

ART VS REHAB – KEY THEMES

By Hannah Hull, January 2011

This report contains ten key themes drawn from the ART vs REHAB Seminar held at the Centre for Creative Collaboration on 25 October 2010. The seminar is part of ongoing collaborative research to explore and provoke new relationships between art and mental health, led by myself, Hannah Hull, and supported by LCACE and Goldsmiths, University of London. This research has and continues to consist of outreach projects, seminars, focus groups and writings, details of which can be found at www.hannahull.co.uk and artvsrehab.tumblr.com.

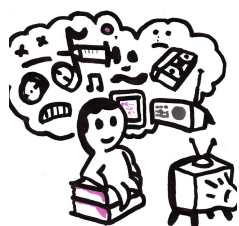
This seminar was designed to contribute to the core aims of this research: generate critical dialogue around the relationship between art and mental health, with the aim of strengthening practice in this field. 50 people from the full spectrum of this field attended. A series of three 20 minute presentations were made:

I spoke about my observations in using a conceptual art model when working with people with backgrounds in mental health, suggesting that political, social and therapeutic aims are implicit to conceptual art, and that by maintaining the autonomy of the artists and artwork, this model allows for a more attainable social inclusion. Artist David Clegg spoke of his experience of spending ten years recording the shifting memories of Alzheimer's sufferers, and discussed the use of arts projects as marketing tools for the agencies that commission them. Occupational Therapist Jacqueline Ede spoke of how to tell if participants are really engaging in arts outreach activities, recounting her experience of participants being secretly isolated, the effects of this, and how to spot it.

The presentations were followed by an hour of audience-led group discussion, chaired by Paddy Gormley. Delegates were asked to bring their own questions to the seminar, and be prepared to share the ethos of their practice. This discussion generated the themes laid out in this document, with the addition of my own personal reflections.

The drawings within this documentation are by Jo Buchan, an illustrator who 'drew' the discussion on the walls of the seminar room as it happened. Audio documentation of the event, recorded and edited by Paddy Gormley, is available alongside this report and via artvsrehab.tumblr.com.

The following themes can be seen as starting points for further discussion within this ongoing research. If you would like to be involved in any way, please do get in touch. Feedback, exploratory writings, links to related case studies and research, etc, are warmly welcomed from any person reading this report.



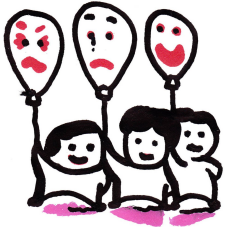
The Romanticisation of Mental Health

It was noted in the seminar that there may be a tendency with outreach arts to romanticise mental health or the idea of 'madness'.

On this point it may be interesting to note that Bethlem hospital holds an archive of famous or to-be famous artist works made during stays at the hospital, many of which provide an insight into the state of the authors' mental health, or otherwise depictions of scenes of 'madness' within the hospital. The romanticisation of mental health with the arts could perhaps be linked to historical accounts / myths of artist attempting to achieve alternate states of consciousness. Or to views on outsider art in relation to the historical plight of the artist to position himself on the fringes of society, where the outsider artist occupies a position that the artist attempts to obtain.

I feel that the issue seems to rest on the awareness or control of the artist over their position and what they produce: the value of what is produced - and the morality of the

circulation of the work - should perhaps only be judged against the artist's intentions.



The “Other”: Everyone has Mental Health

A commonly expressed concern within mental health care in general is the treatment of clients as ‘other’, or an ‘us and them’ mentality. The term ‘mental health’ in itself is not negative, as it simply refers to a spectrum that includes all people. However it was noted in the seminar that it is often used in a way that suggests this is not the case: to suggest that people with mental health issues are separate to ‘normal’ people. It was pointed out the 1 in 4 of people will at some point have a diagnosed mental illness.

I feel there is also a point to be made here from the other position. I feel that sometimes those who have experienced mental health issues, or other extreme personal circumstances, can see those who have *not* had these experiences as the prejudicial ‘other’. Clear examples of this may be found in some racial awareness or LGBT groups. One participant of the seminar who is member of the LGBT community said the LGBT community are actually less receptive of his awareness raising work than the public.



