioning of objectivity and detachment as the gold standards of research. Additionally, the Participatory Paradigm shares Deegan's emphasis on human interconnectedness, regarding the researcher and research participant as part of a whole.[193] However, it also underlines the importance of considering the rights and obligations inherent in that relatedness and encourages research methods and processes that favour the participant, emphasising the participants' right to self-determination, to be informed and to choose.[194] Finally, in stating that the purpose of inquiry is to support "human flourishing" the Participatory Paradigm shares Deegan's view of the goal of research and life as becoming that which only we can be. [195]

In this meeting of Deegan's idea of recovery and the Participatory Paradigm this study crafted its foundation; a world view, set of values and a model of practice that acknowledges the authority of lived experience, and recognises our essential human

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[190] John Heron and Peter Reason, 'A participatory inquiry paradigm'., p. 2.

[191] Ibid., p. 3.

Sophie Laws, Caroline Harper and Rachel Marcus, 'Participatory research' in *Research for Development* (London: SAGE Publications, Ltd, 2003), < https://methods.sagepub.com/book/research-for-development>., p. 2.

[192] John Heron and Peter Reason, 'A participatory inquiry paradigm'., p. 5.

[193] Ibid., p. 2.

[194] Sophie Laws, Caroline Harper and Rachel Marcus, *Participatory research*., p. 15.

[195] John Heron and Peter Reason, 'A participatory inquiry paradigm'., p. 7.

interrelatedness. It provides an understanding of how knowledge is produced, and offers a model of self-reflexive practice. Additionally, by setting a direction towards a non-binary understanding of the role of art-making for the maker with a mental illness, it also grounds this study in its disciplinary field, defining its area of contribution. How the details of the methods and processes I chose reflected these axiological and ontological orientations is examined in the following sections.

Methods matter: phenomenology and the way of the craftsperson

In seeking meaning in the lived experience of the makers of the AAS this study took a broadly phenomenological approach. Derived from the writings of Husserl, Heidegger, Merleau-Ponty and others, phenomenology brings a close, open and responsive attention to phenomena as experienced, to allow meaning to emerge.[196] Phenomenology asserts that such meaning is made in the meeting of human, subjective and embodied consciousness with an objective reality.[197] As an approach to the study of lived experience, phenomenology is defined by the stance of the researcher, who "brackets out" assumptions to bring an investigative, open-minded attention to the experience, with the aim of elucidating its particular qualities.[198] Phenomenology recognises art as a mode of inquiry; its role, suggests Heidegger, is to "bring the inconspicuous into salience", to make things known to the viewer as though they were being examined in that moment.[199] It acknowledges that in art-making the artist is transfiguring their own experience.[200] Additionally, by recognising art as an embodied experience, something "we encounter not only because we have bodies but also in our bodies", phenomenology emphasises the directness of the relationship between the knower and the known.[201] It also illuminates the nature of that relationship; that it takes place in a "pre-reflective" state.[202] In other words, art can provide a way of experiencing the world that precedes and exceeds language or learned concepts, one that is immediate, direct, felt. Phenomenology's

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[196] Michael Larkin, Simon Watts and Elizabeth Clifton, 'Giving voice and making sense in interpretative phenomenological analysis ', *Qualitative Research in Psychology*, 3/2 (2006), 102-120; Peter Willis, 'From "The Things Themselves" to a "Feeling of Understanding": Finding Different Voices in Phenomenological Research', *Indo-Pacific Journal of Phenomenology*, 4/1 (2004), 1-13.

[197] Peter Willis, 'The "Things Themselves" in Phenomenology', *Indo-Pacific Journal of Phenomenology*, 1/1 (2001), 1-12; Michael Larkin, Simon Watts and Elizabeth Clifton, 'Giving voice and making sense in interpretative phenomenological analysis '.

[198] Peter Willis, 'The "Things Themselves" in Phenomenology'., p. 2.

[199] Joseph D. Parry, *Art and phenomenology* (London, New York: Routledge, 2011)., p. 1.
Julian Young, *Heidegger's philosophy of art.*, pp. 31-36.
Martin Heidegger, 'The origin of the work of art' in *Basic writings : from Being and Time (1927) to The Task of Thinking (1964)* (London: Routledge Classics, 2011).

[200] Max Van Manen, *Researching lived experience : human science for an action sensitive pedagogy* (Albany, N.Y.: State University of New York Press, 1990), , p. 74.

[201] Joseph D. Parry, *Art and phenomenology.*, p. 4.

[202] Ibid.

recognition of art as a way of generating meaning is significant for this study, providing an approach which is relevant to both the phenomena under consideration – the experience of art-making at the AAS – and to the narratives of lived experience generated as research materials. It is also congruent with the emphasis on the relational that underpins the Participatory Paradigm and Deegan's articulation of recovery. Phenomenology's stance of approaching experience without preconceptions and its recognition of the embodied nature of experience provides an approach that counters the objective and the distant; the stance that has led to othering. By acknowledging that we are active, embodied perceivers in and of the world, we acknowledge our subjectivity.[203]

To apply a phenomenological stance to the research materials, I employed anthropologist Tim Ingold's "way of the craftsperson".[204] As a method of inquiry, the way of the craftsperson is that of the maker with materials, allowing knowledge to emerge from an experiential and embodied engagement with the matter under investigation.[205] Ingold identifies this way of learning by doing as *morphogenetic* or "form generating", and distinguishes it from the *hylomorphic or* "form imposition", which is learning about something by the absorption of an existing body of knowledge. The distinction being made is between the imposition of an existing theory onto phenomena, and the "shaking off" of preconceptions to allow understanding to emerge.[206] The way of the craftsperson is therefore phenomenological because it starts from what exists, not with a theory or model. Calling it a "method of hope", Ingold acknowledged human flourishing as a goal of research.[207] By acknowledging that our knowing of art is in our relationship with it – that it is felt, visceral, embodied – the way of the craftsperson makes manifest the relational, the participatory, the subjective and the self-reflexive. Crucially, the way of the craftsperson is congruent with the experience of art-making being explored. It is also something that I know. As a ceramicist, I have worked with clay – that most material of matters – for many years and know the way of the craftsperson in my muscles and bones. Because the way of the craftsperson speaks both to the participants' experience and my own as makers, its use as a method for working with the interview materials reinforces the relationship between participant and researcher, opening the possibility for others to

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[203] Ibid., p. 6.

[204] Tim Ingold, *Making : anthropology, archaeology, art and architecture*., p. 5. Ingold actually calls it the "way of the craftsman" but I am making it non-gender specific. Ingold's ideas on materiality and knowledge generation have had a significant impact on contemporary concepts of art-making as research practice.

[205] Ibid.

[206] Ibid., pp. 20-22.

[207] Ibid., p. 7.

see themselves in the circle of recognition and empathy that Behar proposes. How the way of craftsperson was applied as a method for working with the interview materials is detailed in a separate section below.

Materials and processes matter

Recruitment of participants

The people sought as participants in this research project were those who had attended the AAS while hospitalised at Larundel, Mont Park or Plenty Hospitals.[208] Recruitment took place after approval was gained from La Trobe University's Human Ethics Committee. Locating members of a cohort dispersed by the closure of Victoria's large inpatient psychiatric hospitals over twenty years ago required a broad yet targeted approach. Given that some potential participants may have been known to me via my prior employment at Neami Splash Art Studio, efforts were made to ensure that participation was voluntary and free from influence by emphasising self-selection. An advertising flyer was generated (Appendix A), placing the choice for self-selection and contact on the individual. Flyers were placed in public spaces of supported residential services, mental health consumer organisations and community art programs in Melbourne's northern suburbs. In addition, organisations including VMIAC, the Dax Centre, Neami National, Housing Choices, Sacred Heart Mission, Schitzy Inc and SANE also advertised the research online, or via newsletters and their networks. An external investigator was also engaged to approach some known potential participants as an intermediary, to give them a flyer and facilitate contact if needed. Ultimately six people came forward; two after seeing the flyer; one via its email distribution; two as a result of word of mouth through connections associated with Splash; one through personal acquaintance. Such a sample size was appropriate to the study's phenomenological approach, allowing for a deeper, more detailed encounter with the particularities of each of the individual's experience.[209] After initial contact and discussion, each participant was invited to contribute their recollections of the experience of art-making at the AAS to the research.

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[208] It is worth noting that another group of people did make art at the AAS. The Artists-in-residence were practicing artists and brought aspects of their professional practice to their role. That they engaged in art-making at the AAS is suggested both by photographs, and by art works in the Larundel Collection co-signed by an attendee and an Artist-in-residence. However, as this was part of their role as facilitators, their art-making was in the service of the program, and was intended to encourage, engage or instruct others, and therefore of a different nature. The experiences of the Artists-in-residence, although interesting, could not directly respond to the questions posed by this study.

[209] Jonathan A. Smith, Michael Howard Larkin and Paul Flowers, *Interpretative phenomenological analysis : theory, method and research* (Los Angeles, London: SAGE, 2009)., p. 56.

The research materials

Consistent with the aims of privileging the voice the maker and acknowledging the experiential authority of the individual, the participants' contributions in the form of interview transcripts form the primary research materials. Other extant materials relevant to the research were reviewed, including the works in the Larundel Collection and the documents and photographs in its associated archive. As the only substantial record produced the by the makers of the AAS, the works in the Larundel Collection say much about their experience. However, because this study's aim is to privilege the makers' voices, a close visual study of the Collection is not its focus. Furthermore, critics of the notion of Outsider Art have suggested that a focus on arts formal qualities has contributed to the marginalisation of the maker and obscured real differences, while a focus on context or biography can exaggerate differences.[210] As a result, a balanced consideration of context, intent and form is required.[211] By generating insight into the makers' experience of art-making, my purpose was to create the groundwork for a suitably nuanced future consideration of the work in the Larundel Collection. Artworks from the Collection are reproduced in this thesis to provide illustration, expansion or counterpoint to the Makers' recollections. Similarly, I have used the documentation in the Larundel Collection archive, written by the Artists-in-residence and hospital administration, to understand the formal parameters of the AAS program and to complement or reinforce the participants' interview material.

The interview process

After first contact with a participant, an initial meeting took place, usually in a café, to offer information about the research, answer questions and provide the Participant Information Sheet and consent form. This was an opportunity to ensure people's comprehension, but also to establish trust through the shared value accorded to the experience at the AAS. An initial meeting also allowed time for the individual to consider their participation and to consult with others if desired. Interview locations were arranged by mutual agreement and included meeting rooms in local and university libraries and in one instance a meeting room in the shared facilities of person's residential accommodation. The interviews were audio recorded and generally lasted 60 to 90 minutes.

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[210] Kenneth Ames, *Outside outsider art.*, pp. 264-268; Chris McAuliffe, *Different strokes.*, p.15.

[211] Chris McAuliffe, *Different strokes.*, p. 18.

In accordance with ethical standards set by the University's Ethics Committee it was important to acknowledge the inherent power relations between researcher and participant, especially when working with people who may be considered "vulnerable".[212] Semi-structured interviews were chosen to moderate the power imbalance by a distribution of authority. The conversational nature of the semi-structured interview emphasises the relational, stressing the trust and intimacy implicit in two people coming together to explore an experience that both find interesting. In such a relationship the researcher is not a detached observer but a conversational partner and keen listener, dependent on the experiential authority of the participant, thus highlighting the collaborative aspect of knowledge creation. The semi-structured interview's loose structure also recognises the agency of the person being interviewed. It acknowledges that the participant has an "important stake in what is covered" and anticipates that they might exercise some control over conversation.[213] In fact, most of the participants spoke passionately, with little need for prompts, often anticipating the questions I had prepared.

The interviews began by reviewing the Participant Information Sheet (Appendix B), clarifying the potential risks, confirming consent and emphasising the right of withdrawal (Appendices C & D). Despite the interviews' focus on art-making, there was a risk that people might find the recollection of hospitalisation distressing.[214] Certainly, the complexity of the recalled experiences was evident. The participants reflected on the hospital context of the AAS, recalling its positives and negatives; both tears and laughter were shared. At the same time, the participants expressed strong motivations to contribute, reflecting the value they placed on the not just on the original experience, but on participation in the research. The participants commented variously on being happy to talk about such experiences with a non-clinician, a fellow maker, or of actively enjoying the interview process. Several of the participants framed the process as an opportunity to speak out as representatives of a history that is largely unheard and is being forgotten, actively using their voices to raise awareness on their own behalf and that of others.[215]

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[212] Svend Brinkmann and Steinar Kvale, *InterViews : learning the craft of qualitative research interviewing*, Learning the craft of qualitative research interviewing (Third edition edn.Los Angeles : Sage Publications, 2015)., p. 130.

Pranee Liamputtong, *Researching the vulnerable : a guide to sensitive research methods* (London: London : SAGE, 2007).

[213] Jonathan A. Smith, Michael Howard Larkin and Paul Flowers, *Interpretative phenomenological analysis : theory, method and research.*, p. 4.

[214] Sally Northfield, *Canvassing the emotions : women, creativity and mental health in context.*, pp. 77-78.

[215] Victoria Louise Newton, ''It's good to be able to talk': An exploration of the complexities of participant and researcher relationships when conducting sensitive research', *Women's Studies International Forum*, 61 (2017), 93-99; Richard Lakeman et al., ''That was helpful … no one has talked to me about that before': Research participation as a therapeutic activity', *International journal of mental health nursing*, 22/1 (2013).

In acknowledgement of their right of self-determination, the participants chose whether they would be known by their own name in the study, or by a pseudonym of their choice. This is consistent with contemporary research that places the voice of those with lived experience at its centre.[216] It also acknowledges the significance of art-making to the creation of identity. In addition, recent discourse which questions automatic anonymisation in qualitative research suggests that possible de-identification of data is not as valuable as the participant's right to self-determination.[217] It was explained that total anonymity could not be guaranteed, even with use of a pseudonym. The participants were not overly concerned with concealment, most being accustomed to naming themselves as authors of creative works. They chose variously to use their full name, first name only, or initials; one chose a pseudonym – their "artist name".

I stressed to each participant that they could request a break or halt the interview if required. Throughout each interview I was conscious of a heightened awareness of the comfort and safety of my conversational partner, so I offered breaks more often than they were requested. As the interviews concluded, I emphasised the value of the contribution the participant had made to the research and offered a payment to reflect the value of their time.[218] I asked each participant if they would like the opportunity to review the transcript and case study resulting from their interview. Some took that opportunity, and some did not. However, their uniform expression of a wish to remain in touch and to be informed of the research progress evolved into ongoing conversations. Formal consent was later re-visited to address the need to reproduce images of artworks in this thesis, requiring modification to the original Ethics application. Ultimately, the formal research processes have supported ongoing relationships based on a shared interest in the AAS and art-making generally.

Working with the interview materials; the way of the craftsperson

Applying Ingold's "way of the craftsperson" to the interview materials meant taking an open, experiential stance, consciously putting aside preconceptions, to allow the inherent qualities of the experiences described to emerge through my interaction with it.[219] I thought of this in terms of how I would approach an unfamiliar clay body. This entails

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[216] For example; Sally Northfield, *Canvassing the emotions : women, creativity and mental health in context*; Richelle Spence and Karleen Gwinner, 'Insider Comes Out: An artist's inquiry and narrative about the relationship of art and mental health', *Arts & Health*, 6/3 (2014), 254-265.

[217] Niamh Moore, 'The politics and ethics of naming: questioning anonymisation in (archival) research ', *International Journal of Social Research Methodology*, 15/4 (2012), 331-340.

[218] Payment took the form of a cash card, as determined by the University Human Ethics Committee.

[219] Tim Ingold, *Making : anthropology, archaeology, art and architecture*.

"watching, listening and feeling", and "paying attention", in an embodied conversation that allows the clay's qualities to become apparent. [220] As applied to the interview materials, this process of growing into the material and letting it grow in me was one of deep engagement. [221] It began with the strongly-felt experience of the interviews, which involved intense awareness of both my own and my conversational partner's responses to content that arose. Then, in transcribing the interview materials, the use of headphones to listen and re-listen to each interview made the process powerfully immersive, providing the opportunity to feel and to hear pauses, hesitations and quickenings, and to do so repeatedly. Whilst transcribing, I made comments and wrote responses, highlighting words and phrases that were repeated or emphasised, noting their emotional qualities.

While allowing the inherent qualities of the participants' recalled experiences to emerge through this process, I also wanted to ensure that I prioritised what the Makers told me over other sources of knowledge about the experience of artmaking at AAS. This meant consciously bracketing out what I had absorbed about the AAS from familiarity with the Larundel Collection artworks and archive, and from others' recollections. The richness of the texts enabled this bracketing process, as my absorption in the emotional qualities of texts kept my focus tight, moving me deeply. Taking this exploratory, immersive approach allowed multiple qualities to emerge from the interview materials. From some interviews, there emerged a strong sense of a dominant quality (for instance Julie's use of art for making connections), while other qualities were quieter. Some interviews revealed qualities that were unique to that person (Arwin's emphasis on magic for example), while other qualities were shared (for example, the rebellious qualities of Sue and Julie's experiences). During and at the completion of each transcription, I then mapped these significant qualities, using particular words and phrases from the interviews in a visual, physical way - writing with coloured pencils on big sheets of paper. These sheets of paper became a map of the important multiple qualities or themes that emerged. They enabled me to see patterns, commonalities, continuities and discontinuities as they emerged. By thus engaging with the interview materials individually and as a group, a sense of a common quality emerged; all of the participants had experienced a changed sense of their capacities through art-making at the AAS.

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[220] Ibid., p. 1.

[221] Ibid., p. 1.

<u>Presenting the findings</u>

The format for presenting the findings was arrived at through writing in response to what I'd learnt through immersive engagement with the interview materials. I wanted the presentation of the findings to preserve the polyphony of the interview materials, retaining the Makers' individual voices while allowing the patterns and connections formed collectively to be perceived. I trialled a number of different forms to arrive at individual case studies, a format understood as having the capacity to kindle recognition and to build connections between our own experience and that of another.[222] As a way of presenting the findings the case studies weave quotations with my reflections, amounting to a precis of the research process as a correspondence or co-construction between the Makers and myself. In the following chapter, the case studies are presented in the order in which the interviews took place and are intended to allow the reader to discover for themselves both the unique and shared qualities inherent in the Makers' experiences of art-making at the AAS.

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[222] Gary Thomas, 'Doing Case Study: Abduction Not Induction, Phronesis Not Theory', *Qualitative Inquiry*, 16/7 (2010), 575-582, accessed 2019/01/05.

Chapter 4. Findings; listening to the Makers of the Art Access Studio

Bill

To our meeting Bill brought photographs of artworks he had made at the AAS, and his journal from the time, written in exquisite copper plate mirror writing. For Bill, hospitalisation at Larundel was a refuge, giving him "freedom from the everyday world", from the personal and professional stresses that he was experiencing. He explained that he'd begun drawing at home after a "major breakdown", recognising it as something attractive to his visual nature, which gave him "time out", and suited his available energy;

> I started that at home because it gave me something to do that both interested me and that I was able to do when I had no energy to do anything else much… So, it was just a way of having time out basically.

On discovering the AAS during a second hospitalisation, Bill structured his days around attending the Studio and walking in the hospital grounds or neighbouring Bundoora Park. He found the Studio a place where no demands were made of you, allowing an inward focus;

> (It was) a very pleasant workshop environment. You could just do your own thing, nobody bothered you… the atmosphere was very benign, it suited me, I think there was a radio on maybe, but you know you just got on with your own work, put your head down

Bill emphasised the Studio's separateness from the wards.

> it was sort of away from the wards, but it was over away … so you sort of had to walk over there. So, it felt like you were going somewhere … it was like an outing almost … And it could have been anywhere … It was as if it was not in the hospital

The physical distance, and the exercise of agency involved in traversing it, marked a transition to a space that was somehow outside its own confines "not in the hospital", a gateway to possibility. In this extraordinary space, the contribution of the Artists-in-residence, Bill suggested, was "very quiet". They were non-directive, "They didn't try to make you do things, they just encouraged you to do whatever it was you wanted to do", but provided support that was more than technical;

> they treated you as a perfectly normal person, they didn't treat you as an inmate of a of an asylum. … I guess they just encouraged you to do what you were doing and to be perfectly normal.

Bill found attending the AAS more valuable to him than the structured therapeutic programs on offer in the hospital, which he found to be "the antithesis of what happened at Art Access". Such group therapy did not answer his need for the practical, useful and constructive. He wanted "to get on with doing something useful!" and the AAS provided the opportunity.

> But art access was exactly what I needed - it gave me activity you know, occupational therapy as it were… doing something constructive, you can work and see something for your day, for the amount of effort that you put in

Bill's recollections stressed the manual and the material. The value of filling his day with practical activity that produced tangible outcomes was audible in his expression when he spoke about "handwork". However, as he made clear, there was more involved than the pleasure of working with his hands;

> Ah! well the handwork - because when you're doing that - especially the sort of things that I was doing - you're concentrating, so you're not thinking about other things, your mind gets focussed, you know and time just disappears - and there's something to show for your activity - at the end of the day

The concentration required kept him in the present, freeing him from thoughts of the past or the future. As Bill described it, his particular approach to drawing incorporated the satisfaction of handiwork, the experience of mental focus and more. Using pastel over acrylic paint, he created large works based on abstracted patterns, from his own photographs or images in books;

> I'm very interested in natural patterns. I've photographed lots and lots of patterns over the years … then what I do is convert the detail in photos into basic colour and shapes

Sometimes he developed an image across a number of panels, to be viewed as a group. He recalled working slowly on the panels, one at time, his energy shaping the methodical application of materials and his meditative attention on the subject. The challenge of representing these natural patterns was attractive to him – "it appealed to me to see if I could capture one" – but so was the focus on a purely natural subject matter, which he explained in terms of his love of nature. However, he also identified the sources of stress in his life as being the interpersonal. Thus, by "exclude(ing) people - and the handiwork

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of people" from his drawings, Bill retreated from the stresses of "mainstream life". If Larundel was a refuge and the Studio 'somewhere else', the act of drawing was another level of refuge - a going inward. However, it was also like his daily walking, a way of dwelling in and connecting with nature – a going outwards. Like the space of the AAS, the acts of drawing and walking were gateways connecting Bill with his own immanent capacities and things that he valued, such as nature.

Fig. 4; Bill Ward, untitled, c. 1989 – 1993 (pastel on paper). Reproduced with the artist's permission.

In relating his approach to drawing, Bill's pleasure and deep engagement with the sensory, with process and materials, was evident. Using both sound and gesture to illustrate the use of materials, Bill described the blending of pastel, making a ''chhh chhh" sound while waving one hand in the air, index finger raised. Similarly, he waved his whole arm and said "shoos shoos" to illustrate both the gesture and the feeling of the loose application of paint with a roller which he saw others doing in the Studio. There was joy in these rhythmic re-enactments; not just his arm or his smile, but his whole person was animated. While these moments conveyed Bill's pleasure in the resistance and the smoothness of pastel, they also indicate the embodied, extra-verbal location of this interaction between maker and material. This points to the value Bill found in making; it provided him with the recognition that "I like using my hands. I really should have always done that". For Bill the experience of art-making at the AAS revealed to him the pleasure and value of what happens in the relationship between material, hand and mind. He realised that working with his hands was meaningful to him.

Although he acknowledged that art-making was a way of filling unstructured hospital time, Bill used great emphasis to indicate that it was not a pass-time.

> Well it wasn't a pass-time - It was sort of - I mean it had a very therapeutic value - but it also - appealed to my - umm - visual sense, I'm a very visual person and um - you know - those sort of things appealed to me

While his hesitations suggest that it was difficult to articulate the exact nature of the experience, he was clear about its impact for him – "it allowed me to just gradually come out of myself". In other words, Bill was saying that through making art at the AAS, elements of his nature were revealed and allowed to emerge. What emerged was an inate orientation towards the visual and the manual and their productive relationship. He elaborated on his understanding of this relationship, saying;

> I don't agree with Descartes's dualism that you've got a mind and a body - and a soul, that they're separate - makes no sense to me

His drawing practice was a way of overcoming that separateness, facilitating an integration of mind, body and soul. Bill needed to have time out, to be away from people, to immerse himself in the restorative energy of nature, and he needed to do things that had tangible outcomes. His drawing practice both expressed and responded to his needs. In drawing, his needs and his capacity to respond to those needs were enacted and integrated. Through this integrative practice, the understanding emerged for Bill that creativity was important to him, that he liked using his hands and should always have done that.

Asked whether he saw himself as an artist Bill did not answer immediately. Later he returned to the question and said that he was a maker. The idea of the maker, as he articulated it, is consistent with his anti-Cartesian stance; suggesting that the act of making is a way of integrating your capacities;

> it was making regardless of what it is, whether you're using pastels or wood or whatever, it's making and using your brain to make

He acknowledged the continuity of mental, manual and visual capacities common to the making of visual art and any other creative activities;

> it was all of a one … It was all creative … being creative is important to me, still is…

Fig. 5; Bill Ward, untitled, 1993 (acrylic paint and pastel on canvas). Reproduced with the artist's permission.

