

Meaning-making in 'outsider art' as a reflection of stigma and marginalization in mental illness

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Abstract

The public engages directly with conceptions of mental illness through the meaning-making process in *outsider art*. Marginalization is acknowledged in current research as a considerable barrier to recovery from mental illness. The focus of this thesis is the critical visual analysis of meaning-making in outsider art to identify processes and practices which reinforce stigma and marginalization of artists diagnosed as mentally ill. The analysis of meaning-making processes at the sites of production, image and audience provides important insights for contemporary mental health research, policy and practice. Psychiatric/ mental health knowledge, practices and research play a significant role in marginalization at the sites of meaning-making and so have considerable potential, authority and responsibility to reduce stigma and marginalization. Changing the processes within mental health-arts has potential to reduce marginalization for artists with mental illness, increase inclusion and the reduce stigma of mental illness.

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Chapter 1

Introduction

This inquiry is concerned with the process of marginalization of artists with mental illness as *outsider artists* in relationship to the dominant western arts culture. While art itself may seem to be an unusual topic for a health researcher, art and its classification represent larger social and cultural processes which are determinants of population health (Cooley, 2005). These socio-cultural processes result in the negative impacts of marginalization, stigma, discrimination, social exclusion and reduced status resulting from psychiatric labelling, which are well documented issues in mental health literature (Hall, 2001; Kirby, 2006). The socio-cultural processes are illustrated in the construction of outsider art as a classification and the meaning-making process in outsider art work and discourse.

This critical inquiry will use art works as a starting point to analyze the construction of meaning in outsider art at the three major sites of meaning-making: the sites of production, image and audience, as well as the factors which mediate meaning-making at each site. Meaning-making is a process influenced by individual and systemic constructions of social power, position, history, culture, experience, and education. The analysis of meaning-making will identify practices that contribute to marginalization, discrimination and stigma and suggest alternatives to mitigate influences of psychiatric knowledge and systems at the sites of meaning making in outsider art.

This thesis suggests that the categorization of art as outsider art unnecessarily biases the process of meaning-making in art. Art, by artists with mental illness, represents the social context of the period and culture in which the artist's work is created in the same way that all

art represents the social context in which it is or has been created. Outsider art reflects the artist's own perceptions of marginalization and the art informs the public directly in ways that reinforce or resist existing marginal positioning of the artist. The meaning-making process between artist-art and audience is rarely direct, and the messaging is subject to larger more complex social processes.

Mullaly (2002) describes three primary undertakings for critical theoretical research of social processes: 1) locating the sources of domination/oppression, 2) outlining alternative practices which would eliminate existing oppressive practices, and 3) providing recommendations and identify mechanisms that empower the oppressed (p.16). This thesis will focus primarily on the first undertaking by locating domination and oppression in the conceptual constructions and meaning-making processes which lead to marginalization in outsider art. This inquiry will explore the social processes implicated in meaning-making in outsider art through the analysis of secondary sources, using visual images and textual references to identify the ways in which meaning is mediated at three sites production: image and audience, and how the meaning-making influences, resists or reinforces marginalization (Chaplin, 1994; Rose, 2007; Sullivan, 2005). The analysis will identify processes with potential to empower consumer voice and authority through outsider art, contribute to mental health knowledge, and inform mental health practices (Church, 1995; Tilley, 2005).

Marginalization and mental illness in Canada

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”(World Health Organization, 2008).

Exploration and identification of factors contributing to stigma, discrimination and marginalization in mental health is of considerable importance to community health given the prevalence of mental illness in Canada. Recent research estimates the prevalence of mental illness in Canada as approximately 20% of the Canadian population, according to the Canadian Public Health Agency's (PHAC) *Report on Mental Illness in Canada* (2006). Mental illness is associated with considerable disability for the individuals affected (Goeree, et al., 1999; PHAC 2006). Research over the past two decades has provided some new insights into factors which contribute to the level of disability associated with mental illness. Social stigma, discrimination and marginalization are acknowledged as factors which contribute to increased levels of disability in mental illness. Public policies of deinstitutionalization and public awareness campaigns were thought to decrease marginalization but despite three decades of public policies supporting deinstitutionalization, stigma, discrimination and marginalization remain considerable obstacles to recovery from mental illness. Reduction of the impact of these factors is identified as essential in addressing mental illness in Canada (Hall, 2001; Kirby 2006 section 16.4.2; Parr, 2006).