The Role of Art Institutions in Mental Health

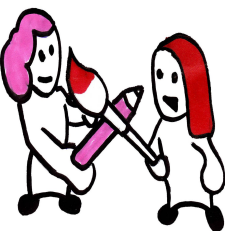
The seminar presented many different ideas about the potential role for art institutions in mental health outreach.

Positive views included: the idea that taking clients to visit galleries demonstrates that they are not only for the privileged few; the idea that these spaces are structures that give permission for creative practice; the opinion that allowing participants to show work in these institutions make people feel that what they have made is important.

I would suggest the more critical view that - where curational standards fall below the usual standards of the institution - this type of self-worth is unsustainable.

It was also suggested that some institutions may involve themselves tokenistically in mental health or outreach because there is funding available, leading to lack of integration.

I would note that, more broadly, the gallery system is often accused by artists of contributing to exclusivity within the arts. From a perspective of inclusion, many artists chose not to engage in this system, exhibiting in alternative contexts / within self-led projects. Valuing the approval of these institutions could provide the limiting belief that an artist needs permission to exhibit their work.

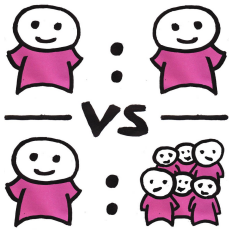


Artists vs Art Therapists

It was noted that – for example in residential or hospital situations - there can be a more positive participant reaction to practising artists coming in from ‘the outside’ than art therapists employed on a regular basis. It was suggested that this could be attributed to participants feeling the artist has *chosen* to spend their time there, rather than as part of their regular employment. It was also suggested that the status of being an officially trained person can make participants guarded and inhibit exchange, and that artists are not seen as part of ‘the system’. Also, that an artist may not have the

same awareness of categorisation as an art therapist, naturally investing more in the definitions and vocabularies of the individual participant rather than the institution that surrounds them.

However it was pointed out that people will respond well to a good art therapist, and badly to a bad art therapist; they respond positively to a good artist, and poorly to a bad artist. It was raised that art therapists often work in institutions on a permanent basis, and hold a position for creativity as an alternative to treatment comprising solely of diagnosis and medication. In addition, it is considered best practice within art therapy that art therapists maintain their own art practice, and collaboration between artists and art therapist can be complementary.



1:1 vs Group Situations

The subject of working with large groups as opposed to 1:1 was brought up as a problem. There are many reasons why a project might be set up as a group situation, but it seemed that some at the seminar felt their work would be more effectively delivered on a 1:1 basis, including being able to observe the more subtle outcomes of their work.

Others suggested that group work can open up an opportunity to allow the participants themselves become the facilitator, which may link into the idea of the collective or collectivity in art.



Outcomes vs Epiphanies

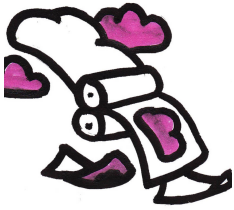
The group discussed how they noticed when 'something was happening' within their engagement, in contrast to the idea of 'outcomes'.

- One person described that there is rarely one moment of epiphany, rather a series of small illuminations that perpetually happen within a relationship.
- It was suggested by one member of a funding body that often outcomes are demanded by the commissioners of projects, rather than funders.
- Another person suggested that it is the participants that really know if/how a change has happened.
- One suggested that it is possible – when working with severe cases of disability or dementia – that there may be no clear evidence of change.
- Another said that by making activities optional, mere participation can then demonstrate value.
- Another suggested that even when change can be measured, and criteria is met, the type of change can be short-lived. The short-term nature of the outcome could be attributed to the criteria itself, where the criteria is tokenistic.