Out of this exploratory meeting of Bill's capacities and art materials, came a realisation of purpose and a clarification of values; by losing himself in process and materials, he found himself. For Bill, art-making at the AAS supported an emergent sense of self-knowledge and purpose; living life with a productive, handmade orientation;

> I haven't done any artwork since that time funnily enough, but I've basically always been doing things with my hands you know, if it's not one thing… been doing up a house that I lived in, that sort of thing - umm - and fiddling around with boats and furniture and other things

Within the refuge of Larundel, the AAS was a space of possibility but no demands, offering a sense of normality. Art-making in that environment allowed Bill to deepen his retreat from the stresses of mainstream life, and provided a purposeful and satisfying way of using his time and energy. Through an exploration of natural patterns and the sensory pleasure of pushing pastel against paper Bill travelled inwards, exploring and bringing into focus his own immanent capacities while also reaching outward, to the sustaining energy of nature. Through the experience of art-making at the AAS Bill realised his capacity for, his pleasure and satisfaction in, work that brought body and mind together. Bill recognised himself as a maker.

Julie

Julie knew that she attended the AAS but felt that her memories were compromised by the ECT she received in various admissions to Larundel.[223] However, her presence at the Studio is attested to by a signed artwork in the Larundel Collection; a simple line drawing of a girl with a broad smile. Julie recalled exploring her creativity from an early age, finding hobby kits "magical", and foraging for materials to make objects such as platters or breadboards. She said that "it wasn't a functional thing I was doing, it was something creative, in my mind", and described her activities as;

> an interest not in fine art so much, but in kind of mucking about and experimenting, and seeing what I could do

This suggests that such creative activities were a way of investigating both herself and her material surroundings; a connection she made explicit, saying;

> I can see that that (art) is another way of learning about the world, not just learning about how to draw a picture

Fig 6; Julie, untitled, not dated, (lead pencil on paper), LTULAR 1079, Larundel Collection, La Trobe Art Institute. Reproduced with the artist's permission.

For Julie, art-making has had a particular relationship with being unwell. She was clear that art has been an essential means of coping with periods of acute illness and

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[223] Julie and I agreed that her input to the research was valuable, even if our conversation encompassed her experience of art-making in a number of psychiatric environments including the AAS.

hospitalisation. So vital was it to her that, for many years, she included coloured pencils and paper in a bag packed and ready for hospital admissions;

> 'cause I went in and out of hospital so much I had my hospital pack ready at home … it included art materials

With such inexpensive and readily available media, Julie found a way to visually represent her internal state;

> I've just got hundreds of drawings that I did while I was in there and a lot of them are an expression of my psychosis

She explained that the power of psychosis lies in the element of truth it contains, but that the reality of the experience is impossible to convey;

> I think there is a kernel of truth in anything that a psychosis and a delusion is based on and from that it grows into something monstrous and much bigger but because there's that kernel of truth it's really hard to dismiss it. … And to get the reality of that across to people you can't do it in words… well I couldn't, so I'd do it in pictures

Julie found that a drawing could capture and convey a feeling state more effectively than words, offering a visual language that was appropriate to the intensity of the experience. Referring to one of her drawings, she said;

> I think that picture is really powerful in getting across the mixture of both the intensity of psychosis and how physical it can be - the physical effects on your experience your own body, but also the intensity and the vibrancy you can have in psychosis because it's like you've heightened feelings - and perceptions and experiences and some of them can be quite rich

Having discovered drawing's facility for capturing an internal state, Julie used it as a means for recording, processing and gaining insight into her own experiences;

> I go back and I look at my pictures when I'm well - and when I'm well I'm in another state… and I can't remember everything that happened when I was psychotic - it's probably just as well (chuckles)… but I look at my pictures and it triggers my memory, um - but it's in a safe way because it's there on the picture, it's not in my head at the time anymore, but it can remind me, 'oh yeah, that's what I was going through then'

For Julie, reviewing her drawings was a way of learning from the truth contained in the experience of psychosis. Drawing was also a way of externalising disturbing content;

> Because I couldn't get it out of my head in any other way, I was trying to remove it from my head onto the paper and get it out of me - and that worked to a certain extent

However, Julie also acknowledged that as a visual record of complex experiences, art can also be dangerous. During one hospital admission, the ECT she endured "obliterated" a persistent delusion of having a demon in her head, but reviewing the drawings she had made during the crisis later reinvigorated it;

> I'm sitting in the dining room going through my pictures and I saw… a picture I'd drawn (laughing) about the satan creature and (clicked fingers) - triggered it.

Such a significant negative impact was a powerful demonstration of the effectiveness of drawing as a visual language for communicating experience, which underpinned Julie's use of it. Despite this occasion, Julie's drawing practice led her to understand art's auto-therapeutic possibilities; its expressive power, its value as a coping mechanism and a way of learning about herself, even while acknowledging its potential negatives. Having understood the benefits accruing to her as a maker, Julie also used art as a means of communicating with others, including the staff responsible for her care;

> That was half the reason I did them! Cause I wanted to show them, the nurses or whoever was treating me, I couldn't put it into words

By showing staff her drawings Julie was able to communicate what she could not articulate, offering insight into both the facts and the feeling of her experiences and creating the possibility of empathetic connections with staff that Julie, in her frequent hospitalisations, said she could rely on.

Drawing also gave Julie a means of "subverting the voices" that commanded her not to speak;

> the voices would be saying 'don't talk, don't talk' … and so I wouldn't say anything, but I could pull the picture out and show them, the voices couldn't stop me showing them the picture

By breaking through the isolation imposed by negative symptoms, drawing demonstrated both her desire and her ability to communicate. In this way, drawing was empowering, giving Julie the means to affect how she was regarded by the people responsible for her treatment.

Her insistence on her need and her capacity to connect, and art's role in that, shaped the heart of Julie's recollections, in her use of art to build bonds with other patients. In hospital environments that she depicted as cold and comfortless, intimidating and violent, Julie emphasised the importance of creating connections with other patients. She shared the art materials she always carried for her own use with others, understanding from her own practice that art-making was a coping mechanism that could be learnt;

it's a skill you can learn to deal with your symptoms … it's a really positive skill

By sharing her materials, she offered others the possibility of that experience. Julie emphasised that art was a good way to foster a sense of solidarity, security and comfort that was missing in their circumstances;

I think art is a good way of connecting in hospital, you do need that connection in hospital … and it's comforting! … I think artwork can be a way of connecting and have a type of expression and security with other people in that hostile, I call it a hostile environment

Julie's use of drawing to communicate and to build bonds with others can be seen as a way of responding to needs unanswered by the isolating nature of mental illness and the dehumanising experience of hospitalisation. However, far from being driven by unconscious need Julie's use of art was deliberate, thoughtful and motivated by clearly articulated values;

I've always been very political, into rights, human rights even back in high school

The values that fuelled her desire to create mutually supportive connections are illustrated by an occasion when she led others in a subversive act of art and laughter;

I sat down and said let's all draw caricatures … of the psychiatrists (laughs) so we sat there drawing these images … but they were all exaggerated … like their personality features in their faces. And it was a lot of fun and I thought we really hit the mark!

Julie says they stuck the drawings on the wall, which worried the nurses, but drew laughter from the doctors;

I thought the nurses were going take them down and then the doctors came in and they actually laughed! (laughs) They appreciated it

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The sharing of materials, activity and laughter created a sense of solidarity between scared and isolated people. By bridging the gulf between doctor and patient in a moment of shared humour, the caricatures also had the function of reminding all of their shared humanity, momentarily subverting the hospital power structure.

In summarising, Julie stated that for her, art has been a means of survival;

> it's been part of my survival, it's literally been part of my sanity, in amongst all the insanity… it's like being in a dark room and seeing a bit of light coming under a crack in the door

Art, she suggested, can serve as a metaphor for hope, for the possibility of well-being. But art-making was also instrumental to Julie's survival in practical terms. It helped her to survive episodes of illness and hospitalisation by enhancing her self-awareness, facilitating communication with those responsible for her care, mitigating some of the negatives of her illness, and building a sense of comfort in mutual support with others.

However, Julie was equally clear that she is not an artist. She said that the title is "very official" and refers to her art-making as "having a go, mucking about, experimenting";

> I've never thought of myself as an artist at any stage. … I dunno - I sort of thought - artist is very official, and like… you need to be creative, spontan … you need to just be able to be creative, I can't just be creative, I have to be in certain circumstances to be creative

Julie referred to a relative who has had technical training and received commissions and recognition as "an artist", suggesting that someone is an artist only if sanctioned by institutions and the market. She also insisted that an artist is someone who "produces all sorts of things no matter what state she's in". This, and her partial use of the word "spontaneous", suggested that Julie was measuring herself against popular ideas of the artist as exceptional. By contrast, Julie understood her own art-making to be intimately linked with suffering;

> if I'm not suffering I can't produce… a lot of my work is quite dark, it is dark - and.. - it comes out of those processes so …really I believe my best work comes out of me when I'm suffering the most

She felt that suffering provides her with the inspiration she otherwise lacks to make art;

> if you told me to sit down and draw a picture right now I wouldn't be able to, nothing would come - yeah? it's almost like I'm being driven, inspired - like a muse in some way when I'm unwell and I'm doing my artwork

Julie mentioned the artist Vincent Van Gogh, not to draw the predictable link between art and mental illness, but to insist, through repeated use of the word, that "suffering" was the common source of their inspiration. She thereby made a distinction between pathology and the common human experience of pain and suffering. Additionally, the words Julie consistently used to describe her artmaking – "experimenting", "having a go", "learning", "seeing what I could do" – stress action, process and the agency of the maker, illuminating her active understanding of what art does. From childhood explorations of materials and capacities, Julie's art-making evolved into something deliberate and insightful; an agential and empathetic means of learning, of self-knowledge, of communication and connection, reflecting her passion to empower herself and others.

Arwin

When we first spoke, Arwin stressed how valuable his experiences at the AAS had been, and therefore how important it was for him to contribute to this research. When we met, he explained that it was in one of several admissions to Larundel that he found the AAS, and what he did there quickly became vital;

> I don't know if I was invited to check it out or whether I stumbled across it, but I went in there and I started furiously making art. I started to spend my days there

For the duration of that admission, Arwin's activities at the Studio "played a massive role", that is, "art really became a critical thing for me". He threw himself into making, bringing great energy into a space that he remembers as being "very chilled, it was a very chilled atmosphere". He appreciated the value of a space dedicated to art-making;

> it was a very well stocked … it has massive spaces … it didn't have people running round with cloths cleaning it up … it had it all … it was very vibrant in a sense … it was a space you couldn't mistake for anything, you couldn't go in there and say oh this is a meeting room slash um art space, no you couldn't, it was an unmistakable art space

Offering the freedom to get messy and encouraging the ambition to create, the Studio both stimulated and contained the energy Arwin brought to art-making;

> if you wanna you know, put pvc glue everywhere and paint and you drop some paint on floor and you wanna kind of do some big paper mâché project … that's kind of like bigger than ben hur then that's the space to do it in

He recalled that two women were Artists-in-residence when he attended, and referred to them as being "kinda like angels", providing unobtrusive support that allowed the work to come into being;

> basically their job is to kinda hold the space and your job is to create and they don't interfere with that … but also they don't ignore it, so they're kinda not interfering with it but they're also not ignoring it… they had a very good kind of instinct to let the work be created

Arwin made the point that working in mental health can mean "you've kind of always got this radar up". By contrast, he found the Artists-in-Residence to be relaxed, obliging, interested in an individual's art but not judging anyone's state of health;

> they were interested in what you were making, they weren't interested in you, they weren't looking at you going 'oh how well or unwell are you', they were actually interested in what you were creating

For Arwin, the non-judgemental, non-directive and supportive presence of the Artists-in-residence made the space safe; their presence and that of others deepened the sense of safety that he already felt in hospital;

> psych hospitals for me were safe places, you know, in the sense that there was security guards … there was keys and locks and no one from the outside could come in

Likening the Studio to an "oasis in the desert" or the water stops on a marathon, Arwin explained that he "was thirsty, you know not for drinking, but for safety". With such metaphors, Arwin indicated both the depth of his need and the life-enabling possibilities of the Studio. Arwin explained that at the time his need for safety was critical; he was experiencing paranoia and felt that his life was threatened, believing that he was pursued by a serial killer and by the police force. As he depicted it;

> I've gone into a very dark, like the world has become very dark, a very dark and dangerous place … my life at that time was almost, was almost without hope

In this dark place, he felt that he "needed to become a wizard you know to get through this thing"; suggesting that he needed the skills of someone adept in magic to survive. In response, he created a range of objects - a magic hat, a ray gun, a crucifix, and three large cubes – that embodied such powers;

> I mean the magic hat was a wizard's hat, it was to manifest magic, you know, and it was also … about wisdom … that that you were an oracle, in a sense, that you were going to if you could outsmart these forces that were rallying against you … the ray gun was really to be able to go - bang! and shoot anything that was perceived out there as, I mean like it was all kind of in the mind, and the crucifix was like even if you're killed well you're not going to be killed you know, so it was all ... and … the three cubes were to have control over the physical world

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Figure 7: Untitled, not dated (photograph). Arwin wearing the wizard's hat he made at AAS

Fig. 8; Untitled, not dated (photograph). Arwin with the crucifix he made at the AAS. Arwin recalled these photographs being taken by one of the Artists-in-residence.

He stated that he "was making art, kind of" but then clarified, saying that in this context;

> art was not about, 'oh I've got an exhibition coming up', and art was not about, 'oh I want to sell some art', you know and umm, because someone's got a blue couch I'll make some blue art to go with their blue couch – it wasn't anything to do with that, art was actually about surviving, it was actually purely about surviving and empowering

For Arwin art-making was a way of making tools that addressed specific needs;

> I was making art to really empower myself. …to fill what I kinda saw as perceived gaps or threats in my life. …I wasn't creating art … I was creating tools, I was creating tools

Arwin focused his considerable energy on the issues confronting him, creating tools to protect himself from perceived threats. The objects he made were significant; all were rich with the power and symbolism of myth, the paranormal or science fiction. In the crucifix for example, a Christian symbol of death and resurrection, Arwin saw the possibility of rebirth, of power over the threat of death that pursued him. In the objects he made, Arwin was addressing his need to feel safe, protected and powerful. He articulated this emphatically as a need to empower himself, and to see the evidence of that power in tangible form. He said he felt;

> a significant need to empower oneself, and - now I can sit here and I can say
> 'empower me', but I wanted to visualise that in art… I wanted to see it, hmm
> - I wanted to manifest that.

In other words, the objects he made were ways of making visible the power and the skills he felt he needed to survive. As Arwin expressed it, he had to "manifest magic", repeatedly using the word magic to describe both the objects he made and the process of making.

Looking back at his experience, Arwin acknowledged the symbolic nature of the tools he produced, suggesting that it was "all in the mind", "completely fanciful"; that to think otherwise would be "a delusional thought". As a man of strong Christian faith, he likened the process to idol making;

> there's this long history in the ancient world, you know, that you read about it
> in the bible, where people would make idols … they would get a bit of wood
> and they would make an idol, and they would cover it in gold and they would
> put it in their temple, and their idol would actually give them power

However, rather than the object bestowing power, Arwin stated that the value lay in actively doing something about his situation;

> a piece of cloth that's made you know in Bangladesh that's got red paint on it
> that's made in China that's twisted over some chicken wire is not going to save
> you from the encroaching armies you know, I mean that's my personal belief.
> But, but I think that umm - I think that it was something that was being done
> as opposed to wallowing in the nothingness

It was not the objects, but the making of them that was significant. Arwin recalled working hard for long hours, bringing a "frenetic energy to it because I was trying to create things to survive". It was this investment of his energy and his capacities that made the process "powerful". In the act of making, Arwin enacted his own capacities, demonstrating his own skills. Significantly, the skills he displayed were those that he saw in the killer he believed to be pursuing him. Arwin believed the killer to be "very good with his hands", there was "nothing, nothing he couldn't do". To combat this threat, Arwin had to demonstrate similar competencies; to make something out of nothing, to be dexterous, creative, ingenious. Arwin noted that he was without the privileges of money or status, so in doing something about his situation, he relied on what was to hand; the resources of a well-stocked studio, its supportive, non-judgemental atmosphere and, most importantly, his internal resources;

> all you've got is your art, (laughing) all you've got is what you can manifest

Art-making contributed to Arwin's survival that in ways that felt magical and were practical. Feeling threatened by powerful others, Arwin needed to show that he had the power to respond, to protect himself. The objects he made defined the threats he faced, and countered them. In making them Arwin drew on the authority of myth while giving tangible form to his own power. The magic, the empowerment, lay in the making. Furthermore, as Arwin suggested, it worked;

> Well, I'm still alive (laughing) - so it actually worked! cause I'm still going

He has survived to explore more of his creative possibilities. Having said that what he did at AAS was not art, he was also hesitant to ascribe that term to his subsequent practices. He offered a definition of art that distinguishes between art and technique;

> it's not art, it's just painting, and some of its very good painting, but it's just painting

He suggested a modernist understanding of what art does;

> I believe art is, or that I've been told what art is, is art is something that umm is a now thing that pushes art in a, in a new space… it's got to be evolving

However, Arwin also acknowledged the way in which his creative pursuits relate to each other as a circle of mutually supportive practices, where keeping your hand in, sustaining competence in one can feed the others;

> the point is that its dominos … I'm never going to make a serious musician and I understand that, but playing, just grabbing the guitar off the wall and plugging it into the amp and having a play, kind of like, its all, the hands are all moving and the hands are all, and you know maybe that plays in a little bit when we've got the tubes of paint

Summarising his experience of art-making at AAS Arwin said;

> I think it was a tremendous gift, especially where I was at the time, how paranoid I was, how frightened I was, how terrified I was - it was a tremendous gift

The AAS answered his need for safety, providing resources and a supportive atmosphere. Through the act of making in that safe space, Arwin empowered himself, exploring his own capacity to manifest the skills required to protect himself when he felt most threatened. For Arwin, art was a mechanism of survival.

Carol

Carol said she remembers the AAS and the people who attended "like it was yesterday". She felt strongly that, as one of the few remaining with knowledge of that time and place and a voice to use, it was vital that she contributed to this research. There are five drawings and four paintings by Carol in the Larundel Collection. Their distinctive style clearly relates to her more recent work, illustrating the long arc of a practice that began almost accidentally. In a psychotherapy session as a patient at Mont Park Hospital, Carol said she found it easier to draw something than explain it;

> I just started … by finding it hard to explain something and then doing a drawing of it and then, again doing it, and after that I just started doing other drawings which were not to explain anything, for different purpose

In this clinical context, Carol discovered that drawing had the power to communicate experiences when words failed. This discovery evolved without intention or clear purpose; she just kept drawing until became compelling;

> ah but I still didn't see myself as doing art, but then I … was unable not to (chuckles)

Through repetition, a method of visual explanation shifted from being a means to an end, to having a different, if undefined purpose. Carol felt that this process was unfolding before she found the AAS.

Fig. 9; Carol, Untitled, 1992 (pen on paper) LTULAR 1072, Larundel Collection, La Trobe Art Institute. Reproduced with the artist's permission.
One of the five drawings in the Larundel Collection identified as being by Carol.

Carol described the locked ward where she was confined as "intense" and "a pretty stressful demoralising place". Her recollections highlighted the control exerted by hospital staff, the powerlessness of being a patient, and the regimented emptiness of the hospital day;

> so from the time you got up you were like - institutionalised you know, you got up, you had to hand your cigarettes in at night, so you would get up, you wait til the nurses allowed you to make a coffee, and then wait til you were able to pick your cigarettes up and then wait til breakfast and then wait to get your medication and then go outside and smoke! I'd say that was your whole day

Carol was forthright in her criticisms of the mental health system and its institutions;

> the mental health system has a way of dehumanising you - making you a person - with a diagnosis

In her experience, Carol explained, the institutional operation of control strips the individual of identity and self-worth;

> the only way that you can control a large number of people is to make them feel not an individual … If you can make those twenty-five individuals feel like they are just a number and they're not valuable you can control a lot easier

She felt that as a result, people's personalities were "submerged by the mental health system"; how you were treated, how you were seen, determined how you saw yourself.

Fig. 10; Carol, Untitled, 1992 (acrylic paint on paper) LTULAR 397, Larundel Collection, La Trobe Art Institute. Reproduced with the artist's permission.

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The contrast provided by the AAS, was extreme. Carol thought she came to know about the Studio through word of mouth, as she felt it was never advocated by ward staff. She said it was;

> like walking into a place that wasn't in the hospital. It was like walking into a completely different place where you – were - yourself. You weren't walking in there with a lot of labels about who were or you didn't have nurses treating you like you were an idiot … it's like when you walked in the door you were no longer a patient in South 5 you were just Carol going to do some artwork

The Studio was a place where Carol felt people could be separate from their diagnosis, from the negative identity of patient and from judgement. Carol went as often as she could, getting "parole", as she called it, from the ward;

> all I can say is that it was a completely separate atmosphere to being in a ward, it was a complete different feeling, so you could just relax more, you didn't have to feel - watched or - that people were thinking you were crazy

That relaxation, that felt shift from the awareness of another's gaze to a sense of just being oneself, emerged at first through her engagement with making, said Carol, but gradually just entering the space was transforming; "you could just walk in there and all the shit that was happening around you pffft! just disappeared (laughs)".

The AAS was "radical" said Carol, seemingly outside the control of the hospital. She didn't recall ever seeing clinical staff there, which struck her as significant, because;

> in those days … people with mental illness were seen as really dangerous … you never went anywhere without staff looking at you or there's always people there in case someone needed an injection of some kind (chuckles) or be locked up

The Studio, by contrast, "was very self-directed, it was very - non - regimented", said Carol, "everyone did their own thing ". The Artists-in-residence "were there in a way that wasn't all about them, and it wasn't all about them being in charge, it was more or less them as a resource". It was a place where people, their behaviour, states of being or their creative endeavours were not judged;

> people actually didn't get - categorised into people who did really good artwork and people who didn't or people who were like not psychotic and, you know because there were no divisions of who you were

In the absence of judgement, they were viewed positively as having abilities, as artists;

> I find it really hard to know how it even existed because it was totally – against – all – the – accepted – ways – of - viewing people with, in hospital, viewing what people did, viewing people's abilities to be artists, it was completely opposite to every known way of looking at people in hospital

As Carol made clear, it is not just the fact of constant supervision, but the predetermined ideas contained in the supervisory gaze that set limits on people's capacities; ideas that she feels were shaped by the medical model. By contrast, the Studio "felt like it was a dream". This dreamlike place of radical inclusivity, Carol surmised, may have been the only place in hospital where some people were able to be themselves. Although she stressed that it was with the benefit of hindsight, Carol suggested that people experienced a reduction in negative symptoms while at the Studio, a fact she contrasted strongly with her memories of the distress evident on the wards;

> in the ward people would be like you know talking to tvs and shit or whatever it might be, but when people went there (AAS) they were different… people's symptoms seemed to be secondary to their artwork, and the people who worked there treated everybody like there was never going to be any issues with their mental health (laughing)

At the Studio distress could "soon became lessened because they were just drawing or painting". Both the way people were treated, and the focus required in art-making contributing to a diminution of distress. Everyone, in every state, was accepted, said Carol; the Artists-in-residence treated everyone the same, and this made the Studio safe.

Significantly, Carol didn't refer to this lessening of symptoms as therapeutic. When she did use the word 'therapy' it was to denote what art-making at the Studio was not;

> you weren't doing it as therapy … You weren't doing it … to keep you occupied … So it was seen differently, it wasn't seen as part of the hospital, part of your treatment - it wasn't seen as part of you being a patient in the ward

For Carol, 'therapy' was treatment, tied to the status of a patient and concerned with adaptive or extrinsic benefits. In the absence of goal-setting or objectives at the Studio, art-making's meaning could be determined by individual need. Art-making, and the makers, were seen as self-determining. Referencing Jung's theory that art is an expression of the inner child, Carol insisted that art-making, as opposed to therapy, is about coming to understand yourself.