Stigma, discrimination and marginalization are linked to the systems of social dominance and power structures within society (Foucault, 1973). In Foucault's view psychiatry was established as the authoritative body of knowledge in mental health, and as such psychiatry held considerable power to mediate production and meaning-making processes for artists diagnosed with mental illness. It was through psychiatric bodies of knowledge and psychiatric research that art created by artists with mental illness became known to the public through the psychiatric field of knowledge and subsequently labelled as outsider art by the art field. Art created by individuals diagnosed as mentally ill came to be classified as outsider art through psychiatric labelling, and so psychiatric classification and labelling systems have influenced art

labelling and classification systems (Brand-Claussen, Jodi & Douglas, 1998; Cardinal, 1972; Hall & Metcalfe, 1994; Rhodes, 2000). The subject of outsider art provides an example of the potential negative influences of bodies of psychiatric or mental health knowledge on other bodies of knowledge. Mental health knowledge and practice remains implicit in marginalization through psychiatric labelling post-institutionalization (Corrigan, 2000).

Forms of meaning-making in art

While art functions in multiple roles in culture, art is essentially a meaning-making process in the sense that the artist is communicating through a particular art work to an audience (Chaplin, 1994). As a powerful meaning-making activity, art represents both the individual and the culture in which it is created (Chaplin, 1994). In art, the meaning of the work is dependent on both the perceptions of the artist and the apprehension and interpretation of the art by the viewer. Both the both artist and viewer are engaged in a meaning-making process (Chaplin, 1994; Emmison & Smith, 2000; Rose, 2007; Sullivan, 2005). The powerful potential for this meaning-making process to communicate to the public was recognized by participants at the 2006 National Arts Centre of Canada's Roundtable on Mental Health and the Arts. The roundtable participants recommended exhibition of the art of individuals as mechanism for reducing the stigma associated with mental illness (National Arts Centre Canada, 2006).

The meaning-making process is influenced by a variety of factors that frame and shape the apprehension of works. The meaning-making process in art is complex and contextual. The context in which art is produced, viewed and interpreted varies. Art therapy, for instance, is a particular context which includes particular conventions of production, viewing and interpretation. Art therapy is a psychotherapeutic modality which is based in the production and interpretation of creative products in order to restore mental health. The interpretation is based

on the therapist's perceptions of the material created by the patient and is intended to provide insight for the patient by articulating unconscious or unarticulated conflicts or distress. The meaning-making process includes the maker's intentions and interpretations as well as the therapist's interpretations in the individual's recovery process. Described as process art, the works are intended for private and confidential apprehension by the patient and therapist rather than public view. This work is distinguished from outsider art and termed *process art* when exhibited publicly (Rhodes, 2000).

Process art is not necessarily considered as outsider art in the context of art as a body of expert technical skill or knowledge (Rhodes, 2000). This distinction is not consistently acknowledged so exhibitions of outsider art frequently include process art. The context for meaning-making process in publicly exhibited outsider art is not limited to the image or object itself, nor is limited to the original intent or purpose of the artist in its production. This thesis is concerned with the public or social apprehension of work rather than with private therapeutic context.

Meaning-making in the context of outsider art is constructed or framed for the viewer/audience by the institutional compositional and social processes at the sites of production and site of the audience within the particular framework of the viewer. Meaning-making in outsider art takes place within the context established by the dominant culture in which it is produced, interpreted or viewed (Chadwick, 1996). Within this thesis examples of images and interpretations drawn from published texts, professional journals, exhibition catalogues, and reviews were created by individuals diagnosed with mental illnesses. The intentions of the artists are not known, however textual references which frame the works provide material for analysis of how meaning is constructed in outsider art in the context of western culture and public viewing.

Defining outsider art

The term outsider art as an art classification is attributed to Roger Cardinal (1972). Cardinal applied the term outsider art to *anti-cultural* art, or work that was created beyond the boundaries of the formal systems of western institutional art (p.7). Cardinal's term was intended to describe a growing body of artistic work that failed to meet the criteria established by Jean Dubuffet for *Art Brut*. Jean Dubuffet's mid-20th century classification of authentic or raw art described work untainted by the formal conventions of the established western art academy (Cardinal, 1972). The outsider art classification was originally applied to a diverse range of artistic production which includes art brut, art by the self-taught, women's art, ethnic art, folk art, and the art of individuals diagnosed with mental illness (Hall & Metcalfe, 1994).