My personal reflection would be that creativity is messy and the purpose of it is ultimately defined by the individual. The potential of art could be said to be limitless, but that does not mean it is possible to use it predictably with any given situation. In much arts practice, intuition and experience are employed to understand when

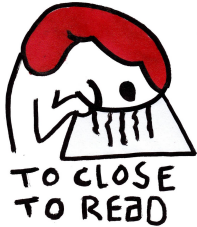
something is taking effect and a complex and subtle language is employed to express these shifts. As with many professions, it can be difficult to describe the effects of art using a non-art language.

Within a practice with a long history of institutional critique, I would suggest that it is easy to see why many arts practitioners struggle to have a meaningful relationship with outcomes set out before them in another language by another person. There is clearly a problem with defining outcomes in advance of an art project. There are unending reasons for why this is done, but I would suggest that it ultimately comes down to the fact that art has been seen to have positive social effects in bottom-up model, and then demanded to have social effects from a top-down model.



Art vs Marketing in Mental Health

It was raised that the work produced as a result of an art project is often used within the marketing of the commissioning organisation, and that this intention affects the way a project is commissioned and delivered, potentially compromising the value of the engagement.



Culture of optimism: are you too close to critique your own practice?

It was suggested in the feedback for the event that participants were occasionally overly self-congratulatory. I would suggest that this could be attributed to what could be called a culture of optimism within arts outreach, born out of the need to constantly prove the benefits of its existence. I feel there is both the need and the possibility to reinforce the argument for arts outreach, and that a more critical approach to this practice is needed to strengthen and protect it – which is one of the core aims of this research project.



The role of arts practitioners' own art practice

Ideas raised on this topic at the seminar included:

- The need to work in outreach to maintain your own practice (financially).
- Using mental health as the subject matter of your own artwork, and who the audience for this work might be.
- How self-led community projects as part of an artist's personal practice differ from commissioned projects.
- Navigating an employee's contract with an artistic licence.
- Projects being pre-formulated thus losing the sense of discovery expected within an artist's own art practice.
- How artist residencies may provide a platform for more of a crossover between personal art and outreach art practice.
- In an ego-based tradition, it may be easier to differentiate personal work and

working in the community.

- One person expressed her dilemma as “resolving the conflict of time, energy and ideas between a practitioner and educationalist model”. She suggested using people and groups as part of your own practice to resolve this.

The general consensus was of a disconnect between an artist’s personal art practice and their outreach practice, which I invited four artists to explore further at a focus group in my studio on 27 November 2010. Documentation of this will be made available via artvsrehab.tumblr.com.

In addition I feel it may be worth mentioning the role of the practitioners' own experiences of mental health in relation to their outreach arts practice. There are many examples of organisations and individuals who have been moved to work in mental health through their personal experiences. This could both be useful in terms of bridging gaps and reducing stigma, and problematic in terms of a lack of standardised routes – including self-qualification - into the field. I feel this topic could generally bear further discussion .



Can the Art and the Relationship be separated - which one rehabilitates?

A proposal was made that the relationship with the practitioner may rehabilitate as much as the art or art-making.

One suggestion was that the relationship with the practitioner provides the conditions and a sense of safety from which an art practice can develop, and that without the trust or respect of participants nothing might happen.

Another suggestion was that the art-making itself enables numerous relationships to happen. When you are making art, as an artist, you deal with all sorts of relationships: between yourself and the work (and the whole range of emotions that go along with this), art history and theory, your peers, critics and the audience. Giving someone an art practice is a tool for relationship building - rather than one relationship, or series of relationships, within a set period of time.

My reflections are that although it is important to be able to develop a rapport with and the respect of participants, the suggestion that the relationship with them is the thing that rehabilitates blurs the professional roles of arts practitioner: *facilitating* a relationship with the arts is very different from *being* a relationship with the arts. I feel that unless the practitioner is able to sustain this relationship, the emphasis should be on art/art-making as rehabilitative.

Your continuing involvement and further information...

You can continue to contribute to / follow this research by:

- Visiting artvsrehab.tumblr.com, an open-submission blog where you can post thoughts, questions, quotes, images, videos and links.
- Following twitter.com/artvsrehab.
- Contacting mail@hannahhull.co.uk with ideas or proposals.