> like artwork is really nothing to do with getting better, staying well, becoming - normalised, or getting … involved in the community … nothing to do with

> that! Ahh well maybe that is in fact of people who are doing art therapy … but artwork really has nothing to do with…anything to do with that, artwork is something to do with part of who you are and it's part of something that you have there whether you even know about it

The capacity for art-making is immanent, Carol suggested, and making art is a way of coming to understand and enact one's creative potential. Carol's own experience exemplifies this. She acknowledged that she has always had a strong sense of self, and insisted on being seen the way she wanted to be seen, although this sometimes meant being locked up or sedated;

> I myself really, had a very strong self-understanding of who I was so I know that is not something that was - common … why it wasn't common was they worked very hard … to remove it from you (laughs loudly) cause you weren't really s'posed to feel that so there was a huge emphasis on dehumanising you and I believe that lots of people were unable to resist that

Carol said that once she started making art, she quickly came to understand that it was both integral and unique to her;

> well, this sounds like I'm being up myself, but, it's hard to explain, I knew that my artwork was valid from a very early time. Um and it's not like I'm saying I was a good artist but I knew - that my artwork was valid and it was also part of me and it was also individual to me.

She came to appreciate that art-making is not just about making things;

> at one period in my time with my artwork, it became very clear to me that it was part of who I was … because when you start painting you just assume you're just painting and it's not a big part of you, but then once you realise, for me, that it is a big part of who I am, it makes up, all of these things make up Carol

in other words, creative potential exists as an essential part of the self and that potential is understood by enacting it. Carol thought that the understanding "my artwork - is - part of who I am" may have slowly arrived for her while she attended the AAS, where she began to think of herself as an artist;

> I think I slowly did … I never even had any experience of making art before ah, but I do believe that when it became something that I couldn't stop doing - that's when I had that feeling.

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Fig.11; Carol, Untitled, 1992 (acrylic paint on paper) LTULAR 399, Larundel Collection, La Trobe Art Institute. Reproduced with the artist's permission.

Today, Carol paints a picture of herself as integrated parts of a whole; her intellect, her creativity, her interpersonal skills and her "dark side". She sees each art being of equal importance, and stresses that living well means developing a balanced engagement with them all;

> you come to realise that it's not just doing drawings and paintings, it's actually to do with who you are, and if you - for any reason, don't identify that part of it, you start to become, I won't say unwell - you're not living optimally

Art-making then, is not just about making objects, but about how the making process enhances self-knowledge. As Carol conceived it, this is not a question of adopting the identity of artist, but about a felt recognition of the capacity for art-making as an immanent building block of the self. For Carol, the discovery that the potential for making art existed within her was almost accidental. Subsequently, the practice of drawing, and the safe space of Studio where positive regard allowed people to be themselves, supported the emergence of this understanding. Carol came to appreciate that art-making was integral to her, fitting into her existing sense of self. She has continued to acknowledge and work with that potential as part of an integrated and authentic sense of self.

Sue

Sue's recollections of the AAS were framed by experiences of art-making in the art room at Plenty Hospital, then during an on-ward program at Larundel.[224] For Sue these periods formed a continuum, "I see them as a stream in my life", providing a stark contrast to her experience of hospital as oppressive and unjust. In these "dark and terrifyingly horrible and destructive and frightening" places, Sue felt that "they didn't see us I don't think as real - sort of disposable beings or something". This was particularly felt in the judgement Sue perceived in the clinical gaze;

> I found the kind of - being looked at, you know by staff - like you're either no-one or someone completely different than you are is really awful

She felt that the truth about people's experience of trauma as a source of legitimate distress wasn't acknowledged, and that striving to assert your truth led to punitive treatment;

> they weren't speaking about our real things, I was there for a reason and they denied it all the time, it was just symptoms and medication … but … if you were rebellious, you got worse treatments, really annihilating medications, and it was really life-threatening I think

Sue felt that being under scrutiny, regarded as lesser and having your truth denied, could further diminish a sense of self already impacted by trauma. She suggested that this bred conformity to expected codes of behaviour; the patients were "all trying to act totally more than normal to get out of the place". Sue felt that her self-perception came to mirror the pathologising view of patients as being "hopeless" and incapable of change;

> you know, if you're denied enough, and told enough that your hopeless, you can't ever get out of the place … but you're told that enough, they grind it into you

The result, said Sue, was that;

> it was hard to cling on to who you were there, to find Sue amongst all this horrible denying

A transfer from Plenty brought Sue to the Larundel campus, where she was swept up in a program of on-ward activities facilitated by Libby O'Neill. Sue described Libby with deep affection as "a fairy", who brought love, magic, playfulness and rebellion to the ward. With

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[224] Sue took part in the on-ward program of creative activities facilitated by Libby O'Neill and Richard Benge, which ran from 1986 – 1988.

Libby, Sue and others collaborated in a wide range of creative activities, that emphasised movement and fun and the creation of connections between participants. In these acts the ward was transformed from a place of constant surveillance to a place of safety, where freedom, catharsis and emotional release were possible. This was rebellion, said Sue; "the building itself, North Nine, must have got rocked, rocked a lot". While Sue's recollections attribute this transformative power to Libby, it is clear that for the participants, creative collaboration was a corrective to the way they were perceived, encouraging a subversive sense of strength and agency. For Sue, it was a means of survival and an opening to possibility.

When she attended the AAS during a later hospitalisation Sue found being in the Studio transportive, distancing her from life on the ward;

> I could go in there and just totally think this was like the whole world, I didn't have to go back

In the absence of clinical staff, she felt the Studio was like other unsupervised spaces at the hospital; a place where truths were spoken and people were free to be themselves;

> it was a space, that was also like backyards… of wards, under trees, where people said real things, away from psychiatry, and I think a lot of the art-making … gave the freedom, painting, drawing, making things gave the freedom ... to be more real

This opened the possibility of knowing each other more truthfully and as equals;

> there was much more equal communication, much more getting to know people on a different basis … some people who were reduced to silence often at wards would be very creative and noisy … and could do a lot together … people who might be seen as you know behaving in a way that's possibly the reason why they were there … actually in this space was a delightful contribution

Not having to conform, they could be themselves; what was seen as a deficit on the ward could be a positive in the Studio. Sue felt that art-making was also a way to express their distress that met with acceptance;

> here was a place to express things … by transforming it into artworks and so on people could really express it, wherever they were at ... there was no denial in a way, here, or not as much

For Sue, informal collaboration and more structured opportunities for group work were significant parts of the Studio experience. In coming to the Studio, Sue said felt timid, unsure about entering and uncertain of her abilities. Initially, drawing or writing on the same page as someone else gave Sue a feeling of belonging – a right of entry to the Studio. She evoked the intimacy that can emerge through working closely with another person;

> quite often you're drawing with someone you don't know, or you might know about them, you have a feeling about them

Such collaborative acts undermined the institutional view that as psychiatric patients they couldn't be trusted and didn't have the capacity to work together. At the same time, it allowed them to rediscover their own capacities;

> the other assessments were totally wrong and inappropriate because we could work collaboratively and well, and talented people and it came out there, and I think maybe without that people wouldn't have known even that about themselves

Relating to others through acts of shared creativity changed the way Sue saw herself and others;

> my view of myself, it did change here to something far better and deeper … in the end that's me, not the other view which was coming from a really foreign psychiatric clinical symptom-based diagnostic view … this space (AAS) allowed me to see I didn't have to have that view at all about myself and other people

As Sue stressed, in these acts of "human-to-human art-making", she and others were combining their energies in a process that generated insight. Said Sue; "you know, we found our stories, each other, it was wonderful". They came to know stories that were not lost, just waiting to be told, through the process of collaborative art-making.

According to Sue, the attitudes of the Artists-in-residence reinforced the possibility of seeing themselves in a different light;

> I think that's maybe what the artists did really well … instituting that possibility in a place that was dark and terrifyingly horrible … I think that's gotta be the best thing too, that glimpse of your true … human being creativity

Sue recalled being given a glimpse into her own creative possibilities early in her attendance at AAS;

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> a guy, might have been Vince I'm not sure, he had this huge big canvas and
> he was like, 'Sue would you like to?'… So, I said yes, and so I did.

Although uncertain of her abilities, Sue found this "potentially intimidating" event "liberating" because the Artists-in-residence "were trusting us, like 'you can do it Sue'". That glimpse of her potential, the boost to her sense of capacity, allowed Sue to find the confidence to approach the big canvas;

> I think they just left me to it … they weren't looking at me, what I was doing
> … I think that was pretty nice, liberating … they were like 'yeah… you can do
> this canvas' and not only that, you know, 'we'll give you this huge canvas, all
> these paints, because you are an artist' - I'm like what!

Being regarded as an artist, allowed the artist in Sue to act. She "lost" herself in painting for the afternoon, finding that;

> these three women appeared, out of the mist of the canvas (chuckling), they
> were quite colourful, like colourful women, obviously friends, walking along a
> path, you know I sort of got to know them as they emerged

Fig. 12; Sue, Untitled, not dated (acrylic paint on canvas). Reproduced with the artist's permission.

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Significantly, Sue regarded what took place on that canvas as emblematic of the "magic", taking place at the AAS;

> somehow those three women they just came and they were magic, they just formed … they appeared, that's what this space was about, just us all appearing as ourselves

For Sue, the absence of surveillance, the positive and encouraging regard of others, the demonstration of trust and belief in possibility, plus the opportunity to explore capacity in collaboration amounted to an experiment in being and finding self. The act of art-making was both magical and rebellious.

> I think the whole thing was about experimentation, of who we were … rebelling against the system, you know finding ourselves … through these creative means

Sue's choice of words echoed those she used to describe Libby, but this time it is Sue and her collaborators at the Studio manifesting those powers. They found themselves, their stories, through the creative enactment of their own agency.

Additionally, because art-making at the AAS didn't involve an expert or clinical perspective, it was not, by Sue's definition, therapy;

> it wasn't really about therapy at all - you know, 'how are we today' which the whole thing was on symptoms everywhere else and medication

This allowed its purpose to be defined by the individual;

> it might have been meaning making, our own meaning making, with each other and art

Being self-directed, any meaning in the act or the artwork could be defined by the maker. Sue suggested that this was so valuable in enabling her to see her own potential and that of others that it should have been their sole treatment;

> I saw most marvellous things here, like human-to-human art-making … so this actually really enlightened me to the possibilities and we should have just had this and cut out all the rest

Summarising the impact of her experience of art-making at AAS Sue said;

> it's like being stuck in a corner with dark, depth, narrow dark depth and there's the light, the light's there, its somehow allowing that to happen

Her use of light and dark evoked the contrast between the Studio and its context, but Sue was also proposing that it was art that allowed the perception of possibility. However, she hesitated to say that she thought of herself as an artist then;

> I think I had trouble thinking of myself as anything cause of all the bad treatments I had.

She suggested that whether one is an artist is a "complicated question", and that to claim the status of artist "sounded like a really big thing to say". Yet, she accorded her painting of the three women the status of art, and said that looking at it today reminds her that she is an artist. Ultimately however, she found the question redundant because;

> every person I meet, no matter what, I just see them as a creative person, as a human being

Being seen as hopeless made Sue feel hopeless, but at the AAS, in the absence of scrutiny and judgement, Sue found a space where people could allow their real selves to emerge. Acting as an artist and being treated as an artist and equal in the act of collaboration changed Sue's sense of her capacities. She found her truth and that of others revealed in the act of collaboration. Today Sue is confident that she, and everyone she encounters, is a creative person.

J.A.W.

J.A.W. recalled making art from a young age, and said that as a young adult she drew cartoon-like figures, or comic illustrations, continuing this practice even when in hospital. J.A.W. had periods of hospitalisation at both Mont Park and Larundel and acknowledged that her memory of these times can be hazy. However, she recalled learning about the AAS from another patient while at Larundel, and thinking "I wouldn't mind going myself". J.A.W. knew that she felt happy at the AAS and that the Studio environment provided a great contrast to the ward;

> my memory of going to Arts Access - is a space where I actually felt happy - a very very short space of time - and then to go back to the ward and the same old shit - I can remember the staff being - kind yeah - maybe someone give me ideas or something … it was a great distraction from the ward

For J.A.W. being present in the Studio encouraged positive feelings, and she found the Artists-in-residence to be sympathetic and supportive. Compared with the negativity and the loss of liberty inherent in being on the ward, J.A.W. said going to the Studio was "an outing";

> oh, you think, you get locked up and it's, and it's a forced lock and its umm - incarcerated in a lot of ways, so yeah that's an outing in itself

A memory that J.A.W. recalled as very clear illustrates the impact of attending the Studio and suggests that it was not just the change of circumstances but the nature of what she did there that was liberating;

> I did a nice piece of artwork and then I just (making gestures) (R: you just tore it up?) … just before I went back into the ward, 'cause it made me feel really good, and just like, what am I doing here in hospital so I got angry and I just - yeah what's the word, scrunched all the -work up and put it in the bin just before I went in the door of the ward

The making of the work and her satisfaction with it as a finished object made her feel good enough to question why she was in hospital, allowing her to see herself in a different light. However, her return to the ward undermined that shift in her sense of self, and her disappointment was expressed in the artwork's destruction, recalled in a wordless gesture.

While both the process of making and the objects made provided J.A.W. with an escape from her circumstances, she said they also diverted her from her internal state, "from all

the - rubbish that's happening in your head". She suggested that because it was a source of good feelings, art could lighten even the darkest moments;

> when you're down, and you're depressed or psychotic and all that, there's not a lot to make you feel good

Such benefits were always available, J.A.W. suggested, because art is everywhere and even its contemplation could be relied upon to engage and divert her;

> there's always art in your life, doesn't matter where you go, you go to the ward at (Hospital X) and they've got all these paintings … on the corridors - they can keep me occupied for ages

In these recollections, J.A.W. identified several ways in which art-making contributed to her well-being, distracting her from the negatives of illness and of hospital life and enlarging her sense of her own possibilities. There is also a strong sense that the satisfaction J.A.W. felt through art-making derived from her experience of her own competence, both in the making and in the artwork made;

> I always feel good doing art, it's not very often that I'll do art that I'm not very happy with.

Although art's contribution to well-being was significant for J.A.W., her recollections also explored other links between art and states of being. Referring to a drawing she made in an early hospitalisation, she said that although she was pleased with the drawing, she thought its content was influenced by her mental state;

> I was drawing these - kind of crazy illustrations, comic illustrations and I drew this, picture of a man with his tongue like that - and I was doing that I reckon, had a little bit to do with my, my ahh - illness but ummm, that's quite vivid

While J.A.W. found the drawing's expressiveness – its vividness – satisfying, it was also "kind of crazy". She referred to some other drawings as "psychotic drawings" and mentioned that many years' practice of journal-keeping came to an end when her "writing became - psychotic", suggesting that content can be a direct expression of mental state. But while she acknowledged that content may be "wacko" or inappropriate, J.A.W. also suggested that the art that emerges from psychosis is distinct and possibly superior;

> To create artwork when you're psychotic - is gotta be different to actually if you're well and you're stable - its different art, in some ways it's really more special and better

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J.A.W. also proposed that, not just the art object, but the process of making can have a particular quality when unwell, that creativity can be heightened through this affective connection;

> It's funny you know, when you're as sick as I was, to be that, that down and sick, it brings out some incredible artistic - ahh - err, creative … some of the stuff, you know - phewwww - you had to be there, in your mind to actually to create that, whatever it was

However, J.A.W. also implied that certain materials and processes could have a negative connection to states of mind, for example, the action required to work with lino-cutting tools;

> the lino thing - umm that's not something I enjoyed - umm I prefer a very different style, but to dig in and dig in, especially if I were suicidal, to have such a - instrument

J.A.W.'s understanding of this relationship between art-making and state of being was that it is reciprocal; mental state may heighten creativity, and the tools and materials employed can also have an impact on one's inner state. It is also double edged; materials and actions employed in art-making can be provocative, speaking to vulnerable mental states in negative ways. However, whether the impact is positive or negative, J.A.W.'s insight suggests that in making the maker is not just acting, but also acted upon.

This insight is born of a long connection with art-making, which J.A.W. illustrated with a memory from her early school years;

> the teacher asked someone in the classroom to draw a - kookaburra and I must have put my hand up so I drew it - I was in grade - one or two. I did a picture of a kookaburra, she was so impressed she took it to the other classroom and showed it to the other teacher

That this moment has stayed very clear for her, suggests its significance. In addition to the praise she received, she says she "surprised" herself with the drawing, implying that it contained a kind of revelation of her inherant abilities and inclinations. J.A.W. recognised this inherent capacity as "creative energy", characterising it as "positive" and "therapeutic";

> that creative energy in itself is - highly therapeutic and - a positive force - definitely

J.A.W. has chosen to direct this reciprocal energy into a range of activities over time - including drawing, writing and singing with a choir. She directs that energy into a creative practice and it comes back to her as positive benefit which provides her with the impetus, the motivation to continue, to re-commit;

> I think I umm, it's funny how I jump from one to the other - been twenty, bout twenty years' worth of journal writing … so I jumped from that to art, from art to singing and from singing back to art - which - I know in myself that - I'm actually going in a good direction with my artwork, because of the way it makes me feel - and I want to continue on with it

While she has cycled through these practices J.A.W. considers them as interlinked, parts that make up the whole of her creativity, and the good feelings that flow from them confirm their value. However, while the positive benefits of art-making may be self-reinforcing, it requires a measure of self-awareness to recognise that; J.A.W. knows she's going in the right direction because of how it makes her feel. It is this process of recognition, of insight, that fuels J.A.W.'s continued exploration of her creative potential.

However J.A.W. also identified the importance of acknowlegement from others. The unusual length of her response to a question about the value of art-making underscored this, and recalled the impact of the praise she received for her earliest creative efforts;

> oh its - being acknowledged in something I do that I love, and ahh that I'm reasonably good at ... And it's something that works - for me, in, everyone needs to be acknowledged in different areas - For me, for art - I get the kind of acknowledgement in a positive way that really, is why I'm still doing it, other reasons too, but to be acknowledged, especially when you don't have the capacity to work … to be acknowledged in something like that - and it works, time and time again for me from, like I said from kindergarten - makes me feel good

J.A.W. recognised the need for acknowledgment as universal, and as especially meaningful when it comes for doing something you love. While for many the world of work can provide an acknowledgment of their capacities, J.A.W. indicated that art-making can also be a route to self-worth.

J.A.W.'s experience of art-making at the AAS was part of a creative continuum in her life, building on latent capacities that were revealed to her in childhood. She has explored those latent possibilities though a diverse range of practices, understanding each as a manifestation of a creative energy that brings her the positive benefits of self-worth,

satisfaction and acknowledgment. Such positive benefits have contributed to a sense of stability and purpose, providing a base from which to continue to commit to her creativity;

> I'm going in the right direction with my art - I enjoy it - and as stability - you know, stability… it allows me to make … strong commitments

She understood that through her commitment to her decades-long engagement with art-making, she has been buoyed and supported by the good feelings its generated;

> it kinda carries me from - different times in my life - cause if someone had a said to me when I'm in kindergarten, with a… pastel, ready to draw, that this was how my art would develop I would have said naaaa, really?... it's started from there and is as strong as ever, even more so now

Having come to this understanding, J.A.W. has continued to direct her energy into the creative exploration of her possibilities. In her terms, the feelings that art provides "puts me in a space for continued recovery - which is why I'm doing it, these days". In the positive feelings that flow from art-making and being acknowledged for her artwork, J.A.W. has recognised and put into action a force that enhances her well-being. That knowledge provides a solid footing from which she commits to furthering her art practices, which in turn continue to support her wellbeing. Art-making and J.A.W.'s commitment to it, continue to carry her.

Chapter 5. Discussion; art-making at the Art Access Studio

In the previous chapter, six case studies generated by interviewing individuals with lived experience of art-making at the AAS were presented as Findings. In this chapter, those Findings will be considered within relevant theoretical frameworks in order to respond to the research questions; what was the nature of the experience of art-making at the AAS? What was it like to make art there? What meaning did art-making have for those makers? What impact did art-making have on their lives? Did they consider themselves artists?

What is strongly and immediately apparent from the Findings is the individual and distinctive nature of each of the Makers' experiences of art-making at the AAS. For each Maker the experience was characterised by unique elements. For example, Sue's focus on the collaborative did not recur in others' recollections. Bill's strong engagement with materials characterised his experience, while Julie's recollections focused on using art to create connections. The value J.A.W. placed on being acknowledged was particular to her, as was Carol's articulation of the relationship of art to her identity. Arwin's emphasis on magic as empowerment was unique. Such diversity suggests that there may have been as many experiences of art-making at the AAS as there were art-makers. In addition, it is apparent that all the Makers have continued to explore a range of creative practices over the years, making the experience of art-making at the AAS part of an ongoing stream in their lives (Sue). While this makes the attempt to isolate the impact of art-making in this one circumstance more complex, it also reflects the contingent and continuous nature of lived experience. However, from the diversity of these highly individual and ongoing experiences, a common thread was evident which suggests that through art-making at the AAS the Makers all experienced a changed understanding of themselves. This thematic commonality provides the ground on which I will consider and conceptualise the Makers' experiences in this chapter. Beginning by examining the role of the Studio, I suggest that it was a liminal, transformative setting for the Makers' experiences. I then propose that through art-making the Makers explored and articulated needs that were both individual and fundamentally human, and in the process, discovered and enacted their inherent capacity to respond to those needs. In thus investigating their inherent potentialities, the Makers worked with the resources that were available to them; the Studio, its material contents and its participants were all collaborators in the Makers' art-making. It was through this engagement with their inner resources and the resources around them, that insight into their own natures emerged. Furthermore, this experience of art-making as self-understanding was empowering; through its magical, rebellious and therapeutic

qualities art-making transformed the Makers' sense of their own capacities. The resultant shift in the sense of their own power was at the core of the Makers' experiences at the AAS. Finally, I argue that for the Makers art-making was a process of becoming; of recognising and enacting inherent potential.

The Art Access Studio was a place to be seen differently

The Makers' recollections of the Studio emphasised its dedicated nature and separate location. Being separate from the wards, the Studio was a space which allowed them to step outside the institutionally-defined role of a patient, to be "seen differently". As a space dedicated to art-making the Studio was "unmistakable" (Arwin). The Makers recalled that it was plentifully supplied with a wide range of materials that fed a diversity of practices, and that the individual was free to determine what they did. This sense of licence and possibility was both invitation and encouragement. Being a dedicated space meant that the rest of the hospital did not intrude, as Carol emphasised, saying that she never saw clinical staff there. The Makers also noted that this dedicated focus on art supported a shift in mental focus; that the purposefulness of the space could affect individual purpose (Julie). Similarly, the traverse from the wards to the Studio was characterised as a shift in more than distance; it was "going somewhere" (Bill), "an outing" (J.A.W.). Making that traverse required the exercise of volition and agency suggested by Carol's repetition of the word "walking". That walk took them somewhere that "could have been anywhere" (Bill), that "was as if it was not in the hospital" (Carol). In this characterisation, the Studio was not only separate, but outside; a place of indeterminate possibilities. Entering the Studio was going out – out of the hospital, out of the confines of daily institutional reality, away from the stasis enshrined in the word patient. At the same time, however, it was also going in – a retreat to an inner reality, to the possibility of being authentic. As Sue suggested; "here is where people really, for me, became themselves". That is, the physical distance traversed from ward to Studio was indicative of an affective distance, marking a transition from one state to another.[225]

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[225] Brian Massumi's definition of affect informs my use of the term; "an ability to affect and be affected. It is a prepersonal intensity corresponding to the passage from one experiential state of the body to another and implying an augmentation or diminution of that body's capacity to act." Gilles Deleuze and Félix Guattari, *A thousand plateaus : capitalism and schizophrenia*, tr. Brian Massumi (Minneapolis: Minneapolis : University of Minnesota Press, 1987)., p. xvi.
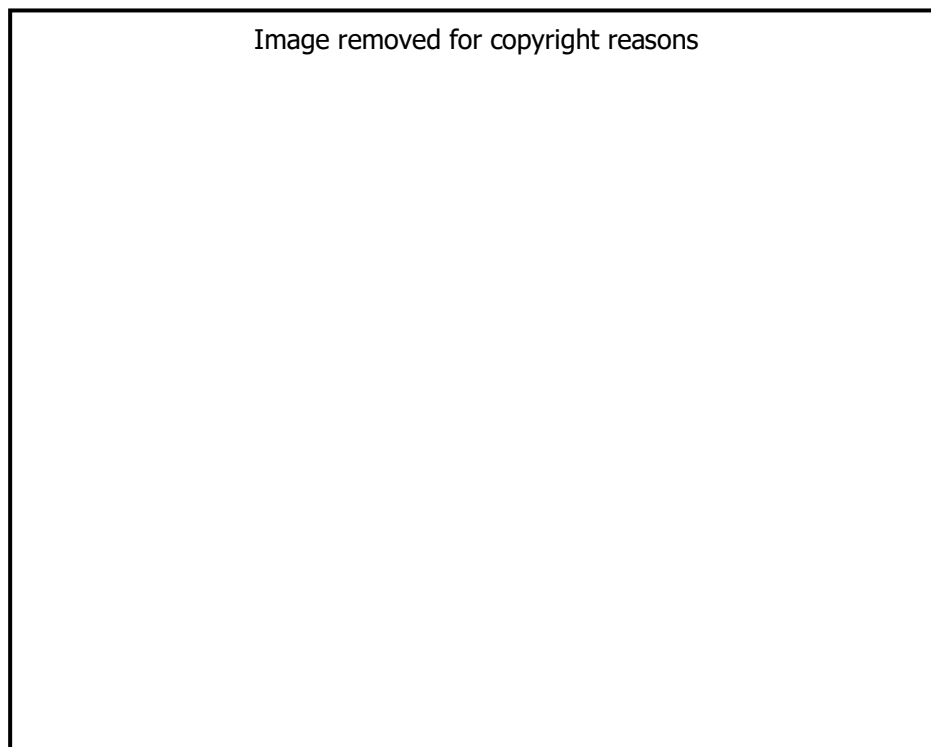
Fig. 13; Artist not known, untitled, not dated (acrylic paint on paper), LTULAR 1257, Larundel Collection, La Trobe Art Institute

The Makers' characterisation suggests that the Studio was a liminal space, a doorway to possibilities. From the Latin *limin*, the word liminal suggests a position on both sides of a boundary or between two states, or the removal of limits.[226] In contemporary usage, the liminal is indebted to the anthropologist Arnold van Gennep's study of the rites of passage used by small-scale traditional societies to mark crucial transitional moments in the human and natural world.[227] For Van Gennep, the "limen" was the transitional stage of a rite, lying between the stages of separation and incorporation.[228] In the liminal phase ritual subjects were frequently physically separated from society for a period of time. Located outside social norms, their status became both ambiguous and liberated, an inversion of normality, as they passed from one life stage to another.[229] Van Gennep's conceptualisation of the liminal as involving a separation from accepted norms is relevant to the Makers'

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[226] J. A. Simpson, E. S. C. Weiner and Provider Oxford University Press Content, *The Oxford English Dictionary*, OED (Clarendon Press, 1989). Arpad Szakolczai, 'Liminality and experience: Structuring transitory situations and transformative events', *International Political Anthropology*, 2/1 (2009), 141-172., p. 148.