The contemporary term, outsider art, is used broadly to classify art produced outside the boundaries of official western art and includes classifications such as primitive, naïve, folk, kitch, inmate and graffiti art (Dault, 2005). There is little agreement between scholars on the classification of outsider art. It remains in current use even though it has been argued that as a classification, outsider art represents cultural bias, and the classification itself is meaningless (Hall & Metcalfe, 1994). There are two major issues of concern for the outsider art classification and its sub-categories. The first argument discounts outsider art as a classification on the grounds that the classification is determined by an artist's membership in a social subgroup rather than the art itself (Hall & Metcalfe, 1994; Riding, 2003). The second argument focuses on the production of art in the absence of any external influences as non-cultural art, because this notion relies on the existence of a definitive culture (Rhodes, 2000, p, 14). This second argument results in some confusion regarding what actually constitutes outsider art. For example American folk artists are promoted as creating outsider art but European folk art that

exists beyond the boundaries of professional western art is excluded from outsider art classifications because it is consistent with traditional European cultural practices and therefore represents traditions within western culture (Rhodes). In another example, graffiti art which was initially discounted and classified as outsider art is now given contemporary consideration as mainstream art. While the term outsider art itself is contested among artists, art historians, and critics, it remains in current use in contemporary public presentation and marketing of art (Hall & Metcalfe, 1994).

Positioning of the outsider artist

The term outsider art not only distinguishes outsider art in opposition to insider art movements such as impressionism or expressionism within the framework of art but is used as a classification of the artist based on social or psychological factors (Rhodes, 2000). Rhodes suggests that it is important to remember when addressing outsider art that outsider art and its subcategories do not reflect consistent stylistic components or historical movements in art. The designation of outsider art “is rarely embraced by the artists” which the term defines (Rhodes, p.15). Unlike most art classifications which apply to art in association with particular conventions, aesthetics, periods or styles, outsider art typically references the social and cultural positioning of the artist in relationship to dominant western culture (Ames, 1994). Cultural positioning is a process in which society creates a dominant group identity in relationship to its designated other (Hall & Metcalfe, 1994). Outsider art is the designated other of a western modernist aesthetic and the term persists despite the criticism that the primary criteria is determined by the cultural positioning of the artist rather than the art’s formal or aesthetic properties (Hall & Metcalfe; Rhodes, 2000). Conceptually “the Other supports as normative

the attributes of the more powerful group, and is used by that group to maintain its cultural identity by comparing itself to the figures of its territorial edge” (Hall & Metcalfe, p. 214).

Since outsider art references social and cultural positioning, the term outsider art “raises a whole gamut of issues, involving all kinds of cultural, social, indeed psychological prejudices” (Cardinal, 1972, p.7). Cardinal argues that the designation of art classifications within culture is a process which both reflects and reinforces systems of cultural privilege (Hall & Metcalfe, 1994). As outsider art generally reflects the art work of marginalized or excluded sub-cultures within society, it has the potential to represent issues associated with disempowerment or resistance such as social critique, social justice, and empowerment (Boreus, 2006; Rhodes, 2000).

The maintenance of art by artists with mental illness as outsider art is linked to the social context in which the art is created and exhibited. The primary sites for collection, interpretation and exhibition of works by artists with mental illness occur within the psychiatric/mental health system of care. The psychiatric system is a powerful socio-legal-medical system which produces and exhibits patient art created through art therapy or rehabilitation programs. The psychiatric system is implicated in maintaining the status quo of the patient artist as other. In the case of artists with mental illness the primary designation as outsider begins with receiving a diagnostic label as a mentally ill patient. This label is included as classification in the art field. The psychiatric label positions the art by those diagnosed with mental illness in an inferior position to dominant mainstream art (Brand-Claussen, et al., 1998; Cardinal, 1972 Hall & Metcalfe, 1994; Rhodes, 2000).

Psychiatric othering in outsider art

As a mental health professional and artist, the classification of art works created by those diagnosed with a mental illness as outsider art is of particular interest to me. It has been suggested that mental health practices based on psychiatric bodies of knowledge are implicated in the process of othering (Foucault, 1973). The diagnostic labels used by psychiatry are applied to individuals for clinical or scientific purposes however, the psychiatric label “overrides a person’s status in other areas” and “those labelled mentally ill become part of a sub-group” (MacCallum, 2002, p.92). In the case of artists diagnosed with mental illness, the term “mentally ill outsider artist” is applied (Rhodes, 2000). The diagnostic labels applied by psychiatry are implicated in the marginal social positioning of individuals and “there can be little doubt that being mentally ill is often a condition of social exclusion” (Callahan & Owens, 2005 p. 641). The psychiatric other is defined as the other across all subgroups of gender, culture, ethnicity or origin.