[227] Victor Turner, 'Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology', *Rice Institute Pamphlet-Rice University Studies*, 60/3 (1974); Eva L Hampel, 'Liminal Speculations: Art, Nature and the Material Turn', PhD thesis (University of Wollongong, 2019. Turner argues that the word liminal should properly only apply to traditional obligatory, whole of society rites of passage, while liminoid should apply to those activities which the post-industrial separation of work and leisure have made optional, such as art and sport. However, in the decades since he made this distinction, the word liminal has found increasingly wide application, which supports my use of it.

[228] Victor Turner, 'Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology'; Arpad Szakolczai, 'Liminality and experience: Structuring transitory situations and transformative events'.

[229] Victor Turner, 'Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology'.

characterisation of the Studio. For the Makers, the walk to the Studio was a rite of separation removing them from the limits imposed by hospital orthodoxies. The Studio was a time and a space set apart, outside the norms of its institutional context. Elaborating this resemblance to ritual, the Studio could be considered a "temenos"; a sanctuary set apart from common usage.[230] The Studio's separate location and dedicated nature provided the clear boundaries that identify such sacred spaces, while the Artists-in-residence, as "angels" (Arwin), performed the ritual function of guarding those boundaries.[231] Thus, in its separate inviolate status, and its ritual-like qualities, the Studio and the experience of being there can be characterised as liminal. Van Gennep's conceptualisation is of value for its emphasis on not just the temporal and spatial separateness of the liminal state but what that separateness allowed; a breaking down of norms and accepted constructs, as well as their (re)formation. In this way, the liminal resonates with the idea of becoming as theorised by the philosopher/psychoanalyst team Deleuze and Guattari. They proposed that as "assemblages" of multiple disparate elements in potential, all beings are constantly becoming. In becoming, different elements of an assemblage are foregrounded according to the "thresholds" encountered.[232] Born from the same etymological roots as "limen", the word threshold in Deleuze and Guattari's terms can be understood as a confluence of influences which shape the direction of becoming.[233] As a process of constant transformation, becoming is characterised by Deleuze and Guattari as a passage between, and an escape – a "line of flight" - from fixed terms.[234] Thus, to consider the Studio as liminal in Van Gennep's terms, or as a threshold in Deleuze and Guattari's terms, is to highlight not just its metaphorical location "outside" the hospital, but how that separate location allowed for the suspension of the norms of the institutional environment. That is, that entering the Studio took the Makers outside the flow of everyday life in the hospital, outside the limits of the institutional orthodoxy of madness. Such an experience contained the potential not just for transition, but for transformation.

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[230] Shaun McNiff, *Art heals : how creativity cures the soul* (Boston, London: Shambhala, 2004)., pp. 20-30.

[231] Ibid., p. 30.

[232] Gilles Deleuze and Félix Guattari, *A thousand plateaus : capitalism and schizophrenia*., p. 249.

[233] Ibid., p. 249.

[234] Ibid., p. 277. "*The only way to get outside the dualisms* (fixed terms) *is to be-between, to pass between, the intermezzo*". See also Brian Massumi in his "Notes on Translation" that preface this work., p. xvi.
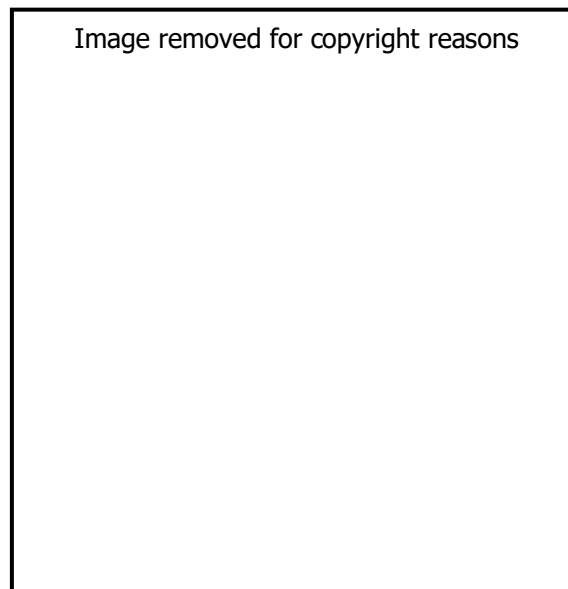
Fig. 14; Artist not known, Clare & Vince the artists, circa 1992-94, (acrylic paint on paper), LTULAR 1078, Larundel Collection, La Trobe Art Institute. One of several portraits of Artists-in-residence, this features the likenesses of Clare Humphrys-Hunt and Vince Gilvarry

In the creation and preservation of the Studio and its dedicated nature the Makers attributed much to the Artists-in-residence. The contribution of the Artists-in-residence was quiet (Bill); a non-directive encouragement of possibility. They were there as a resource, not offering instruction, but supplying technical support if required. Arwin identified the subtleties of this approach, how interest without interference supported the possibility of creation. The Makers also appreciated the non-judgemental attitudes of the Artists-in-residence. The Artists-in-residence did not assess their state of wellbeing; they treated the Studio attendees as "perfectly normal" (Bill). Nor did they critique people's creative abilities (Carol). They were not clinicians or therapists, and they didn't behave like mental health workers (Arwin).[235] Instead, the presence and attitude of the Artists-in-residence enabled a sense of both normality and possibility to flow in the Studio. Their status as non-clinical staff preserved the Studio's separate identity within the hospital context; they "held the space", suggested Arwin. His words are mirrored by those of art therapist Shaun McNiff, writing of his own experience of facilitating an art studio in a psychiatric hospital in the 1970s. McNiff suggested that the facilitating artist is a "keeper of the space"; their role is to preserve the boundaries of the space, and by being present, responsive and authentic, to create a sense of safety.[236] Arwin acknowledged that the Studio heightened the sense of safety he gained from the institutional security measures, while Bill suggested that the Studio was a refuge within a refuge. McNiff's description of a

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[235] A job advertisement for an Artist-in-Residence (circa 1994), held in the Larundel Collection Archive classifies the role as "Training Officer" and requires "skills and qualifications in the visual arts and teaching" and "experience in working with people who have a psychiatric illness".

[236] Shaun McNiff, *Art heals : how creativity cures the soul.*, p. 28.

dedicated art studio in a psychiatric hospital as "an asylum within an asylum" echoed the Makers' perception of the layers of safety represented by the AAS.[237] With this deep sense of security and the non-judgemental, non-directive guardianship of the Artists-in-residence, the Studio offered not just a sense of safety from both the institution and the wider world, but also the safety to - to create, to explore, to become.

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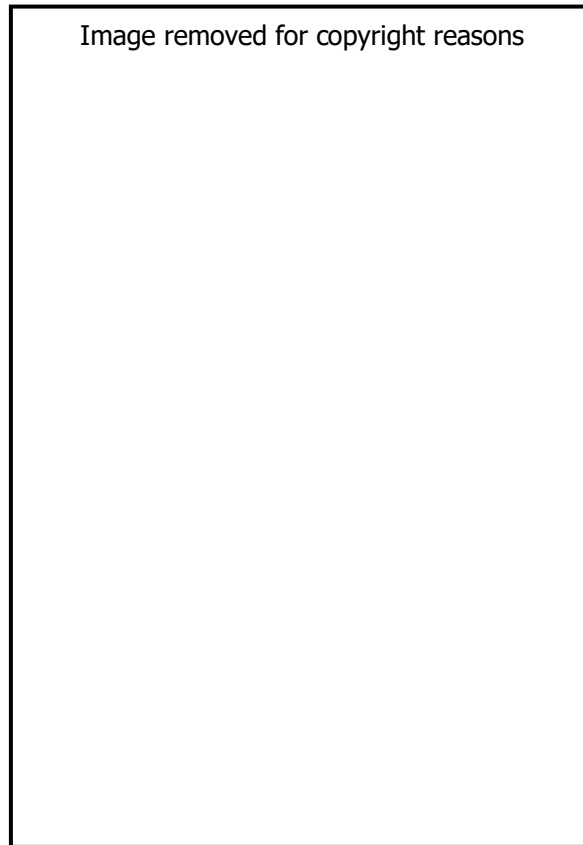
Fig. 15; Artist not known, untitled, not dated (charcoal on paper), LTULAR 996, Larundel Collection, La Trobe Art Institute

Several of the Makers remarked on the contrast between peoples' behaviour on the ward and in the Studio; suggesting that there was less evidence of distress at the Studio (Bill, Carol), and that people reduced to silence on the wards were engaged and communicative in the Studio (Sue). However, it was not just that people behaved differently, or experienced a reduction in symptoms, but that they and their behaviour had a different value in the Studio. The Makers' experiences of being a patient in a large psychiatric institution varied; their descriptions of hospitalisation ranged from providing a much-needed sense of safety and security (Arwin) or a retreat from the mainstream (Bill), to being hostile (Julie), demoralising and institutionalising (Carol), destructive and frightening (Sue). Their experiences illustrate the breadth of ideas inherent in the word asylum; from

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[237] Ibid., p. 16.

a refuge or sanctuary, to place of confinement for the "ungovernable" and "incurable" of which Bedlam is the archetype.[238] Yet the emphasis on the Studio's separate location in the Makers' recollections indicates a common recognition that there was a difference between how they were perceived at the Studio, to on the wards. How they felt they were seen, and its impact on self-perception formed a strong undercurrent in the Makers' recollections. Sue and Carol emphasised that, as patients, they felt labelled as hopeless, irredeemable, disposable. They felt that their truths were denied or ignored. They explained that constant exposure to such judgement can affect a person's self-perception, making them feel unworthy, lost to themselves, or submerged in the system. Such undermining of the self was experienced as a deliberate weapon of control, delivered via the vehicle of constant supervision by hospital staff. Their lived understanding of the operation of control and its impact on the individual resonates with the theories of major critics, including Erving Goffman and Michel Foucault, who maintained that the exercise of control in institutions serves only those in power and strips the individual of agency and self-determination; that the impact of a diagnosis and its associated stigma can affect a person's sense of their own capacities.[239] At Larundel, the Studio was one the few places where patients felt free of clinical supervision. As in the hospital's gardens and the ward yards, the Studio's freedom from institutional regulation and supervision created the freedom to shed the identity of patient, to be themselves and to speak their truths (Sue). This freedom from observation was experienced as liberating. The Studio was therefore also an asylum from the asylum, and consistent with Goffman's notion of "free" spaces within asyla, or as Parr terms them, the "micro-geographies of reduced surveillance" where respite from the clinical gaze may be found.[240] The Studio's separate, inside-yet-outside relationship to its context also functioned as commentary; its liminal position highlighting the operation of the institutional orthodoxy of mental illness.[241] Employing a concept developed by Foucault, the Studio can be considered a heterotopia. Defined by Foucault as a "counter-site", a space that is set apart from its context, a heterotopia is intimately

[238] Andrew Scull, 'The insanity of place.', *History of psychiatry*, 15/4 (2004), 417-436.

[239] Karleen Gwinner, 'Diagnosed artist : what is the understanding of 'artist' held by a person with a mental illness? ' (Queensland University of Technology, 2011.), pp. 19-20.

[240] Cheryl McGeachan, ''The Head Carver': Art Extraordinary and the small spaces of asylum', *History of psychiatry*, 28/1 (2017), 58-71.
Hester Parr, Chris Philo and Nicola Burns, ''That awful place was home': Reflections on the Contested Meanings of craig dunain asylum', *Scottish geographical journal*, 119/4 (2003), 341-360.
The Artists-in-residence stated that the Studio fulfilled an acknowledged need for relief from the demoralisation and depersonalisation resulting from the limits placed on personal capacity by the institution. Sally Margaret Clifford, *Why have you drawn a wolf so badly?: community arts in healthcare.*, p. 115.

[241] Rory Slater and Adrian Coyle, 'Time, space, power, and the liminal transformation of the psychologised "self "', *Theory & Psychology*, 27/3 (2017), 369-388; Arpad Szakolczai, 'Liminality and experience: Structuring transitory situations and transformative events'., p. 165.

related to its context even while it inverts or subverts its operations.[242] Within the geography of Larundel, the Studio provided a commentary on the way power operated in its hospital context, highlighting the institutional exercise of power over the individual, the limits set on their sense of self by the hospital's authority. Using the words of Foucault, the Studio can be considered "a space or a language in which to think things differently".[243] In the words of Sue and Carol, it was a place to be "seen differently", a place where they felt they could be themselves, where they could be self-determined.

How the Makers felt they were seen by the institutional gaze was thus turned upside down in the Studio.[244] As a separate and dedicated space, the Studio was a ritual container offering layers of safety and the material and affective conditions for creativity. The invitation inherent in its dedicated nature offered the freedom to create, while the absence of clinical observation provided the safety to be authentic. Entering the Studio felt like leaving the hospital, a shift in state that was both going out and going in. In this liminal quality, the Studio was a threshold which marked an affective transition away from the identity of psychiatric patient, to the possibility of seeing and being seen differently. Being thus "outside" the limitations of the institution, the Studio offered the Makers the licence to explore their inherent possibilities through art-making.

Art-making was an exploratory process, involving collaboration with the social and material

Art-making was an exploration of need and capacity

In this place of safety and possibility, art-making for the Makers was fundamentally experimental, involving an exploration of individual need and capacity; a process of "seeing what I could do" (Julie). For some, the process of art-making was unstructured and allowed to evolve. As Carol explained, her drawings and paintings were a response to a feeling, their content unplanned, even unknown, until complete. Similarly, Sue detailed the process of letting a painting unfold; of losing herself in the act of painting and coming to know her subject by painting it. For Arwin too, the impulse to make was felt, and the nature of the feeling was explored in the process of making. This approach to making was one of form generation - morphogenetic –where an artwork evolved organically through

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[242] Mariangela Palladino and John Miller, *The globalization of space : Foucault and heterotopia* (London, England; Brookfield, Vermont: Pickering & Chatto, 2015).

[243] Ibid., 3.

[244] This sense of the topsy-turvy finds resonance in a poem by Sandy Jeffs, writer and advocate for people with a lived experience of mental illness. Entitled "*Alice in Larundel Land*", it was inspired by revisiting the ruins of Larundel Hospital where Sandy had been hospitalised for several periods. Sandy Jeffs and Margaret Leggatt, *Out of the madhouse; From asylums to caring communty?*, pp. 11-13.

the process of making, rather than from the imposition of a preconceived form or idea.[245] In other words, the act of making for these Makers was improvisational, one of discovering or uncovering, or as Julie said "experimenting", "mucking about", "having a go". By contrast, Bill's approach to drawing was more structured. Referencing the work of Australian artist Shay Docking as inspiration, Bill gave himself the task of representing natural patterns based on existing photographic sources. However, by enlarging and abstracting the patterns he created a challenge that no longer involved strict mimesis. It was rather, a problem to be resolved in the process of drawing; can I do this? How can I do this? Thus, in their approaches to art-making the Makers were exploring, articulating and apprehending problems that were unique to themselves and the moment.[246] Although some of the Makers referred to canonical artists, they did not articulate their own practices as being engaged in discourse with established artistic traditions or theories, nor did they describe themselves as grappling with existing visual challenges or applying known stylistic approaches. Rather, art-making was a way of giving their attention to something that needed to be discovered through the process of representation. It was a way of coming to know their needs and discovering the means to respond to those needs.

Fig. 16; Artist not known, untitled, not dated (pastel and pencil on paper), LTULAR 742, Larundel Collection, La Trobe Art Institute

In describing the act of art-making the Makers used terms that mirrored their characterisations of the Studio. Art-making provided an escape from the hospital context,

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[245] Tim Ingold, *Making : anthropology, archaeology, art and architecture*., p. 22.

[246] Mihaly Csikszentmihalyi, *The Systems Model of Creativity The Collected Works of Mihaly Csikszentmihalyi* (1st ed. 2014.. edn.Dordrecht : Springer Netherlands : Imprint: Springer, 2014) in SpringerLink Books (online database)., p. xx.

and from their own internal state (J.A.W.); it was a retreat, a means of losing yourself (Sue), an experience of mental focus that excluded other thoughts (Bill). Art-making was experienced as having time out, not thinking about the past or future; a state in which the day just passed. Such descriptions bear the hallmarks of "flow", a common experience in the performance of creative activities. Defined by psychologist Mihaly Csikszentmihalyi, the flow state is an intense focus on the task at hand which precludes awareness of anything outside it.[247] The Makers' experiences of flow suggest that art-making, like being in the Studio, was a transition from one state to another. Additionally, the qualities of the flow state spoke directly to the Makers' situation, providing respite from their inner realities and their environment. For example, Sue's experience of "losing herself" in painting is characteristic of flow, where such "loss of awareness of self as social actor" separated her from the identity of patient.[248] J.A.W's need for acknowledgement, not readily available in such circumstances, was answered in flow's intrinsically rewarding or autotelic quality.[249] In this way, as Heidegger suggested, art-making could transport the Makers out of the "realms of the ordinary", out of the daily reality of life as a psychiatric patient.[250] However, the experience of flow suggests that art-making spoke to more than situational need for Makers. Rather, for the Makers, art-making was a means of addressing needs which anthropologist Ellen Dissanayake argues define human nature. Dissanayake identifies the need or propensity for intimacy – or mutuality as she terms it – as underlying a set of defining human characteristics; the need to feel connected, to feel competent, and to find meaning.[251] These are innate characteristics, she argues, having developed as psychological correlates to our physical evolution.[252] Describing these characteristics as both needs and capacities, Dissanayake suggests that need and the potential to respond to need are entwined in our natures. Furthermore, she theorises that the human propensity for art-making has a common source with these most basic psychobiological needs, and is therefore innate.[253] Dissanayake's theory can support an understanding of the Makers' experience where art-making was an engagement with this nexus of human need and capacity. It suggests that the needs the Makers were exploring were ones that

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[247] Mihaly Csikszentmihalyi, *Flow and the Foundations of Positive Psychology The Collected Works of Mihaly Csikszentmihalyi* (1st ed. 2014.. edn.Dordrecht : Springer Netherlands : Imprint: Springer, 2014) in ProQuest Ebook Central (online database)., p. 240.

[248] Ibid., p. 240.

[249] Ibid., p. 240.

[250] Julian Young, *Heidegger's philosophy of art.*, p 37.

[251] Ellen Dissanayake, *Art and intimacy; how the arts began* (Seattle and Washington: University of Washington Press, 2000)., p. 129.

[252] Ibid., pp. 13-15.

[253] Ibid., p. 130.

define human nature; the need for mutuality, a sense of connection, the need to create meaning, and to feel competent.

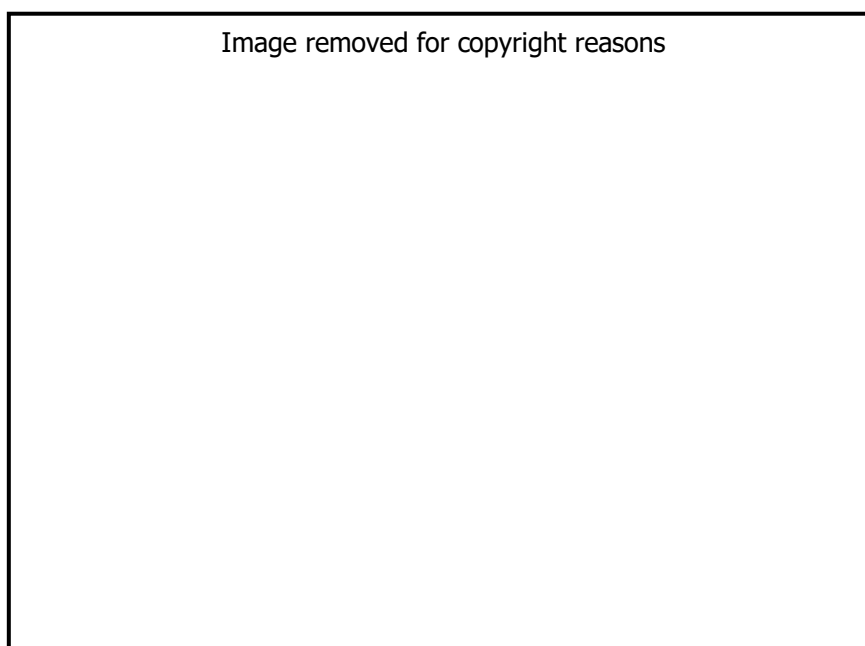Fig. 17; Artist not known, untitled, not dated (oil pastel on paper), LTULAR 439, Larundel Collection, La Trobe Art Institute

Viewed this way, the Makers' exploratory art-making was not related only to their context or mental state. For example, Arwin's urgent need to respond to perceived threats inspired his art-making, but the practice of it provided him with a sense of his own competence – a basic human requirement. Similarly, Bill's need for retreat and for productive activity both shaped his drawing practice and were met in the focussed and autotelic experience of flow. For Julie, art-making was about building connections - with the staff responsible for her care, and with other patients. She saw this as addressing her need for the warmth, comfort and support of human connection. In other words, it was not just about addressing needs left unanswered by the isolating nature of mental illness, or the dehumanising experience of hospitalisation, but about addressing a defining human need; the need Dissanayake identifies as mutuality. Julie clearly articulated her understanding that the need for a sense of connection is inherent to our humanity, and was clear that it motivated her relationship with art-making. However, as Dissanayake notes, innate does not mean inevitable; what is inherent needs to be fostered.[254] This resonates with the way Heidegger explains art's capacity to transport; it is transportive because it is a portal between the everyday and potential.[255] For the Makers, art-making was a means to meeting their own needs through the enactment of inherent potential. As Julie made clear,

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[254] Ibid., p. 12.

[255] Julian Young, *Heidegger's philosophy of art.*, p. 37.

it was through the practice of art-making that she discovered that she had the capacity to meet her needs; the need to understand her own experiences, the need to communicate, to build connections. Her deliberate, insightful and empathetic use of art thus challenges any assumption that art-making by the mentally-ill differs from the norm because it is driven by unconscious need. Looking at the Makers' art-making through the lens of Dissanayake's theory affirms the universal in their experiences. Through art-making the Makers explored common human needs and propensities and came to recognise their innate capacity to respond to those needs. That is, for the Makers art-making was an uncovering and enacting of potential – seeing what they were capable of - in the process of responding to their needs.
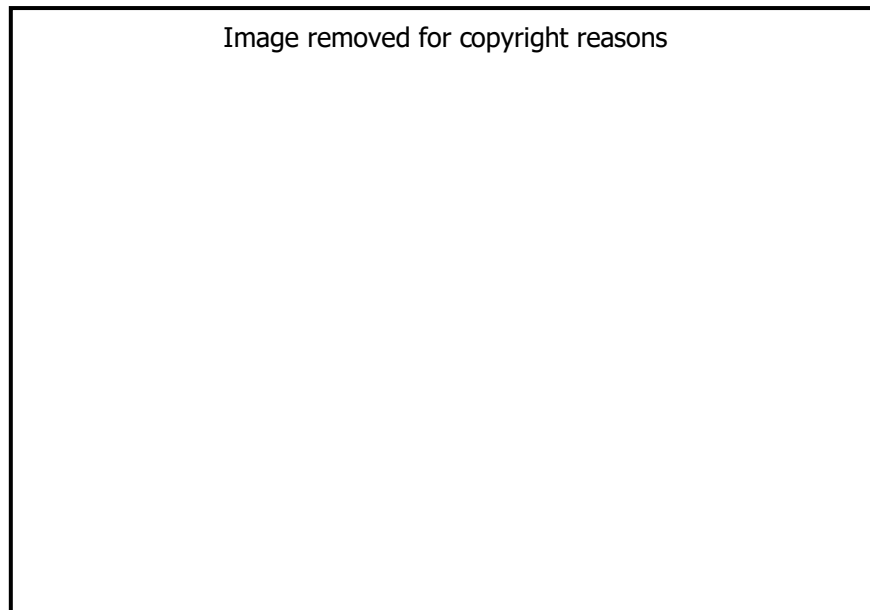
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Fig. 18; Artist not known, untitled, not dated (felt pen and oil pastel on paper), LTULAR 1393, Larundel Collection, La Trobe Art Institute

Art-making was a collaboration with materials

In exploring, recognising and enacting their potentiality through art-making, the Makers were exploring traits that define human nature. In doing so, they engaged with the resources available to them in the Studio, including art materials and the other people present. From this collaboration with the material and the social emerged new understandings of themselves. Bill's recollections in particular revealed the vital contribution of materials to his emergent understanding of himself. In describing his drawing process, Bill's use of sound and gesture highlighted his sensory pleasure in working with pastel. However, his description also evinced what feminist theorist Karen

Barad calls the "intra-action" between maker and material.[256] Barad devised this neologism to affirm the agency of matter; that in working with matter, the maker is also worked upon.[257] Building on Barad's theories, Ingold suggests that in the act of making the energy of the maker and of materials are enmeshed, each corresponding to, flowing with the qualities of the other.[258] Bill's multimodal description of drawing indicated the precise location of this intra-action; it was at the juncture of hand and pastel that maker and materials were drawn into energetic, creative relationship. In drawing, both Bill and the pastels were agents, both were matter, and both acted upon the other in a collaborative act that generated self-knowledge.
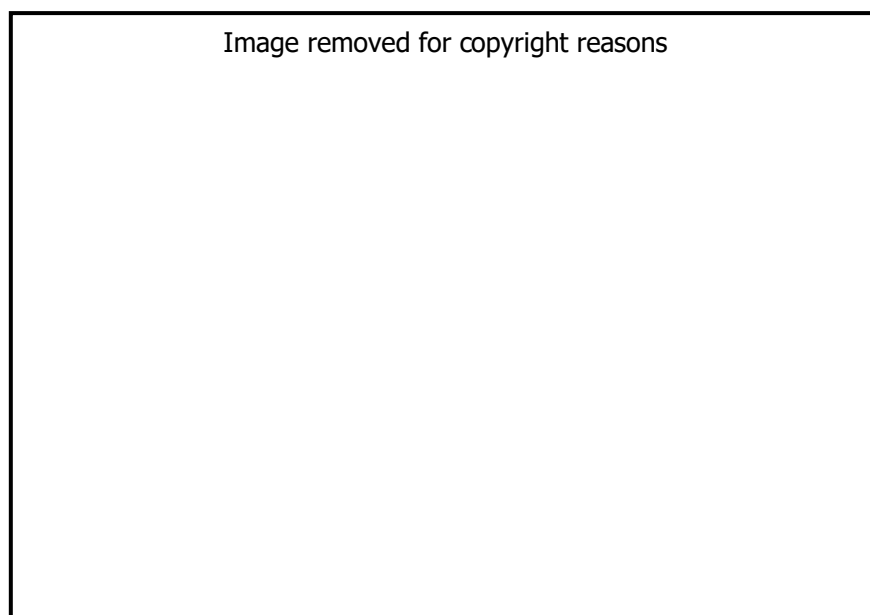
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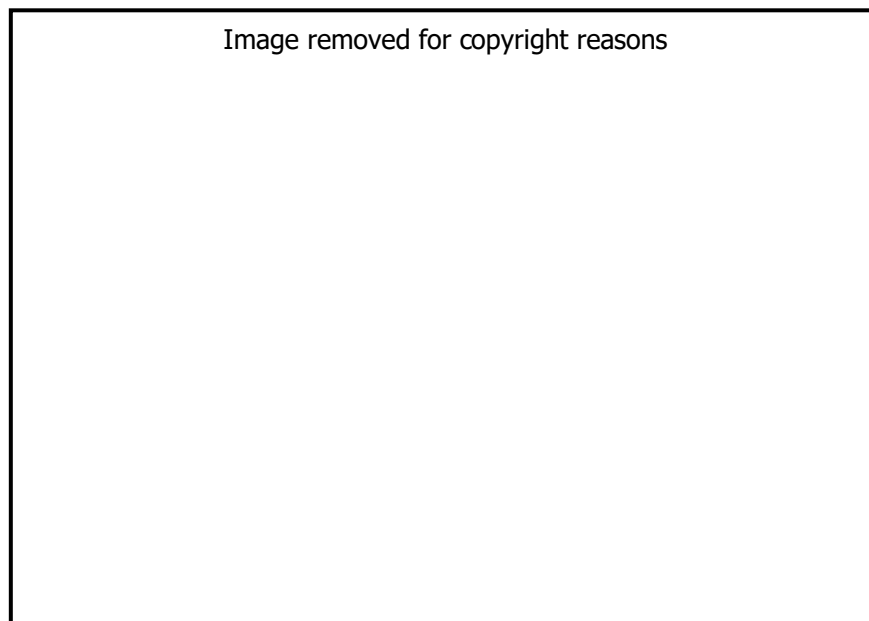
Fig. 19; Artist not known, untitled, not dated (pastel on paper), LTULAR 834, Larundel Collection, La Trobe Art Institute

That this collaboration with materials extended to Bill's whole body and to all his senses is witnessed by his use of the non-verbal. However, Bill also stressed the significance of what happened in his mind when his hands were busy. He noted the impact of the focus and concentration required; time just passed; he was free from thoughts of the past or future. This experience of "flow" marks the act as liminal.[259] In other words, the act of drawing was a threshold over which Bill retreated inwards from his surroundings and the stresses of life. At the same time, it allowed him to reach out into nature through his choice of

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[256] Karen Barad, 'Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter', *Signs: Journal of Women in Culture and Society*, 28/3 (2003), 801-831.

[257] Ibid., pp. 814-815.

[258] Tim Ingold, 'Toward an Ecology of Materials', *Annu. Rev. Anthropol.*, 41/41 (2012), 427-442.

[259] Mihaly Csikszentmihalyi, *Flow and the Foundations of Positive Psychology The Collected Works of Mihaly Csikszentmihalyi.*, p. 240

subject matter.[260] For Bill then, drawing was much more than an embodied, sensory experience. It was a collaboration which begins, as artist and writer Paul Carter describes it, in words that echo Bill's, in the "simple but enigmatic step, joining hand eye and mind in a process of material thinking".[261] This notion of material thinking is indebted to Heidegger's proposition that we come to understand things in the first instance by handling them, not by contemplation.[262] In other words, that it is through our physical interaction with the world that we come to know it, preceding cognitive comprehension. New knowledge thus arises from our embodied relating. Heidegger theorised that this primary engagement with the world is characterised by the quality of things being "ready-to-hand". He gave the example of a hammer in use as an extension of the hand, which is given no more thought than the hand in the moment of immersion in the task.[263] In the science of cognitive theory, the mind's employment of objects in the process of comprehension is hypothesised as "extended mind" or "extended cognition".[264] In the collaboration of mind, body and materials, Bill was thinking through, rather than of, the pastel; thinking without conscious cognition. Drawing brought together all of his capacities, enacted rhythmically, to create an experience of the integration of those capacities. It also revealed aspects of himself that had been immanent but not realised; Bill understood that he liked to work with his hands. In this way, as Heidegger suggests, art makes explicit that which already exists.[265] That Bill had an intuition of the value of working with his hands surely attracted him to drawing and shaped his practice, but in enacting that propensity he came to understand it consciously.

This understanding of drawing as a correspondence between maker and material, and a process with revelatory potential, can also elucidate the relationship between drawing and mental state explored by several of the Makers. Carol, J.A.W and Julie referred to drawing as a direct expression of their mental state, a visual language for experiences that couldn't be conveyed verbally. Philosopher Paul Crowther argues, like Heidegger, Ingold and Carter, that as embodied beings, we relate to the world through our bodies and as a result, gestural practices such as drawing can reveal intuitive understandings of that

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[260] Pat B. Allen, *Art is a way of knowing; a guide to self-knowledge and spiritual fulfillment through creativity* (Boston : (New York): Boston : Shambhala, 1995) in ProQuest Ebook Central (online database)., p. 21.

[261] Paul Carter, *Material thinking : the theory and practice of creative research* (Carlton, Vic.: Melbourne University Press, 2004)., p. xiii.

[262] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts* (1st ed.. edn., London: London : I.B.Tauris, 2014)., p. 23.

[263] Ibid.,p. 90-92.

[264] Tim Ingold, 'Toward an Ecology of Materials'., p. 438.

[265] Julian Young, *Heidegger's philosophy of art*., pp. 31-36.

relationship.[266] Drawing is therefore "autographic" – a way of writing the self.[267] Crowther regards the drawn image as a "material realization" of the human capacity for imagination that is independent of perception; that is, we can generate a mental image of something we haven't seen.[268] As the product of gesture and imagination, drawing can therefore engage with material at the edge of conscious perception; the subliminal. That the Makers found drawing to be an effective way of expressing mental state does not therefore indicate a failure of language. Nor does it suggest the symptomatic linguistic incapacity implied in the conflation of the Romantic artist-genius with the symptoms of schizophrenia. Rather it demonstrates the capacity of drawing as a process of embodied, imaginative cognition to connect with states such as psychosis, which as Julie insisted, cannot be fully apprehended consciously. This correspondence between drawing and the subliminal also speaks to J.A.W's understanding that the content of an image may be affected by mental state; that drawings can be "psychotic". In addition, drawing's capacity to capture the feeling that inheres in gesture can also shed light on J.A.W's assertion that art made while unwell can be "special" or "better". Referencing Jacques Derrida, theorist Ernst van Alphen suggests that drawing is informed by the "puissance", the power, of the maker, while art therapist Pat Allen argues that drawing is a way for the maker to contact their own energy.[269] Therefore, because drawing is gestural, it is a product of the maker's energy; the marks made are shaped by the artist's energy in the moment. A work made while unwell may be as J.A.W. said, more "vivid" or "better" because it captured the energy of the moment; the vividness of the drawing reflecting the vividness of the experience. The Makers' understanding of the expressive power of drawing highlights the reductive nature of the characterisation of art made by the mentally-ill as evidence of pathology. Art can be an expression of illness, but as the Maker's experiences of drawing demonstrates, that is because its gestural nature can convey the energy of any mental or imaginative state, including that at the periphery of consciousness.

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[266] Paul Crowther, *What Drawing and Painting Really Mean : The Phenomenology of Image and Gesture* (Milton : Taylor and Francis, 2017)., p. 3.

[267] Ibid., p. 4. As per the title of his book, Crowther regards both drawing and painting to have these qualities.

[268] Ibid., p. 17.

[269] Ernst Van Alphen, 'The gesture of drawing' in A.; Gustafsson Gronstad, H.; Vagnes, O. (ed.), *Gestures of Seeing in Film, Video and Drawing* (Routledge, 2016)., p. 112.
Pat B. Allen, Art is a way of knowing; a guide to self-knowledge and spiritual fulfillment through creativity., p. 21.

Fig. 20; Artist not known, untitled, not dated (acrylic paint on paper), LTULAR 799, Larundel Collection, La Trobe Art Institute

J.A.W. and Julie both recognised that the nature of this correspondence between maker and material was reciprocal; that mental state may affect content or style, but that materials and content may also affect mental state. Julie recalled the experience of a delusion being reinvigorated by reviewing her artwork, and J.A.W. indicated that she would not choose to use lino-cutting tools if she was unwell. Their understanding evinces Barad's characterisation of the relationship between maker and material as intra-active, in which the flow of reciprocity facilitates self-knowledge.[270] That J.A.W. and Julie understood drawing's expressive capacity as an opportunity for learning about themselves is clear. Julie's review of drawings she made while psychotic facilitated a conscious comprehension of her experience while J.A.W's insight into the potentially negative impact of tools guided her use of materials. Contrary to the construction of art-making by those with a mental illness as unconscious or purposeless, J.A.W and Julie made deliberate, knowing use of the embodied correspondence between drawing and mental state. They used it to generate greater insight into themselves, to avoid potential harm, to support themselves, to survive. Through art-making J.A.W. and Julie thus shifted from being subject to illness to being observers of illness; from experiencing themselves as ill, to observing and reflecting upon themselves and their relationship to illness.[271] Their experience demonstrates how "devised liminal experiences" such as art-making can assist in the navigation of life-changing events like illness, as psychologist Paul Stenner suggests, by

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[270] Tim Ingold, 'Toward an Ecology of Materials'.

[271] Rory Slater and Adrian Coyle, 'Time, space, power, and the liminal transformation of the psychologised "self "'., p. 382.

creating opportunities to reorganise the self, and adjust to new circumstances.[272] Drawing may be autographic, a way of writing the self, but by taking the stance that J.A.W. and Julie did, of using drawing's capacity to express the self as a learning opportunity, then it also became an occasion for re-writing the self. Like Bill, Julie and J.A.W and derived conceptual knowledge out of the praxical, changing their understanding of themselves.[273]
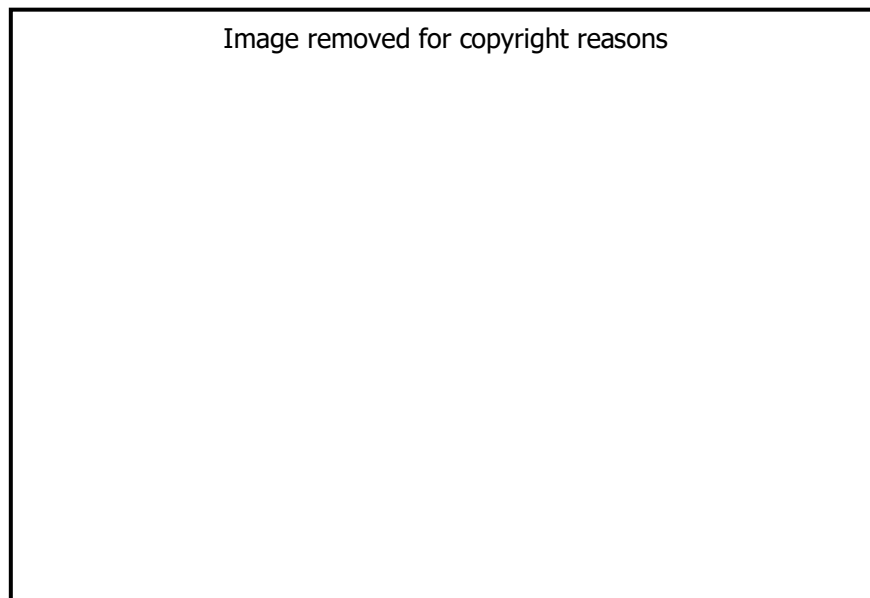
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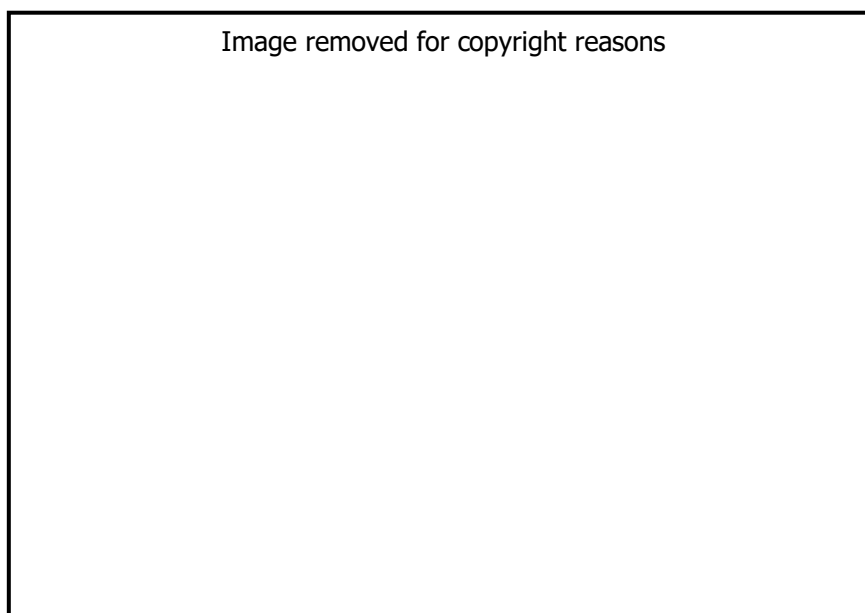
Fig. 21; Artist not known, untitled, not dated (acrylic paint on paper), LTULAR 070, Larundel Collection, La Trobe Art Institute

Art-making was social collaboration

This correspondence with the material was vital to the insight into their capacities that the Makers formed through art-making. However, it is clear that other Studio participants were also a part of the network of active materials the Makers engaged with at the AAS. Both Sue and Carol recalled being involved in formal opportunities for collaboration; opportunities that, Sue said, gave the participants new insight into their own possibilities, defying the readily internalised institutional assessment of their capacities. In Sue's recollections, formal and informal collaboration between the participants was a significant part of the experience of art-making at the AAS, fostering a sense of belonging that she was not alone in seeing as lacking in a psychiatric hospital. Sue's view is supported by documentation of the AAS Program, which reveal that group work and collaboration

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[272] Paul Stenner, *Liminality and Experience: A Transdisciplinary Approach to the Psychosocial* (London: London: Palgrave Macmillan UK, 2018) in SpringerLink Books (online database)., pp. 1-35.

[273] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts*., p.104.

facilitated by the Artists-in-residence was used as a vital tool to counter the isolation and alienation that could accompany illness, and to encourage confidence.[274]

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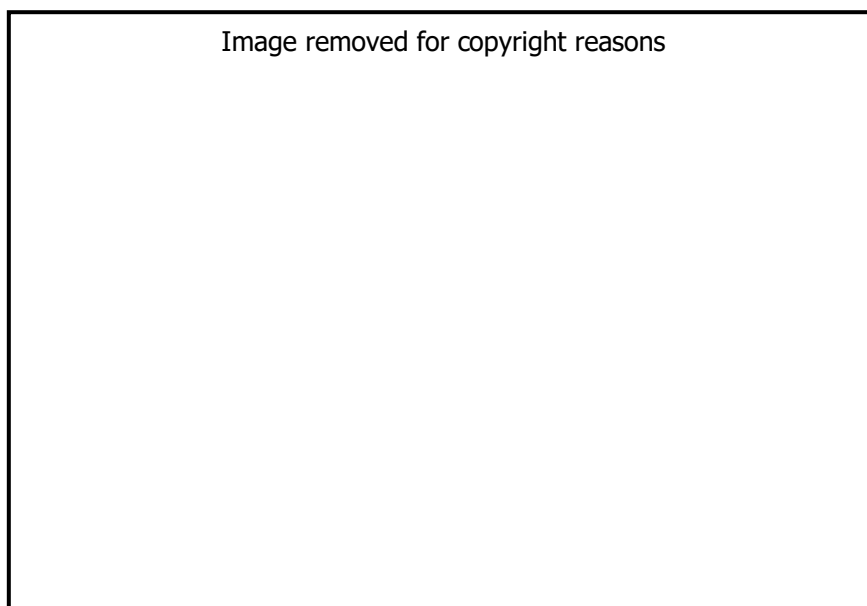
Fig. 22; Artists not known, untitled, not dated (acrylic paint on fabric), LTULAR 1460, Larundel Collection, La Trobe Art Institute

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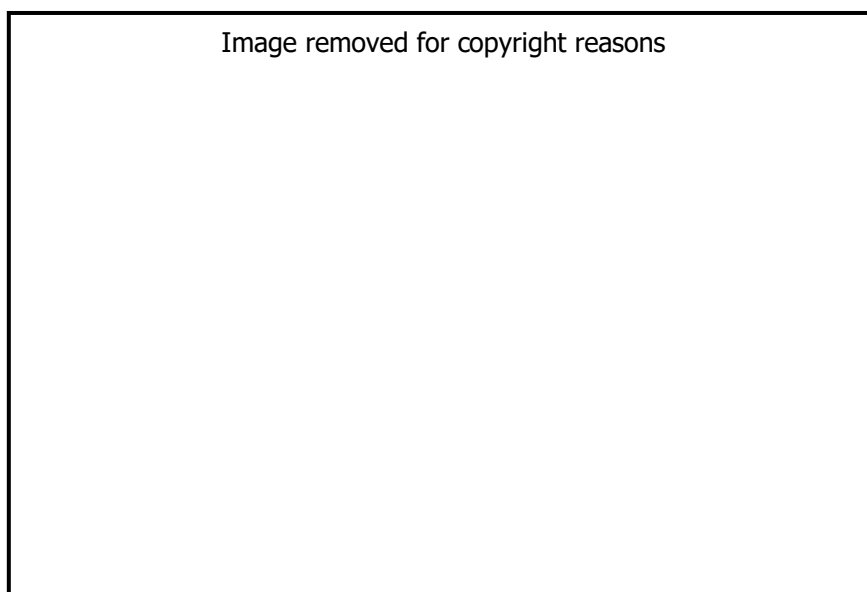
Fig. 23; Artists not known, untitled, not dated (acrylic paint on fabric), LTULAR 1459 (detail), Larundel Collection, La Trobe Art Institute
There are fourteen examples of group art-works printed using pre-cut lino stamps and stencils on recycled hospital bedsheets in the Larundel Collection.

Implicit in Sue's experience is the idea that collaboration, both formal and informal, was also a means of coming to know the self in relation; that an understanding of self and others was revealed through working closely together. Sue recalled that drawing on the

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[274] Sally Margaret Clifford, *Why have you drawn a wolf so badly?: community arts in healthcare.*, p.118; S Metzner and E Vyhnal, *Art in Institutions*.

same page as another participant was especially valuable in giving her a sense of belonging when she first attended the Studio. She also evoked the fun of drawing with another, while identifying the subtle emergence of an empathetic knowing – a "feeling" for each other. This suggests, as artist Michal Lev explores in a recent study, that the physical proximity required to draw on the same page, the sense of sharing with another and of yourself, can create a sense of intimacy and familiarity.[275] Working closely with others and seeing herself reflected in them, shifted Sue's self-perception from that of the hopelessness imposed by the institutional gaze. In collaboration, Sue and others combined their energies in a process of coming to know their own stories and each other's; stories that Allen suggests were always there just waiting to be told.[276] However, while collaboration began as an entrée to the Studio for Sue, it built to a more profound identification with the creative potential in herself, demonstrating that individual identity can be shaped by a sense of belonging to a collective identity.[277] Art-making with others facilitated a shift in Sue's understanding of her own capabilities and that of others; from regarding others as "amazing artists", to acknowledging all as "creative person(s)", herself included. While collaboration may begin, as Carter suggests, between the hand, the eye and materials, Sue's experience expands this model to include the interpersonal. [278] The extended mind "thinks" not just through the things we handle, but through our interrelating with other people. Therefore, if making is a bringing forth of the qualities of the material, as Ingold suggested, it is also a bringing forth of the qualities of the maker.[279] The maker is material, as Sue, Bill, Julie and J.A.W's experiences affirm, and the qualities of the maker are made evident in relation.

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[275] Michal Lev, 'Painting Intimacy: Art-Based Research of Intimacy', PhD thesis (Lesley University, 2019.)., p.11.

[276] Pat B. Allen, Art is a way of knowing; a guide to self-knowledge and spiritual fulfillment through creativity., p. 12.

[277] Anne Ring Petersen, 'Identification, disidentification and the imaginative reconfiguration of identity' in *Migration into art* (1 edn.Manchester University Press, 2017)., 142-184.

[278] Paul Carter, *Material thinking : the theory and practice of creative research*., p. xiii.

[279] Tim Ingold, *Making : anthropology, archaeology, art and architecture*., p. 31.

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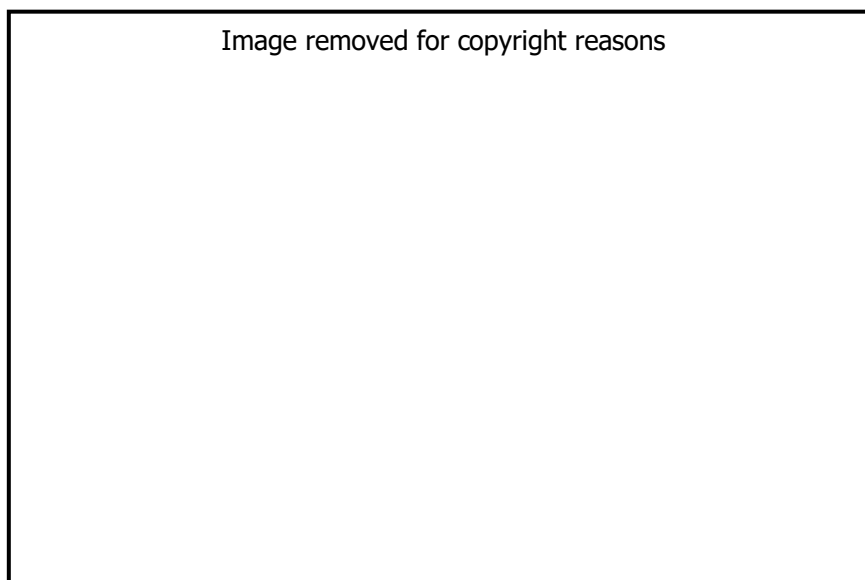
Figure 24; Artists not known, untitled, not dated (pencil on paper), LTULAR 1011b, Larundel
Collection, La Trobe Art Institute
One of a number of drawings which feature two hands, in this instance drawing and writing in
pencil on both sides of an A1 sheet.

Art-making generated insight into the self

For the Makers, art-making was an investigation of common human needs and
propensities, through an exploratory and collaborative engagement with the material and
interpersonal resources of the Studio. This embodied, active process generated insight,
changing the Makers' understanding of their capacities. That is, through the intra-action
of Maker and materials, tacit or intuitive knowledge about themselves was made
conscious. Artworks produced in psychiatric institutions have frequently been
characterised as containing information of value only to clinicians or others with
professional expertise. In the Makers' experience however, art-making generated
individual personal knowledge in which they were the sole authority. In this way, the
Makers' experience of art-making can be considered as aligned to contemporary
approaches which formulate art-making as a research practice. The writings of artist
theorists, such as Barbara Bolt, Estelle Barrett, and Danielle Boutet draw on their own
practices to position art-making as a revelatory, epistemological process, one that
produces knowledge of the self and the world through the experience of the interplay of
world and self. [280] This understanding of art is indebted to Heidegger's notion that we learn
through the body, and is thus more interested in the process of making than in the object
made. Barrett and Bolt suggest that in the study of art, the focus on the object obscures
the "logic of practice", that is the unplanned and intuitive following of the emergent logic

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[280] Barbara Bolt and Estelle Barrett, *Practice as research : approaches to creative arts enquiry* (Paperback ed., London, UK: I.b. Tauris, 2010);
Danielle Boutet, 'Metaphors of the mind: art forms as modes of thinking and ways of being' in Estelle Barrett & Barbara Bolt (eds.), *Carnal
knowledge : towards a 'new materialism' through the arts* (London: I.B. Tauris, 2013).

of the process of making which can reveal tacit knowledge.[281] They propose that art-making is learning through the experiential solving of problems that are based in the artist's lived experience, and that the knowledge generated is therefore situational and personal.[282] Similarly, contemporary approaches to art-therapy also regard art-making as a "mode of human inquiry", a way of coming to know the self.[283] This cross-disciplinary understanding can be seen as an acknowledgment of art's intrinsic transformative possibilities. As Boutet emphasises, the nature of this way of knowing is revelatory; it is neither deductive nor rational but experienced in correspondence with the world.[284] For the Makers, there was the potential for revelation in the play of energy between two people drawing on the same page, or in the enmeshed movement of hand and pastel. Aspects of themselves that the Makers understood intuitively were made conscious, changing their sense of their capacities. In accordance with Deleuze and Guattari's assertion that a being can only know what its capable of in relation, the Makers came to new understandings of their capacity in relation to the material and the social resources of the Studio.[285]

Art-making changed the Makers' sense of their own capacities; it was empowering in ways that felt magical, rebellious and therapeutic

Art-making was magic; it was rebellion

For the Makers, the experience of art-making at the AAS was a process of inquiry; a way of exploring their inherent potentialities which provided revelatory insight into their natures, changing their sense of their capacities. Arwin, Sue and Julie especially used the words magic, magical, rebellion to describe the way this process felt, suggesting an attempt to capture an affective experience, the enactment or enhancement of individual or collective power.[286] In other words, the act of art-making at the AAS felt like magic or rebellion because it was empowering. Arwin in particular made the link between magic, art-making and personal power explicit. In the face of perceived threats, Arwin said he felt

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[281] Barbara Bolt and Estelle Barrett, *Practice as research : approaches to creative arts enquiry.*, pp. 1-5.

[282] Ibid., p. 5.

[283] Shaun McNiff, 'Reflections on What "Art" Does in Art Therapy Practice and Research', *Art Therapy: Journal of the American Art Therapy Association*, 36/3 (2019)., p. 164.

Pat B. Allen, Art is a way of knowing; a guide to self-knowledge and spiritual fulfillment through creativity.

[284] Danielle Boutet, *Metaphors of the mind: art forms as modes of thinking and ways of being.*, p. 33.

[285] Brent Adkins, *Deleuze and Guattari's A thousand plateaus : a critical introduction and guide* (Edinburgh, Scotland: Edinburgh University Press, 2015)., pp. 153-154.

[286] Ibid., p. 154.

the need to increase his sense of his own power and control over his life.[287] The objects he made appeared talismanic, giving tangible form to the threats he perceived, while symbolising protection.[288] For art therapist Allen, the nature of an object made is a statement of intention, a way of giving attention to a subject.[289] However, she asserts that this is not magic.[290] By contrast, popular definitions of magic based on the works of twentieth century occultist Aleister Crowley, say that this is exactly what magic is; creating change through the focussed application of energy.[291] These diverse understandings both stress the intentional, and regard the acts of making and magic as a focussed application of energy towards change.

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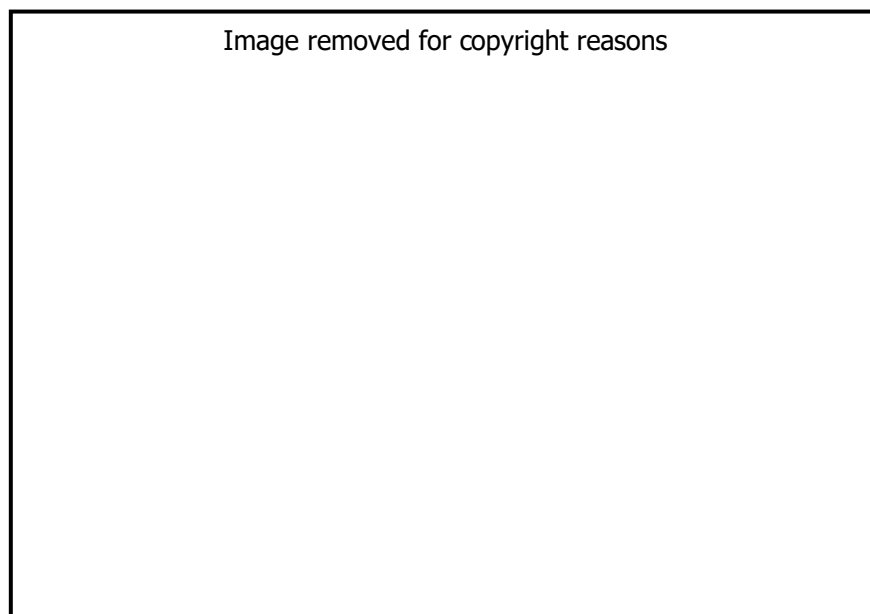
Fig. 25; Artist not known, untitled, not dated (texta pen on paper), LTULAR 791, Larundel Collection, La Trobe Art Institute

Romantically-infused notions that inform the idea of Outsider Art, can frame creative processes as magical in the sense of an inspired creative productivity that is outside normative experience.[292]   As the art-historian/psychoanalyst team Kris and Kurz demonstrated, the idea of the artist as magician or god-like has its origins in mythology. This association hinges on the idea that the apotheosis of artistic skill is to create images

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[287] Oxford English Dictionary, *"empower, v."* (Oxford University Press); Oxford English Dictionary, *"empowerment, n."* (Oxford University Press).

[288] Joy Schaverien, 'Gifts, talismans and tokens in analysis: symbolic enactments or sinister acts?', *J Anal Psychol*, 56/2 (2011), 160-183.

[289] Pat B. Allen, Art is a way of knowing; a guide to self-knowledge and spiritual fulfillment through creativity., p. 41.

[290] Ibid., p. 41.

[291] https://en.wikipedia.org/wiki/Magick_(Thelema) gives Crowley's definition of Magick; "the Science and Art of causing change to occur in conformity with Will"

[292] Joanne Cubbs, *Rebels, Mystics, and Outcasts: The Romantic Outsider Artist*.

that are identical to nature, leading to the equation of the image with the original.[293] Kris and Kurz suggested that the belief that power over the original is endowed in the image is "magical thinking" or "effigy magic" and stems from circumstances involving strong emotion and imagination.[294] Such non-rational thinking can be dismissed as pathological and Arwin reflected this in his assessment that it would be a "delusional thought" to see the objects he made as anything other than symbolic.[295] However, psychologist Eugene Subbotsky argues that magical thinking has auto-therapeutic value, where emotional stability is supported by taking action in the form of ritual and magic, while art therapist Joy Schaverien proposes that magical thinking can, like art, provide the symbolic means of creating order.[296] These ways of looking at the magical in art-making can suggest that the objects Arwin produced, as talismans, were the embodiment of what went into them – Arwin's energy and emotional investment. In this way, Arwin's insight that what might be dismissed as "completely fanciful" was in fact purposeful, is substantiated by focussing not on the object, but on the process. For Arwin the act of making was an expression of his capacities, his power; it provided him with an experience of agency and demonstrated that he was the equal of his fears. The magic and the empowerment lay in the making, not in the objects made. Magic, in this sense can be regarded as a methodology for Arwin, a way of connecting with that which cannot be known by cognition, an unconscious embodied knowing.[297] Arwin's making therefore aligns with some recent uses of magic in contemporary art, where process is valued over outcome, the embodied over the visual, and where hidden energy is harnessed towards change.[298] Arwin's experience also resonates with Deleuze and Guattari's concept of the sorcerer as one who is able to enact their own inherent powers in the process of becoming.[299] In saying that he needed to "become a wizard" to survive, Arwin articulated the need to give tangible form to his own power. In the safety of the Studio, with the materials it provided, Arwin empowered himself through the focussed application of his energy; the magic he manifested was his inherent capacity.

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[293] Ernst Kris and Otto Kurz, *Legend, myth, and magic in the image of the artist : a historical experiment* (New Haven: New Haven : Yale University Press, 1979)., p. 90.

[294] Ibid., p. 76. It is worth noting that Kris and Kurz associated this thinking particularly with children, the mentally ill, crowds and "primitives". By investing supernatural-seeming powers of creativity in such groups they demonstrate the influence of the very tropes they investigated.

[295] E. V. Subbotsky, *Magic and the mind mechanisms, functions, and development of magical thinking and behavior* (New York, Oxford: Oxford University Press, 2010)., p. 50.

[296] Ibid., p. 138.
Joy Schaverien, 'Gifts, talismans and tokens in analysis: symbolic enactments or sinister acts?'., p. 167.

[297] Lars Larsen, 'The other side', *Frieze*/106 (2007), 114-119., p. 5.

[298] Ibid., p. 4.

[299] Joshua Delpech-Ramey, 'Deleuze, Guattari, and the "Politics of Sorcery"', *SubStance*, 39/1 (2010), 8-23.
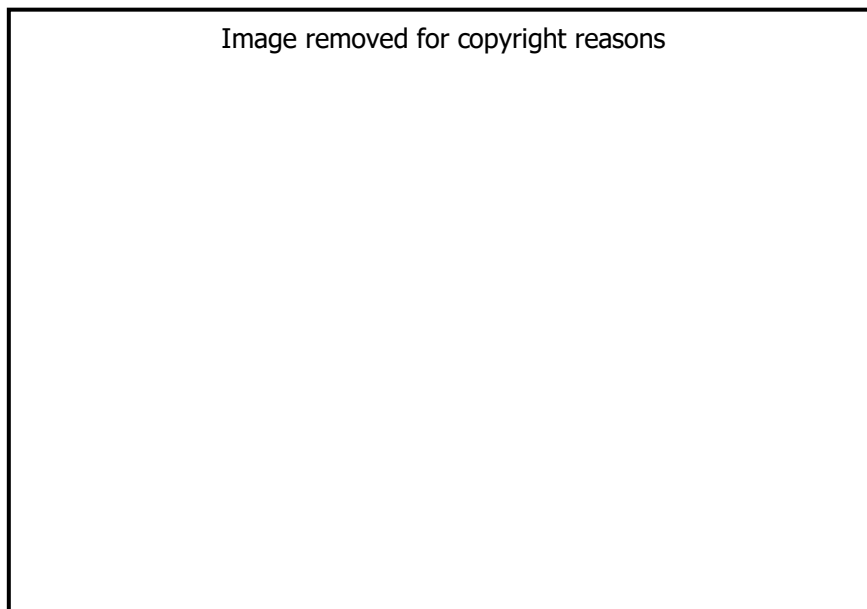
Fig. 26; Artist not known, untitled, not dated (pastel and acrylic paint on paper), LTULAR 962, Larundel Collection, La Trobe Art Institute

For Sue and Julie individual empowerment was embedded in the interpersonal process of making art with others. Sue stated emphatically that collaborative art-making at the AAS was "rebelling against the system". In collaboration, Sue and others performed the possibilities that the institutionalised assessment of their capacities said they did not contain. In a process of mutual recognition, they demonstrated to themselves that they were more than the system judged them to be. Sue felt that this demonstration "rocked" the institution to its foundations, liberating them to be themselves. This same sense of a defiance or resistance to the hospital's authority characterised Julie's understanding of the subversive power of collective acts of art and laughter. Motivated by her belief in human rights, and an active political consciousness, Julie used her understanding of art's capacity for expression and building connections to assert her rights and those of her fellow patients. Lampooning the doctors in an act of group art-making created bonds of solidarity between the patients and asserted their right to be acknowledged in their agency. The laughter that followed, shared by doctors and patients alike, drew attention to their common humanity, upending the hospital hierarchy.[300] This was art and laughter used as a subversive tool and to Julie it was empowering.

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[300] Jennifer Richardson, 'The Art and Politics of Artists With Mental Disabilities Experiencing Confinement', *Studies in Art Education*, 59/1 (2018), 8-21., p.18.
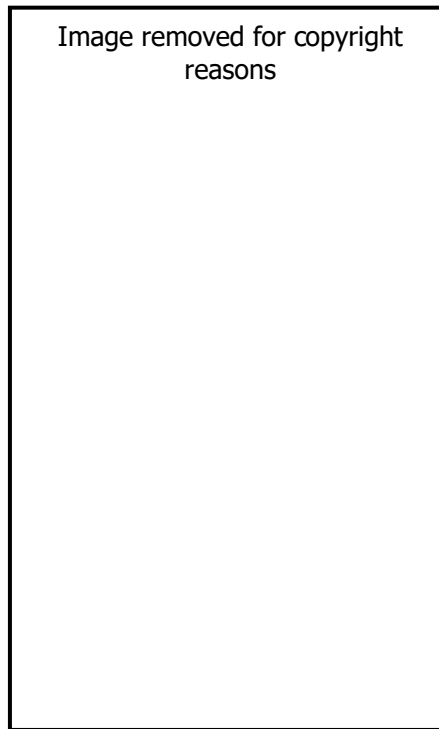
Fig. 27; Artist not known, untitled, 1994 (pencil on paper), LTULAR 262, Larundel Collection, La Trobe Art Institute

Art educator Jennifer Richardson suggests that art-making by the mentally-ill confined to asyla in the late nineteenth and early twentieth centuries can be seen as political because it represents an appropriation of institutional resources, including the patients' own time and effort.[301] In addition, artist and theorist Alana Jelinek suggests art-making is not just political but radical where it destabilises prevailing orthodoxies.[302] In Sue and Julie's experience the act of art-making can be regarded as both political and radical, countering any construction of the act as purposeless or of only instrumental value. The art materials used by the Makers at the AAS were supplied by hospital funds, but it was through their agential, self-directed use of those materials that they challenged the orthodoxy of the "psychiatric patient" with its expectation of passivity and incapacity. Furthermore, while the connections facilitated by art-making answered a fundamental human need for intimacy, such interrelatedness also carried political weight.[303] What was rebellious in both Sue and Julie's experiences was individuals acting together. As psychiatric patients, their experience of institutional control implied that they were incapable of meaningful connection. Therefore, the acts of being in relation, and of recognising their capacity to relate were disruptive to the system. As individuals disempowered by the institution,

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[301] Ibid.

[302] Alana Jelinek, *This is not art : activism and other 'not-art'* (London : New York: I.B. Tauris, 2013)., p. 151.

[303] Ellen Dissanayake, *Art and intimacy; how the arts began*.

banding together was a defiance of established authority, contributing to a sense of individual and collective power.

Art-making was therapeutic

The affective qualities of the change which the Makers experienced in the sense of their capacities through art-making was described as magical and rebellious, but also therapeutic. In describing their experiences thus, the Makers identified the positive impact of art-making's unstructured, open-ended and self-determined qualities which allowed the exercise of their own agency. In other words, the experience was therapeutic because it was empowering. Describing both the Studio environment and the process of art-making as therapeutic, the Makers stressed art's capacity for the production of positive mood (J.A.W), or the benefits of a quiet, stress-free environment (Bill). Their use of the word reflects popular understanding, in which any activity that has a positive impact on the body or mind, such as walking, may be considered therapeutic.[304] However, several of the Makers were at pains to emphasise that this therapeutic quality of the art-making experience did not make it therapy. It was "nothing to do with therapy", said Sue; therapy was the "antithesis" of what happened at AAS, according to Bill. Carol made a vigorous distinction between "artwork" and "art as therapy", asserting that "artwork is really nothing to do with getting better, staying well, becoming… normalised". Their effort to distinguish between therapy and the therapeutic reflects a lexical confusion that has exercised many commentators attempting to define a field encompassed by terms such as arts-in-health, art-as-therapy and art therapy.[305] However, in the strongly emotive quality of the Makers' use of the term therapy, there is also the suggestion that the word can be heavily freighted for people with an experience of the mental health system. Therapy is treatment, said Carol; it is clinical, focussed on symptoms, diagnoses and medication, said Sue. Therapy, they suggested, denotes activities undertaken at another's direction, where control over the process and the production of meaning is in the hands of another, an expert. Therapy implies the need to fix, and is therefore interwoven with the identity and status of the psychiatric patient as a passive recipient of care.[306] This understanding of therapy aligns to the use of art in programs such as that at Netherne Hospital where art-making was

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[304] Oxford English Dictionary, *"therapeutic, adj."* (Oxford University Press).; www.bing.com/search?q=therapeutic&form=ANNTH1

[305] See, for example; Theresa Van Lith and Heather Spooner, 'Art Therapy and Arts in Health: Identifying Shared Values but Different Goals Using a Framework Analysis', *Art Therapy*, 35/2 (2018), 88-93; Gareth Wreford, 'The state of arts and health in Australia', *Arts & Health*, 2/1 (2010), 8-22, accessed 09/04/18; Sheelagh Broderick, '(Mis) Interpreting Arts and Health: What (Else) Can an Arts Practice Do?', PhD thesis (Technological University Dublin, 2015; ibid.; Christina Davies et al., 'Arts, public health and the National Arts and Health Framework: a lexicon for health professionals', *Australian and New Zealand Journal of Public Health*, 40/4 (2016), 304-306.

[306] Olivia Sagan, 'Connection and reparation: Narratives of art practice in the lives of mental health service users', *Counselling Psychology Quarterly*, 25/3 (2012), 239-249.

treatment undertaken at the direction of a clinician. By contrast, art-making at the AAS was self-determined. It was about "who you were" (Carol), a means of coming to understand yourself. It was making their own meanings (Sue). Being indeterminate in nature, the experience and its value or meaning could be determined by the individual. It was flexible, not fixed, and could be shaped to individual need.[307] In that unstructured, open-ended process the individual could become an active, self-directed agent in their own quest for meaning, rather than fixed in the static role of patient.

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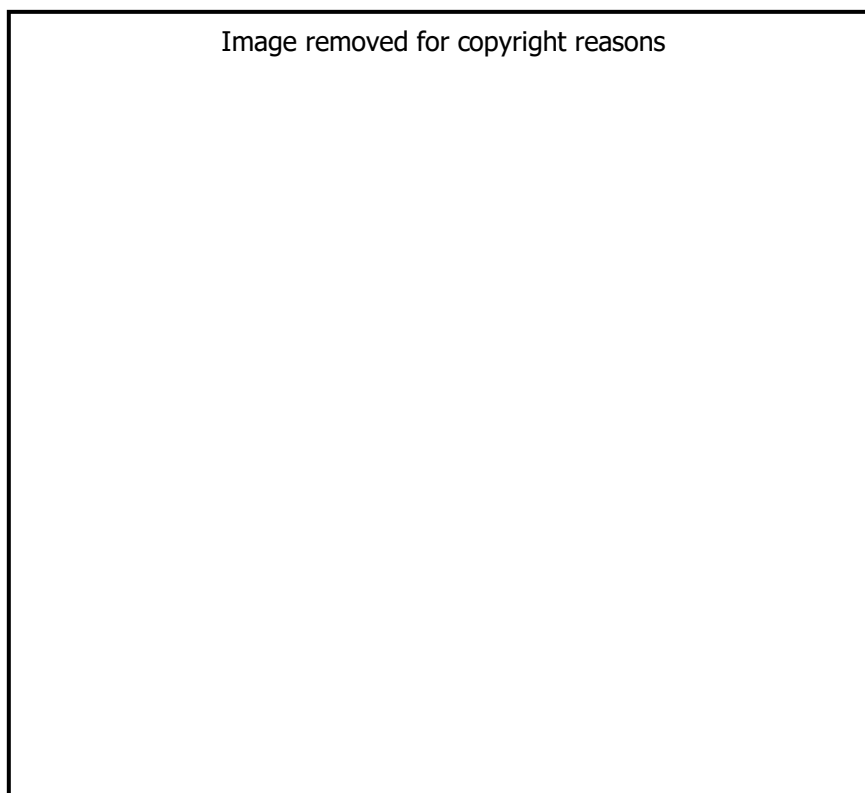
Fig. 28; Artist not known, untitled, not dated (pen on paper), LTULAR 179, Larundel Collection, La Trobe Art Institute

J.A.W's articulation of her experience of the therapeutic is pertinent to this conceptualisation. Through art-making J.A.W. came to recognise that the energy she employed in making was self-generated. She defined this creative energy as "therapeutic" and "positive" because it generated feelings of well-being. Such feelings then looped back to fuel her commitment to the ongoing exploration of her creative potential. The beneficial feedback loop thus created resonates with philosopher Alva Noë's concept of the arts as

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[307] Anonymous, *Art Access Program*. The Artists-in-residence also relied on definitions of art therapy that emphasised the clinical, analytical and diagnostic, to demonstrate what the AAS was *not*. However, they also offered a definition of the process at AAS as Art Practice, a process contingent on individual exploration and need, which shares with Art Therapy the potential for self-expression and exploration, healing, self-knowledge, personal validation and empowerment. They acknowledged the experience as broadly therapeutic in its potential for transformation. See, Sally Margaret Clifford, *Why have you drawn a wolf so badly?: community arts in healthcare*; S Metzner and E Vyhnal, *Art in Institutions*.

tools of reorganisation.[308] As Noë suggests, drawing brought aspects of J.A.W. into view – her energy, her values – so that they become apparent to her.[309] The knowledge thus generated– that she was the active director of her own energy, which could be employed to generate well-being – then reorganised the way she directed that energy, carrying her on a path to "continued recovery". In her use of the term "recovery", J.A.W. is the only Maker to draw a connection between her art-making and the contemporary discourse of psychosocial rehabilitation that frames publicly-funded mental health services.[310] However, J.A.W's understanding that recovery lies in the agential enactment of individual need and capacity resonates with that of Patricia Deegan. In Deegan's lexicon, personal recovery is a self-determined, self-managed process of growth, healing and empowerment directed by individual need.[311] Deegan's articulation of recovery thus clarifies the therapeutic value that art-making at AAS had for the Makers. It was it was therapeutic - that is, beneficial - because it was a self-directed, autonomous, creation of meaning defined by the individual according to their needs. It was a creative enactment of agency, resulting in enhanced self-knowledge and a changed sense of capacity. It was this individual determination of meaning and value that was the agent of affective change. Thus, what made it not therapy in the eyes of the Makers - the absence of a therapist or clinician, of analysis, of imposed structure or meaning - opened it up to the possibility of being not only therapeutic, but empowering and transformational.

The act of art-making felt magical, rebellious and therapeutic for the Makers because it was empowering; a way of re/discovering their own power and exercising it. That is, art-making brought affective change, altering the Makers' felt sense of their own potential. Deleuze and Guattari propose that "artists are presenters of affects, the inventors and creators of affects".[312] Julie's statement, that art-making was "seeing what you're capable of" resonates with this and with Deleuze and Guattari's assertion that a being is characterised by what it can affect; we are what we think – or rather, feel – that we can do.[313] The Makers' sense of their capacity to affect or to be affected was altered through art-making. As psychologists Slater and Coyle maintain, it is in liminal experiences such as art-making that the shifts in power and knowledge that are integral to transformation can

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[308] Alva Noë, *Strange tools: Art and human nature* (Hill and Wang, 2015).

[309] Ibid., pp. 11-18.

[310] *Framework for Recovery-oriented Practice*.

[311] Patricia Deegan, 'Recovery as a journey of the heart'., pp. 95-96.

[312] Simon O'Sullivan, *Art encounters Deleuze and Guattari thought beyond representation* (Basingstoke, New York: Palgrave Macmillan, 2006)., p. 56.

[313] Brent Adkins, Deleuze and Guattari's A thousand plateaus : a critical introduction and guide., p. 154.

occur, affecting the individual's sense of self.[314] This understanding accords with that of both Heidegger and Deleuze and Guattari; that "the movement in understanding, not the artwork, is the work of art".[315] Such movement – conceived as an opening up to possibility, which augments the ability to affect - is the work that art does for both the maker and the viewer of an artwork.[316] In this way, the therapeutic, the magical and the rebellious were ways of describing art's inherent transformational potential. For the Makers, this felt shift in the sense of their own capacity to affect formed the core of their experience of art-making at the AAS.

Becoming an artist, a maker or a creative person

For the Makers, art-making at the AAS was fundamentally a process of self-exploration, an experimental investigation of capacity in correspondence with the social and material elements of the Studio. Through these self-directed experiences, the Makers gained insight into themselves, changing their sense of their own capacities in ways that felt empowering. In considering the relationship that this emergent sense of self had with art-making during their time at the AAS, the Makers used a number of terms. In each case however, their choice of the title "artist", "maker" or "creative person" suggested that, through art-making they were recognising their potential.

The influence of art-world power structures and of myth are evident in the Makers' consideration of the relevance of the terms art or artist to their activities at the AAS. Julie's identification of income generation as a defining aspect of being an artist, and Arwin's implication that art was the creation of objects for exhibition and consumption acknowledge that it is the market and its focus on the object that determines what art is and who is an artist. Their assessment concurs with that of Jelinek who suggests that as an embodiment of neoliberal values the art market has never been more powerful.[317] Similarly, Bolt suggests that market control has become elevated to a "belief system".[318] Julie's comment that the title of artist was "too formal" suggests the power of art schools to determine who is an artist, and reflects the mystification of the artist, elevated by Romantic myth to a privileged status beyond the aspirations of most.[319] In identifying skill

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[314] Rory Slater and Adrian Coyle, 'Time, space, power, and the liminal transformation of the psychologised "self "'., p. 370.

[315] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts*., p. 48.

[316] Ibid.; Gilles Deleuze and Félix Guattari, *A thousand plateaus : capitalism and schizophrenia*., p. 258; Brent Adkins, *Deleuze and Guattari's A thousand plateaus : a critical introduction and guide*., p. 153.

[317] Alana Jelinek, *This is not art : activism and other 'not-art'*., pp. 17-21.

[318] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts*., p. 43.

[319] Joanne Cubbs, *Rebels, Mystics, and Outcasts: The Romantic Outsider Artist*., pp. 77-79.

in mimesis as another defining characteristics of an artist Julie suggests the persistent influence of the Classical trope of the artist as god-like.[320] While Arwin's assertion that something is not art if it does not contribute to the evolution of the discipline, acknowledged the modernist manifestation of the Romantic ideal of the artist in the role of the avant-garde.[321] By contrast, Bill's use of the term "maker" as his preferred descriptor highlighted the value that he placed on process, on the active co-ordination of hand, eye and mind that he experienced in the act of making.[322] It suggested that he saw creativity as having a central role not only in his self-definition but in the definition of human nature. Similarly, although Sue said that whether or not one was an artist was a "complicated question", she added that she came to understand that to claim the title of artist was just another way of saying "I'm a creative person". Her understanding resolved the tensions inherent in this "complicated question" by making it redundant. We are all creative people, said Sue. By thus equating being creative with being human, Sue, like Bill, insisted on the defining place of creativity in human nature, and at the same time asserted her right to self-determine her identity.

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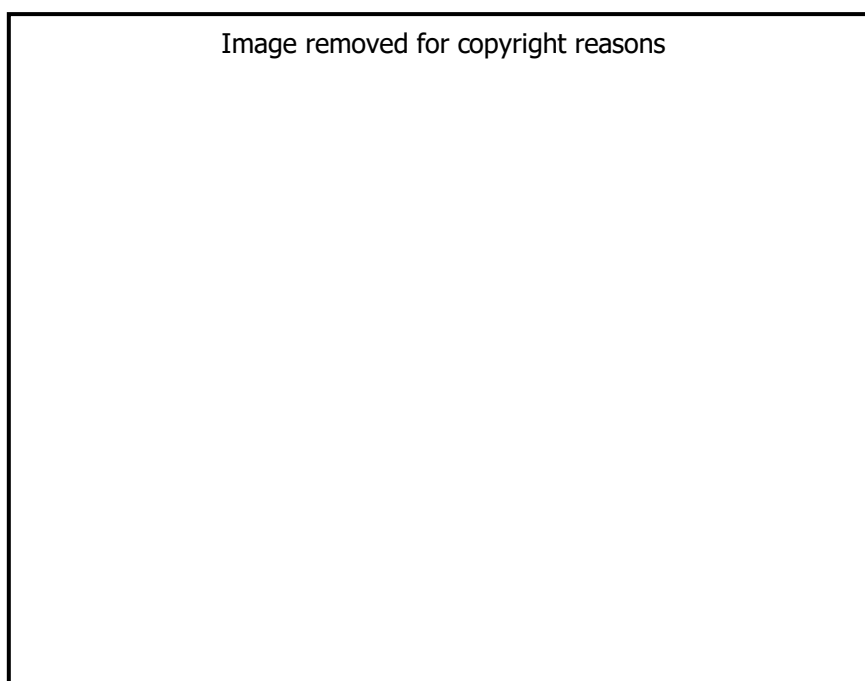
Fig. 29; Artist not known, untitled, not dated (acrylic paint and pen on paper), LTULAR 136, Larundel Collection, La Trobe Art Institute

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[320] Ernst Kris and Otto Kurz, *Legend, myth, and magic in the image of the artist : a historical experiment.*, p. 61.

[321] Joanne Cubbs, *Rebels, Mystics, and Outcasts: The Romantic Outsider Artist.*, p. 78.

[322] Referring to himself as a maker was entirely Bill's suggestion, independent of my use of the term which he was unaware of at the time of the interview.

In this evaluation of the terms art and artist, the Makers demonstrate Jelinek's proposition that art is a socially determined concept; that as artists, viewers and consumers we all contribute to its definition by self-policing in conformity to its norms.[323] As the Makers' comments illustrate, such self-policing can lead to the devaluing of an individual's creative potential. At same time, the Makers assessments also implied the failure of dominant contemporary definitions of art and artist to accommodate what they perceived as being valuable to them in art-making. In this way, the Makers' emphasis on the act, on process, and on the exploration and expression of capacity is congruent with contemporary understandings of art-making; that art is not the object made, but the activity of making.[324] This approach also critiques the focus on the object as concealing the potential for knowledge generation inherent in the making process.[325] The Makers' emphasis on a broader idea of art also suggests their lived understanding of the centrality of the propensity for art-making to both their sense of self and to human nature. Having arrived at this understanding through the enactment of their creative potential, they illustrate the difference between the concept of "artist" and being an artist, effectively demonstrating Heidegger's principle that we know by doing, not by cognition.[326] In her acceptance of the title of artist and the status of art for her practice at that time, Carol's experience exemplifies this understanding. Carol said that the feeling that she was an artist arrived gradually as her practice of drawing evolved. When the practice became compelling for her, she began to recognise that the work she made had a validity that was not dependant on externally generated measures or aesthetic values, but on the work's relationship to her sense of self. In recognising that "my artwork is part of who I am" and that "it was also individual to me" Carol acknowledged that by being unique to her, the artwork she made was integral to her individuality, and was thus a way of coming to know that self. Additionally, Carol insisted that which is made manifest in the process of art-making is immanent; recognising herself as an artist was an acceptance of that which existed within her. This did not require reference to art-world authorities or powers, but was given validity by the understanding of her nature resulting from the process of art-making. In Carol's articulation, it was not a question of identifying with the notion of an artist, but an autonomous recognition of the capacity for art-making as a fundamental building block of the self.

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[323] Alana Jelinek, *This is not art : activism and other 'not-art'.*, p. 56

[324] Tim Ingold, *Making : anthropology, archaeology, art and architecture.*, p. 7.

[325] Ibid., p. 7; Barbara Bolt and Estelle Barrett, *Practice as research : approaches to creative arts enquiry.*, p.4.

[326] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts.*, p. 23.
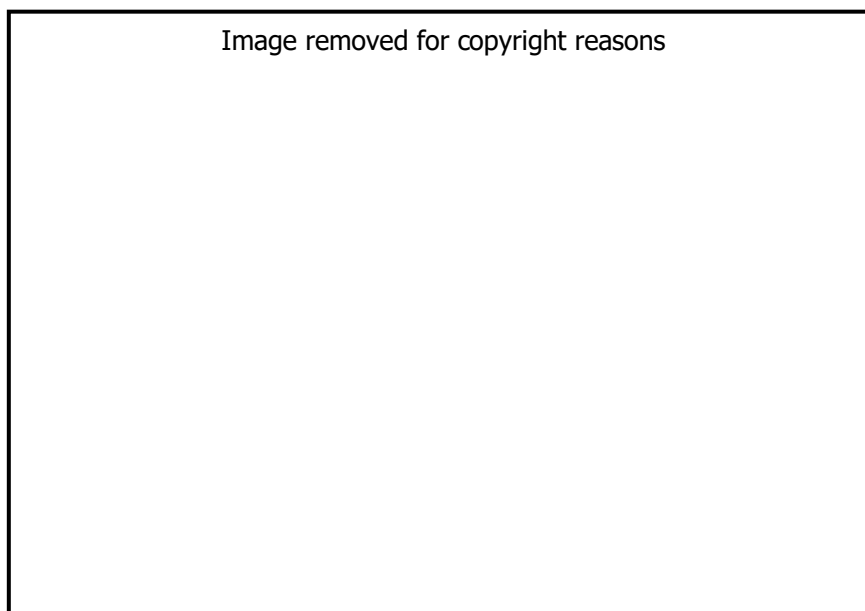
Fig. 30; Artist not known, untitled, not dated (pastel and pencil on paper), LAR 136, Larundel Collection, La Trobe Art Institute

Carol's articulation is consistent with Deleuze and Guattari's notion of becoming as a process of manifesting already existent dimensions of the self; it does not involve loss or gain, nor is it a question of imitating or adopting a fixed identity. Rather becoming is fluid, contingent; a way of opening to that which already exists.[327] This is in sympathy with Heidegger's notion that art is a "bringing forth", involving an openness in the maker, opening them to their own truths and allowing those truths to emerge.[328] These conceptions share the idea that "something can only be trans-formed if it has already been formed".[329] In other words, the transformation effected by the passage through a liminal state or an encounter with a threshold is the realisation of that which already existed in potential. Such an understanding of art's transformational possibilities suggests a different emphasis to discourse which examines the benefits of art-making by those with experience of mental illness and posits the "construction" or adoption of the identity of artist as a positive and socially acceptable alternative to the "negative identity" of a psychiatric patient.[330] For the Makers, the process was not one of creating or adopting an alternative identity, rather of coming to see aspects of themselves that existed in potential. Furthermore, the sense of self that emerged for the Makers was contingent on circumstances; Sue's remark that she "had trouble thinking of myself as anything cause

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[327] Gilles Deleuze and Félix Guattari, *A thousand plateaus : capitalism and schizophrenia.*, pp. 237-258.

[328] Barbara Bolt, *Heidegger Reframed Interpreting Key Thinkers for the Arts.*, p. 33.

[329] Arpad Szakolczai, 'Liminality and experience: Structuring transitory situations and transformative events'., p. 157.

[330] Karleen Gwinner, *Diagnosed artist : what is the understanding of 'artist' held by a person with a mental illness? .*, pp. 50-54; Jackie Lawson et al., ''It's like having a day of freedom, a day off from being ill': Exploring the experiences of people living with mental health problems who attend a community-based arts project, using interpretative phenomenological analysis', *Journal of Health Psychology*, 19/6 (2013), 765-777, accessed 2018/04/14., p. 774.

of all the bad treatments I had", contextualised the challenge of seeing oneself as an artist within the wider challenge of (re)claiming any sense of self due to the impact of trauma and institutionalisation. However, that emergent sense of self was not context-dependant. As Carol insisted, the understanding that art is a part of you stays with you, once realised. This suggests the third ritual phase identified by Van Gennep; the incorporation of new understandings and the reformulation of the self.[331] Old ways of seeing the self have dissolved and new ones emerged, so that transformation is affected through "an alternative formation of power/knowledge".[332] Carol emphasised that this process of realisation took place unconsciously and her conscious understanding arrived gradually, reflexively. It was a process, not an arrival at a destination, as Deleuze and Guattari assert.[333] This is to regard the "stream" that Sue identified as a creative continuum, a process of becoming that has persisted in the Makers' lives.

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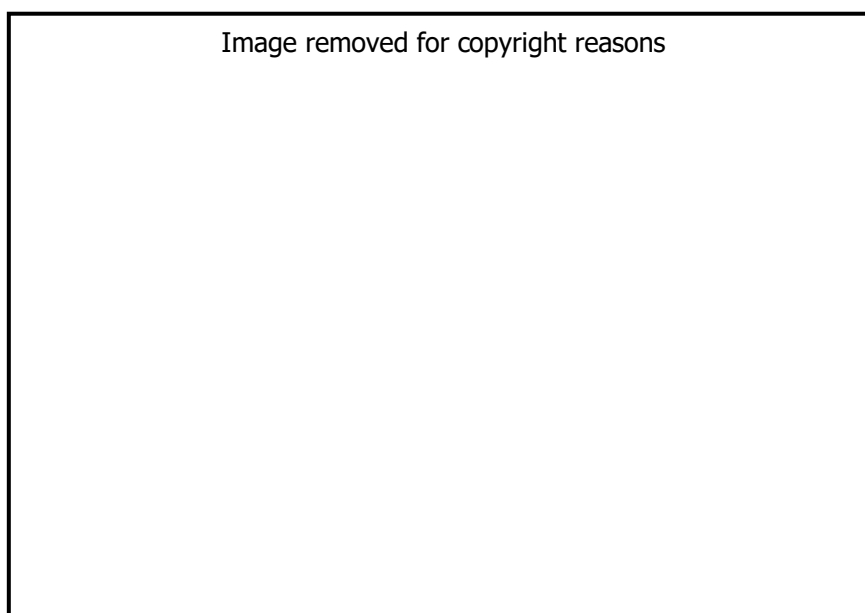
Fig. 31; Artist not known, untitled, 1991 (acrylic paint on paper), LTULAR 306, Larundel Collection, La Trobe Art Institute

While Carol suggested that the failure to recognise and enact the potential for art-making within oneself can be a failure to live optimally, others explicitly characterised art-making as vital to their survival. Julie and Sue employed metaphors of art as hope, a light in the darkness; both Arwin and Julie stated clearly that art-making was essential to their survival in life-threatening circumstances. Their assessment of art-making as critical to survival is

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[331] Victor Turner, 'Liminal to liminoid, in play, flow, and ritual: An essay in comparative symbology'., p. 57.

[332] Rory Slater and Adrian Coyle, 'Time, space, power, and the liminal transformation of the psychologised "self"'., p. 385

[333] Brent Adkins, Deleuze and Guattari's A thousand plateaus : a critical introduction and guide., p. 7.

echoed by other artists with an experience of mental illness.[334] Furthermore, Dissanayake suggests that humans have evolved to require "signs of mutuality - praise, recognition, encouragement, comfort, affectionate touching, and fond smiles" to thrive.[335] In the institutional context of the AAS, art was a means to satisfy such fundamental human requirements. In the Makers' experience, art could make the difference between hopelessness and hope (Julie, Sue), between helplessness and agency (Arwin), between existing and thriving (Carol). In the Makers' experience, art was situated learning driven by "real-world problems" based in the artist's lived experience, vital to resolve.[336] In this way, art was not only a means of surviving periods of acute illness or hospitalisation but a means to navigate ongoing survival. This is reflected in the fact that creative practices have been threaded through the Makers' lives ever since their attendance at the AAS, as part of a continuous process of exploring and enacting their capacities. Thus, through the experimental, experiential, and relational process of art-making, the Makers were becoming as Deegan writes, 'the unique, awesome, never to be repeated human being (they were) called to be".[337]

In summary, this discussion has suggested that the experience of art-making at the AAS was unique to the individual. As a self-directed exploration of capacity, art-making was guided by individual need; needs that were shaped by context, but also fundamental to our human natures - the need to belong, to communicate and connect with others, to feel competent, to feel safe, to feel acknowledged. This exploratory process involved collaboration or correspondence with both the material and the social; inter-relationships with a host of active materials in which the Makers were also material. For the Makers, both the experience of being at the AAS and the act of art-making can be characterised as liminal, as thresholds in a process of becoming. Making art in the Studio was a retreat from circumstances, an escape from their hospital context. It that space and in the act of making, the Makers were able to see themselves differently. That is, the perception of being outside the limits imposed by the clinical gaze and by illness, provided for the possibility of a shift in the Makers' sense of their own capacity, their own power. In the transformational space of the Studio, art-making was a process of individual, situated problem-solving, which provided the opportunity for personal revelation and insight,

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[334] Olivia Sagan, 'Connection and reparation: Narratives of art practice in the lives of mental health service users'; Sally Northfield, *Canvassing the emotions : women, creativity and mental health in context.*, pp. 164, 213; Olivia Sagan, '"Hope crept in": a phenomenological study of mentally ill artists' biographic narrative', *Journal of Mental Health*, 24/2 (2015), 73-77.

[335] Ellen Dissanayake, *Art and intimacy; how the arts began.*, p. 42.

[336] Barbara Bolt and Estelle Barrett, *Practice as research : approaches to creative arts enquiry.*, p. 5.

[337] Patricia Deegan, 'Recovery as a journey of the heart'., p. 92.

aligning it with contemporary understandings of art as a research practice. It was through this individual experience of creative inquiry into their inner resources and the resources around them, that the Makers gained insight into their own natures; through revelations of their inherent potentiality, tacit or intuitive knowledge about themselves was made conscious. In the liminal heterotopic context of the Studio, the Makers experienced the inherent transformational qualities of art in ways that felt magical, rebellious and therapeutic because they were empowering. If the Makers were, as Julie suggested "seeing what they were capable of", art-making at the AAS changed their understanding of their capacities. This changed understanding was reflected in the terms they used to describe their relationships with the creative practices that they have continued to explore. The experimental, materially and socially enmeshed process of art-making at the Art Access Studio was a process of becoming, and in recognising themselves as artists, makers or creative people, the Makers were enacting their inherent potential.

Conclusion: Art-making as a continuum of creative practices

In this thesis I set out to explore the nature of the experience of art-making at the AAS, through the lived experience of individuals who attended the Studio. I began by reviewing the multi-disciplinary literature which has characterised the art made by people with an experience of mental illness as, at one extreme, evidence of pathology and of degeneracy and, at the other, as exceptional, the work of the Romantic ideal of the artist-genius. This review revealed that these constructions of art made by the mentally-ill relied upon the absence of the voice of the maker; that the maker was marginalised to uphold the authority of others. The choice to privilege the voices of the people who attended the AAS was my response to this marginalisation of the maker and consistent with my own values as an artist who has worked in the community mental health sector. I adopted a phenomenological approach as appropriate to the aim of generating insight into the individual experience of art-making and established a foundation for the research in the value placed on human interrelatedness and lived experience by both Deegan's idea of recovery and the Participatory Paradigm. I favoured methods and processes that recognised the relational nature of knowledge generation and moderated the power imbalances between researcher and participant. Semi-structured interviews with six people who attended the AAS generated the primary research materials, which I came to know through Ingold's way of the craftsperson. The findings were presented in form of individual case studies.

For the six Makers interviewed, the experience of art-making at the AAS was a self-directed, experimental engagement with their own needs and capacities, involving collaboration with the material and social resources of the Studio. Supported by the quiet presence of the Artists-in-residence, in the safety and the non-judgemental atmosphere of the Studio, art-making produced insights which were transformative, changing the Makers' understanding of their capacities. This enhanced knowledge of their potentiality was experienced as empowering and vital to their survival. In coming to understand themselves as artists, makers and creative people the Makers were realising aspects of their natures that were inherent. The Makers' experiences of art-making were unique, shaped by individual need and productive of personal meaning. However, their experiences and learnings were also situated, related to their hospital context. For example, both the experience of being in the Studio and act of art-making were experienced as stepping over a threshold, out of the hospital into a liminal position that allowed them to see themselves as separate from limiting identity of psychiatric patient.

Similarly, the Makers' experience of individual and collective power was empowering in relation to perceptions of powerlessness that were shaped by illness, internalised stigma and their position as patients in the hospital hierarchy. However, while the Makers' experiences were both particular and situated, they were also characterised by elements that transcended the individual and contextual. That is, in addressing needs which were both individual and specific to their context (the need to connect, to feel competent), art-making was also an engagement with the fundamentally human – an exploration of the nexus of need and capacity that defines human nature. This aspect of the Makers' experiences locates those experiences in the universal. In addition, although the insights generated by the exploration of need and potential were particular to the individual, the impact such revelations had on the Makers' self-perception was shared. As an embodied exploration of capacity, art-making at the AAS was transformative; it altered the Makers' understanding of themselves by altering what they thought they were capable of. That this change was the core of the Makers' experiences is witnessed by the terms of power they used to describe how it felt; rebellious, therapeutic, magical, empowering. The enactment of individual and collective power through the act of art-making brought affective change, altering their perception of own potential.

That the core of the Maker's experience was affective illuminates another defining, shared quality of their experiences; that it was fundamentally inter-relational. According to Deleuze and Guattari it is only possible to know what a thing is capable of in relation to other things.[338] The change that the Makers experienced took place in relation – to the material and social network of the Studio. This sense of being in relation is strongly evidenced by the Makers' recollections of correspondence with art materials and with each other; of collaboration both formal and informal. The fact of being in relation was powerful; powerful enough to subvert the hospital power structure, to change their self-perception, and how they felt they were seen. While the impact of being in relation was contextual, affecting how they felt they were regarded as psychiatric patients through the authority of clinical gaze, it also transcended context, being both personal and life-changing. The terms the Makers used to articulate the impact of this affective change on their self-perception – artist, maker, creative person – recognised the defining role of the potential for art-making in identity, and in determining a life of meaning.

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[338] Brent Adkins, Deleuze and Guattari's A thousand plateaus : a critical introduction and guide., pp. 153-154.

In their diversity, the Makers' experiences of art-making can suggest that art has many meanings, values and purposes. Furthermore, the Makers' framed their experiences as part of an ongoing stream in their lives. In these aspects their experiences suggest that art-making at the AAS was part of a continuum of creative practices. To view the Makers' experiences of art-making in this way is to borrow from the metaphysics of continuity that informs the work of Deleuze and Guattari, which acknowledges all beings as a "continuous variation of one and the same being".[339] Acknowledging art as a continuum means drawing attention to the continuities rather than the discontinuities, by considering the "intermezzo" - the practices that lie between and beyond entrenched binaries of inside and outside.[340] This is to create a position from which Deleuze and Guattari proposed that it is possible to begin to see real difference; a position which is in sympathy with Deegan's vision of the expanded mainstream required to enable the human project of becoming.[341] Creating such a position involves seeking out the alternatives that Jelinek suggests always exists, in art and society, bringing attention to alternative practices that are not institutionally recognised as art, those labelled "outsider".[342] To expand notions of what constitutes art requires listening to the alternative stories of art-making which are not heard because they do not fit with dominant conceptions, through research and curatorial endeavour which privileges the voice of the maker. Asking makers considered as operating outside the mainstream - including the maker with an experience of mental illness - what art is and what art does, can help to build a more nuanced and complex picture of the continuum of practices that constitute art.

Implications of this study:

<u>Implications for the understanding of art made by people with a mental illness</u>
Many aspects of the Makers' experiences of art-making at the AAS challenge the ways in which art by the mentally-ill has been constructed - as pathology, as exception, as different from dominant conceptualisations of art. That the Makers' experiences were unique to the individual resists any uniform characterisation. If there were as many experiences of art-making as there were Makers what does that say to any attempt to define them? Conversely, that their experiences involved engagement with needs which were both individual and situated in their institutional context, but were at same time fundamentally

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[339] Ibid.

[340] Gilles Deleuze and Félix Guattari, *A thousand plateaus : capitalism and schizophrenia.*, p. 277.

[341] Brent Adkins, Deleuze and Guattari's A thousand plateaus : a critical introduction and guide., p.7.
Patricia Deegan, 'Recovery as a journey of the heart'.

[342] Alana Jelinek, *This is not art : activism and other 'not-art'.*, p. 108.

human, suggests their universality, defying their characterisation as either exceptional or pathological. That the Makers' experiences were an empowering realisation of their inherent potentialities further undermines the construction of the art of the mentally-ill as an expression of pathology. Their experiences demonstrate that, rather than being an expression of deficit or incapacity, art-making was fundamentally an enactment of capacity, the act of seeing what they could do. While the Makers acknowledged that art could be a means of giving visual expression to the experience of illness, their experiences also signalled that this is not an indicator of verbal incapacity or withdrawal, but a positive capacity; that in its gestural nature, art is an expression of the energy of the maker that exceeds the capacity of language to convey the imaginative and the subliminal. Furthermore, the Makers understood art's potential for expression as a positive skill, something to be utilised in understanding the self, and this deliberate, knowing employment of art as a means of learning about themselves destabilises the conception of art-making by people with an experience of mental illness as compulsive, lacking conscious direction. In their comprehension of art as a means of learning about themselves, of making implicit understandings conscious, the Makers also recognised the contribution of materials and processes, the embodied nature of this way of learning. In other words, they recognised that the "work" of art lay in the making, not the outcome. This aspect of their experiences would be recognisable to many contemporary makers who understand art as a research practice. Finally, just as the fact of the Makers being in relation undermined the institutional assessment of them, disrupting the hierarchy of hospital and changing their self-perception, it can also sever the link between myth and pathology on which constructions of art by the mentally ill have been built. Art-making for the Makers was an enactment of capacity in relation, an active correspondence with each other, with materials, with the self as material. That essential inter-relatedness undoes the conflation of the Romantic artist-genius with the characteristics of schizophrenia and its contemporary manifestation, the Outsider Artist, as the inward-looking creator of self-generated worlds. In this way, the Makers' experiences demonstrate the limitations of dominant Western conceptualisations of art as a means of understanding art's relationship to the enactment of human and individual potential.

Implications for the Larundel Collection

This study's focus on the individual experience of art-making has demonstrated that art-making had a range of meanings for the Makers. For future research, curatorial or educational use of the Larundel Collection this finding implies the importance of elucidating the diverse experiences that underlie the artworks, of seeking ways to attend to the

alternative practices and stories of art-making that the Collection contains. In the range of materials, content, levels of skill, resolution and engagement they evince, the works of the Larundel Collection make manifest what the Makers' experiences suggest; that art-making at the AAS was a continuum of practices. As a consequence, there can be no question of locating the Larundel Collection on either side of a binary, as either mainstream or "outsider". The works, like the Makers' experiences, defy simple characterisation. This creates a challenge for future uses of the Collection - to approach the works in ways that acknowledge and appreciate the complexity and richness of the experience of art-making at the AAS. This challenge is more than linguistic, to be answered by the creation of new terminologies of inclusiveness. Rather it requires an active consideration of the values employed in any engagement with the works.

An additional challenge for future endeavour involving the Larundel Collection is one common to collections where circumstances of the works' acquisition have created a legacy of questions regarding provenance and consent. Again, the diverse nature of the Makers' experiences of art-making as evidenced by this study does not provide easy answers for such questions. However, what the lack of easy answers strongly indicates is the critical importance of privileging the voices of lived experience in any engagement with the Larundel Collection. This might take the form of further consultation with the Makers who participated in this study, or it could involve identifying other people who attended the AAS through additional research. However, I suggest that it may begin by embedding any presentation, use or consideration of works from the Larundel Collection in the values and meaning which the Makers in this study found in their experiences. This is to do as Ingold suggested and re-orient our understanding of art from an investigation of the object for what it can tell us about its origins, to beginning with the processes of making, and with the role that practice has in our knowing and our being.[343] It is to foreground the Makers' understanding of art as a means of active, embodied learning; that the "work" of art is not the object but the potential for insight inherent in the process of making. Taking the Maker's understanding of art-making as foundation for any engagement with the Larundel Collection can locate the works within contemporary understandings of art as a research practice. It can anchor the Larundel Collection in a conceptualisation of art that is not dependant on binaries, but recognises art as an embodied experiential system of personalised knowledge generation. It can also open ways to create the circle of recognition advocated by Ruth Behar by drawing on the fundamentally inter-relational

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[343] Tim Ingold, *Making : anthropology, archaeology, art and architecture.*, p. 8.

aspect of the Makers' experiences to ignite empathetic connection in an audience. This essential inter-relatedness is strongly evidenced by the Makers recollections of the inclusive and collaborative spirit of the Studio, their experience of being in correspondence with the material and the social, and in formal and informal acts of collaboration. It is also substantiated by the works in the Larundel Collection; by the formal group works, the informal and intimate works by more than one hand, the portraits of each other in the space, and the numerous works which reference contemporary world events and culture. That the makers of the AAS were relating to their inner potential, to materials, to each other, and to the world outside the hospital is therefore evident in both the processes and the outcomes of art-making at the AAS. Elucidating this quality of relatedness as a defining aspect of works in the Larundel Collection and in the experience of those who made them can reveal to an audience the fiction of the asylum artist as isolated from society and can begin to unravel the idea of art-making by those with experience of mental illness as characteristically inward, otherworldly, autistic, withdrawn. It can do this by bringing attention to the place that the capacity for art-making has in human nature. This is not to ignore the context of production of the works in the Larundel Collection. The works were made in an art studio on the grounds of a psychiatric hospital by people facing life-threatening challenges; a situation that is outside the experience of many people. Nor is it to focus exclusively on the universal in the Makers' experience and ignore the realities of difference. Rather it is to expand our understanding of both the particular and the contextual by seeing the stories of the human capacity for communication, empowerment, belonging, competence and self-realisation inherent in the Larundel Collection through the individual makers' engagement with those capacities. It is also to acknowledge that it is through the recognition of diversity – recognising the practices and experiences considered "different", or "outside"– that we begin to see art as a continuum of practices which can support the realisation of individual and human potential.

Implications for the use of art-making in mental health care

Although there are a range of art-based programs associated with mental health care in Melbourne today, the Makers were all passionate about what they regarded as the absence of programs resembling the AAS. While acknowledging that long-term hospitalisation could be dehumanising, stripping people of their capacities, the Makers echoed the sentiments of advocates like Jeffs who, having experienced such environments, still draw attention to the value of some aspects of large-scale in-patient hospitals like Larundel.[344] They insist

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[344] Sandy Jeffs and Margaret Leggatt, *Out of the madhouse; From asylums to caring communty?*

that aspects which might be considered peripheral to treatment, such as art-making, gardens, space and time, the community of patients, the chats with nurses, were critical to people's survival because they addressed fundamental human needs and capacities. According to the Makers, the lack of programs like the AAS signifies what is missing in contemporary mental health care; the recognition of fundamental human capacities that underlie such needs. That the AAS involved a recognition of fundamental human capacities is reflected in the hospital management's endorsement of the Studio, for enabling people to explore their potential and be defined by more than their illness.[345] The provision of art-making opportunities in mental health care that, like the AAS, emphasise "an individual approach to self-discovery", the production of individual meaning through "free, open self-expression" and the enactment of agency would allow people to find their own way to meeting some or all of these human needs, through the enactment of their inherent capacities.[346]

Opportunities for future research

In terms of future scholarship there remains much scope to build a more comprehensive, multi-dimensional and inclusive picture of the Art Access Studio. As an initial investigation, this study's sample was small, determined by the focus on individual experience. However, the diversity in the Makers' experiences suggest that there may have been as many experiences of art-making at AAS as there were attendees over the eight years of the Studio's existence. Investigations into the experiences of other individuals who attended the Studio would therefore provide additional perspectives, enriching our understanding of the value and meaning of art-making in that environment. Furthermore, there are a number of cohorts whose experiences of the AAS are yet to be explored. Archival documentation indicates that First Nations people attended the Studio, so research which privileges the voices and experiences of Aboriginal or Torres Strait Islander attendees should be considered of critical importance. In addition, the Artists-in-residence facilitated on-ward activities intended to include those unable to attend the Studio through incapacity or confinement. Therefore, there exists a potentially large number of people who were touched by the activities of the AAS program without attending the Studio. What was their experience of art-making? What value and meaning did such activities hold for them? Research which focusses on the Artists-in-residence and their experiences of facilitating

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[345] NEMPS CEO Chris Gibbs, in Sally Marsden, *Healthy Arts: A Guide to the Role of the Arts in Health Care.*, p. 15.

[346] Anonymous, *Art Access Program*.

S Metzner and E Vyhnal, *Art in Institutions*.

the program would also aid in building a more multi-dimensional picture of the AAS. The narrowing window of opportunity for collection of first-hand experience makes any investigation with such a focus a priority.

Concluding remarks

Accepting that art is a continuum of practices, as the Makers' experiences of art-making at the AAS suggests, begins to strip away the myth and exceptionality that shroud dominant Western conceptions of art and reveals the capacity for art-making as a defining aspect of our human nature. This is not to use the nature of Makers' experiences to argue that everyone is an artist but to acknowledge that art's transformational potential depends upon the proximity of the propensity for art-making to the defining nexus of human need and capacity. This means that in considering the nature of the experience of art-making at AAS, it is not just about considering what art-making meant for a number of people with an experience of mental illness, but what art means, what it can do, for all makers; what are the mechanisms peculiar to art-making that contribute to the basic human project of becoming who we can be? If we are to become the unique person that only we can be, we need, as Patricia Deegan advocates, to widen the mainstream. Widening the mainstream definition of art therefore goes hand in hand with widening mainstream conceptions of the normative. How can understanding the many and diverse experiences of art-making, including those of the Makers of the Art Access Studio, enrich our understanding of what art is and what it does, and by doing so, contribute to the creation of a society that is more complex, nuanced and plural?

Appendices:

Appendix A; Recruitment flyer
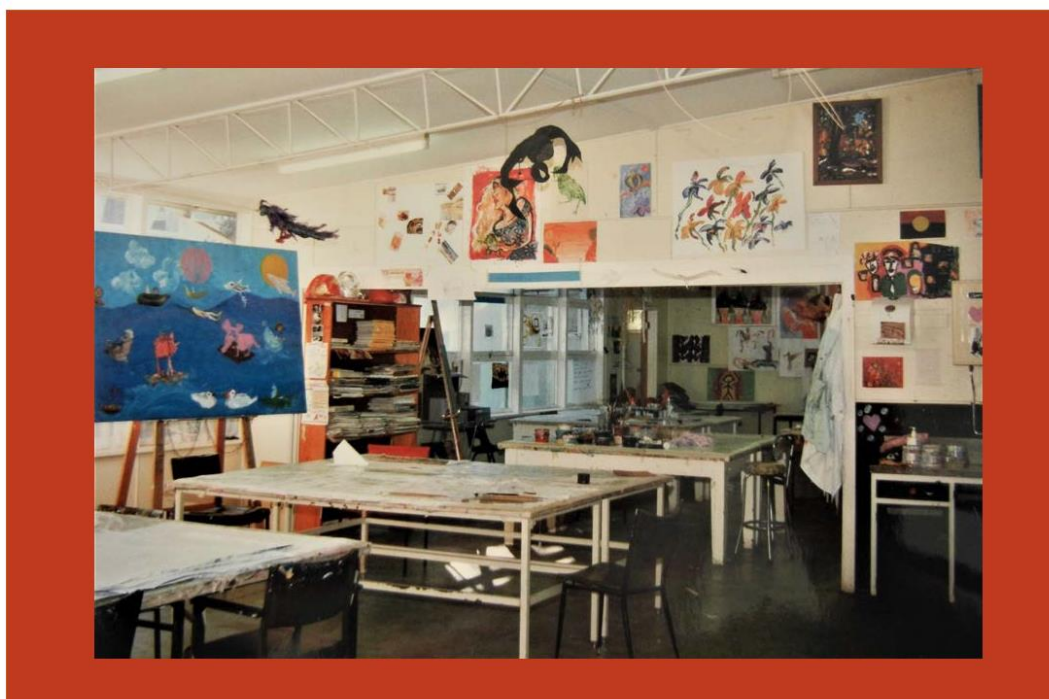
Did you attend the Art Access Studio at Larundel?

The Art Access Studio was a visual art studio on the grounds of Larundel Psychiatric Hospital from the late 1980s into the 1990s. The people who made art at the Art Access Studio were patients at Larundel, Plenty and Mont Park Psychiatric Hospitals.

Would you like to share your stories and memories of the Art Access Studio?

My name is Rosemary O'Neill and I am a Masters by Research student at La Trobe University. I am researching the history of the Art Access Studio. This research is important because the Art Access Studio was thought to be unique in its time, but there is very little known about it. In addition, a collection of artworks that were made at the Art Access Studio were recently donated to La Trobe University. This means that understanding the thoughts and experiences of the people who made art at the Art Access Studio is valuable and timely.

I would like to interview anyone who attended the Art Access Studio at Larundel Hospital as part of my research. The interview would be a chance to talk about your experience of making art at the Art Access Studio, and to make a significant contribution to this research. What you can remember about the Art Access Studio will be very valuable in telling me about the role of art-making in people's lives.

The interview will take approximately 60 to 90 minutes. With your permission, the interview will be recorded.

If you would like to share your memories, thoughts and experiences of art making at the Art Access Studio, or you have any questions about this research, please contact me:

Rosemary O'Neill, ph: ---- ---- or email: r.oneill@latrobe.edu.au

Makers, methods and motives: the experience of art-making at the Art Access Studio, Larundel Psychiatric Hospital

Appendix B; Participant information statement

Participant Information Statement

Makers, methods and motives; the experience of art-making at the Art Access Studio.

Makers, methods and motives: the experience of art-making at the Art Access Studio, Larundel Psychiatric Hospital, Bundoora, 1989 – 1996.		
This research is being carried out in partial fulfilment of Masters by Research (Art History), under the supervision of Dr Caroline Wallace and Prof Patricia Fenner. The following researchers will be conducting the study:		
Role	**Name**	**Organisation**
Research student	Rosemary O'Neill	La Trobe University
Research funder	This research is supported by in kind support from La Trobe University	

1. **What is the study about?**
   This study is about the experience of art-making at the Art Access Studio. The Art Access Studio was a visual arts studio located on the grounds of Larundel Psychiatric Hospital, between 1989 and 1996. It offered people hospitalised at Larundel, Mont Park and Plenty Psychiatric Hospitals the opportunity to explore their creativity. Although it was thought to have been unique in Australia in its time, little is known about Art Access Studio. In particular, there is no record of the Studio that includes the perspectives of the people who attended it. This study will explore the value, meaning and impact of artmaking for the people who attended the Art Access Studio, placing their voices and their experiences at the heart of understanding the Art Access Studio.

2. **Do I have to participate?**
   Being part of this study is voluntary. If you would like to be part of the study, we ask that you read the information below carefully and ask us any questions that you have.

   You can read the information below and decide at the end if you do not want to participate. You can discuss whether or not to participate with someone you trust, if this is helpful. If you decide not to participate this won't affect your relationship with La Trobe University or any other organisation.

3. **Who is being asked to participate?**
   Anyone who attended the Art Access Studio while they were a patient at Larundel, Mont Park or Plenty Psychiatric Hospitals is welcome to participate.

4. **What will I be asked to do?**
   If you would like to contribute to this study, you will be asked to take part in a one-on-one interview. The interview may take place at a location of convenience to you, such as a local library or café, or the meeting room of an organisation familiar to you. If you live in a Supported Residential Service or an aged care facility, the interview could take place there. The interview will be audio-recorded and will take approximately 60 to 90 minutes, with time for breaks if needed. In the interview, the researcher will ask you questions about your experience of art-making at the Art Access Studio.

5. **What are the benefits?**
   The benefits to you of taking part in this study may include;
   - The opportunity to have your say in research that concerns you
   - To have your experience as an artmaker recognised and valued
   - The opportunity to reflect on your relationship with art-making in way that can be positive and affirming.
   - To be invited to see art-works made at the Art Access Studio, that are now at La Trobe University (at a later date; to be established)
   - You will be paid for participating in an interview, in the form of an eftpos card

   The more general benefits expected from this study are;
   - Adding to our understanding of the value and meaning of art-making, in relation to mental-wellbeing, but also to human life generally.
   - Helping to redress the imbalance in historic accounts of art-making in psychiatric environments which have tended to exclude the voice, opinions and experience of the art-makers.

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Makers, methods and motives: the experience of art-making at the Art Access Studio, Larundel Psychiatric Hospital, Bundoora, 1989 – 1996.   Page 1 of 1

LA TROBE UNIVERSITY

Participant Information Statement

Makers, methods and motives; the experience of art-making at the
Art Access Studio.

- Enhancing the value of the Larundel Collection (artworks made at the AAS, now in the custodianship of La Trobe University) by providing a foundation for its future use.

1. **What are the risks?**

   With any study there may be (1) risks we know about, (2) risks we don't know about, and (3) risks we don't expect. We have listed the risks we know about below. This will help you decide if you want to be part of the study.

   - There is a risk that recalling a time when you were in hospital and attending the Art Access Studio may be distressing or upsetting for you.
   - Given the small number of possible participants in this study, full anonymity is difficult to guarantee. It is possible that someone you know, or someone that was at the Art Access Studio, may recognise you from elements of your interview.

   If you experience something that you aren't sure about, please contact us immediately so we can discuss the best way to manage your concerns.

Name/Organisation	Position	Telephone	Email
La Trobe University	Senior Research Ethics Officer	+61 3 9479 1443	humanethics@latrobe.edu.au

2. **What will happen to information about me?**

   The recording of your interview will be stored confidentially on a secure database hosted by La Trobe University. The recording will be typed up and edited for clarity by the researcher, and the transcription stored in the same way. You can choose whether you are known by your own name in this information, or whether you want to use a pseudonym to protect your privacy. Your choice to use your name or a pseudonym will determine how you are referred to in any publication that results from this research.

   You can request a copy of the typed transcript of your interview at any time.

   The results of this study will be published in the form of a thesis, as journal articles or conference presentations. The information generated by this study will be kept by La Trobe University for 15 years after the project is completed. After this time, all of the information will be destroyed. All the information in this project will be collected, stored and destroyed in accordance with La Trobe University's Research Data Management Policy which can be viewed online using the following link: https://policies.latrobe.edu.au/document/view.php?id=106/.

   With your consent, the information from your interview may be made available for future research, such as;
   - Future studies directly related to this one
   - Any future studies by genuine researchers who have ethics approval from their own institution, where the project is consistent with values of this research, that is, it values the lived experience of participants.

   The information you provide is personal information for the purposes of the Privacy and Data Protection Act 2014 (Vic). You have the right to access personal information held about you by the University, the right to request correction and amendment of it, and the right to make a complaint about a breach of the Information Protection Principles as contained in the Information Privacy Act.

3. **Will I hear about the results of the study?**

   We will let you know about the results of the study by supplying you with a copy of the finished thesis, or with a summary of the results, which ever you prefer. The results will be supplied via email or post.

4. **What if I change my mind?**

   At any time you can choose to no longer be part of the study. You can let us know by:
   1. Completing the 'Withdrawal of Consent Form' (provided at the end of this document);

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Makers, methods and motives: the experience of art-making at the Art Access Studio, Larundel Psychiatric Hospital, Bundoora, 1989 – 1996.   Page 1 of 1

LA TROBE UNIVERSITY

Participant Information Statement

Makers, methods and motives; the experience of art-making at the
Art Access Studio.

1. **Calling us**
2. **Emailing us**

Your decision to withdraw at any point will not affect your relationship with La Trobe University or any other organisation.

If you withdraw, any identifiable information about you will be withdrawn from the research study. However, once the results have been analysed, we can only withdraw certain information, such as your name and contact details. If results haven't been analysed you can choose if we use the information from your contribution or not. If you wish to withdraw all of your contribution before it has been analysed you will need to let us know within 4 weeks after your interview.

1. **Who can I contact for questions or want more information?**
   If you would like to speak to us, please use the contact details below:

Name/Organisation	Position	Telephone	Email
Rosemary O'Neill La Trobe University	HDR Student		RONeill@latrobe.edu.au

2. **What if I have a complaint?**
   If you have a complaint about any part of this study, please contact:

Ethics Reference Number	Position	Telephone	Email
HEC19146	Senior Research Ethics Officer	+61 3 9479 1443	humanethics@latrobe.edu.au

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Appendix C; Consent form

LA TROBE UNIVERSITY

Participant Consent Form

Makers, methods and motives; the experience of art-making at the
Art Access Studio.

Consent Form – Declaration by Participant

I (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement, and any questions have been answered to my satisfaction. I agree to participate in the study. I know I can withdraw my information from the study up to four weeks after participating in an interview. I agree that information provided by me or with my permission during the project may be included in a thesis, presentation and published in journals.

☐ I would like to be known by my own name in this research **OR**
☐ I would like to be known by a pseudonym in this research

Chosen pseudonym	

I would like my information collected for this research study to be:
☐ Only used for this specific study;
☐ Used for future studies directly related to this one;
☐ Used for any future studies where researchers value the lived experience of participants.

☐ I agree to have my interview audio recorded
☐ I would like to receive a copy of the results via email or post. I have provided my details below and ask that they only be used for this purpose and not stored with my information or for future contact.

Name	Email (optional)	Postal address (optional)

I consent to the reproduction of the following images of my artwork(s);
☐ In the thesis derived from this study only
☐ In the thesis derived from this study and as part of any presentation given by the researcher about the research

☐ I agree that attribution for these artworks will be my name or pseudonym as indicated above.

02 04 2019 amended 22 01 2021   HEC19146
2000001879 R O'Neill   Appendix C Consent Form Updated
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Participant Consent Form

Makers, methods and motives; the experience of art-making at the
Art Access Studio.

Participant Signature

☐ I have received a signed copy of the Participant Information Statement and Consent Form to keep

Participant's printed name	
Participant's signature	
Date	

Declaration by Researcher

☐ I have given a verbal explanation of the study, what it involves, and the risks and I believe the participant has understood;
☐ I am a person qualified to explain the study, the risks and answer questions

Researcher's printed name	
Researcher's signature	
Date	

* All parties must sign and date their own signature

02 04 2019 amended 22 01 2021   HEC19146
2000001879 R O'Neill   Appendix C Consent Form Updated
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Appendix D; Withdrawal of consent form

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Participant Withdrawal of Consent Form

Makers, methods and motives; the experience of art-making at the Art Access Studio.

Withdrawal of Consent

I wish to withdraw my consent to participate in this study. I understand withdrawal will not affect my relationship with La Trobe University of any other organisation or professionals listed in the Participant Information Statement. I understand that to withdraw my information from the study I must do so within four weeks after participation in an interview, as the researcher cannot withdraw my information once it has been analysed.

I understand my information will be withdrawn as outlined below:
- ✓ Any identifiable information about me will be withdrawn from the study
- ✓ The researchers will withdraw my contact details so I cannot be contacted by them in future studies unless I have given separate consent for my details to be kept in a participant registry.
- ✓ The researchers cannot withdraw my information once it has been analysed.

I would like my already collected and unanalysed data
☐ Destroyed and not used for any analysis
☐ Used for analysis

Participant Signature

Participant's printed name	
Participant's signature	
Date	

Please forward this form to:

CI Name	Dr Caroline Wallace
Email	c.wallace@latrobe.edu.au
Phone	+61 3 54447969
Postal Address	School of Humanities and Social Sciences, La Trobe University, Bundoora, 3086

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2000001879 R O'Neill Appendix D Withdrawal of Consent
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Appendix E; Artists-in-residence

Names and dates of employment (where known) of the Artists-in-residence of the Art Access Studio.

Maria Filippow	1989 to 1994
Vince Gilvarry	1989 to 1994
Claire Humphrys-Hunt	1992 to 1995
Sarah Metzner	1995 -
Ev Vynhal	1996 -
Andy Miller	1996 -

The two artists whose movement and performance residency preceded the establishment of the Studio with its focus on visual art:

Libby O'Neill and Richard Benge - 1986 to 1989

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