Individuals with mental illnesses are marginalized based on negative stereotypes which represent mental illness as beyond the boundaries of normal rational social behaviour and associated deviance and dangerousness (Corrigan, 2000; Morant, 1998). Recovery from mental illness is viewed as a return to normal social behaviour, which is thought to be achieved through intervention by mental health professionals who have expertise and specialized skills or knowledge of mental health (Foucault, 1973 Hagan, 2003). Historical mental health practices included separation of individuals determined to be mentally ill from society through asylum care or institutionalization. This separation has distanced mental illness from society and identified the mentally ill individual as other (Foucault, 1973). While facility-based institutional psychiatric care is on the decline in western society, psychiatric and mental health services remain primarily responsible for the care of individuals diagnosed with mental illness because

individuals with mental illness are deemed incompetent to “take responsibility for their lives” (Hagan, p. 5). Negative other social representations or notions of mental illness as a loss of reason, and of deviance and abnormality are perpetuated by expert mental health knowledge which is fraught with a great deal of uncertainty (Corrigan, et al. 2003).

Understanding processes and practices implicated in marginalization and social exclusion in mental health is an important step in establishing health within communities (Parr, 2006). Boreus’s (2006) critical examination of how conventional medical classification and labelling systems intended for discourse are linked to discriminatory practices in society. She describes this process as discursive discrimination. Boreus identified four conceptual elements of discursive discrimination: “(1) exclusion from discourse, (2) negative other presentation (3) objectification and, (4) proposals pointing towards unfavourable non-linguistic treatment” (Boreus, 2006, p. 405). These four elements of discursive discrimination identified by Boreus are evident in both art and psychiatric discourse in outsider art. Disempowerment, social exclusion and marginalization are linked to labelling or othering of the individual within the community (Parr, 2006). The “mentally ill” themselves have very little influence on the words and images which describe them: “verbal disempowerment is a major part of their experience” (Church, 1995, p.11). The art object is framed by textual references created by experts rather than the artist, the artist is silent as an individual and excluded from discourse. The use of the term outsider art clearly identifies the art as other. Designation as outsider art has potential for unfavourable material consequences for artists, such as reduced access to exhibition sites, attribution and compensation.

Mental illness affects approximately 20% of the Canadian population (Public Health Agency of Canada, 2002). Painters, sculptors and other visual artists comprise 3% of all cultural employment and are among the lowest paid workers in the cultural industry (Singh,

2004). In Canada between 1992 and 1995 more than 70% of graduates of post secondary fine arts / cultural production programs were employed in arts related jobs (Luffman, 2001). Given the prevalence of mental illness it can be assumed that a portion of these trained artists experience mental illness.

Despite research attempting to link creativity to mental illness no conclusive link has been established, so it may be assumed that artists share similar risks of mental illness experienced by the general population (Keehn, 1987). Images and objects are created by a broad range of individuals, informed by various cultural, ethnic and social backgrounds for various purposes, but while many individuals create images and objects as recreation, few actually pursue careers as professional artists. Images or objects created by individuals diagnosed with mental illness represent a range of artistic products which are culturally representative and consistent with the range of art images produced by artists in society in general (Hall & Metcalfe, 1994).

Artists diagnosed with mental illness do not represent a particular culture rather they are connected by diagnosis of mental illness and experience as patients of mental health systems. The objects produced as art may themselves vary in terms of sophistication or articulation of the artist's ideas, perceptions or experiences, but this variation is consistent with the range of artistic production from amateur to professional quality (Brand-Claussen, 2001; Hall & Metcalfe, 1994; Rhodes, 2000). Mentally ill artists are classified as outsider artists according to the characteristics of the artist as determined by psychiatric diagnosis, the materials or conditions associated with the site of the production, and framework of interpretation and influence of textual references at the site of the audience. Classification in this case is a discriminatory practice which influences mental health consumer empowerment, social inclusion, and increases social marginalization of those described as mentally ill within society (Hall & Metcalfe, 1994). The use of outsider art as a classification is essentially a cultural

representation of the process of othering that serves to reinforce public beliefs in the otherness of the mentally ill in western society.

Positioning of art and artists

Art is representative of culture and society (Chaplin, 1994; Emmison & Smith, 2000; Rose, 2007). Artists are agents of society rather than autonomous individuals because they exist in a social world and are influenced and subjected to the constraints imposed by the dominant culture in which they exist (Ames, 1994; Chaplin, 1994). The social and political dimensions in which visual art works are created are as important as the aesthetic dimensions of the works themselves (Ames, 1994). Gender, ethnicity, race and social class are factors which contribute to social positioning of the artist within in the social structure and reflecting their particular perspectives of the larger society they inhabit. The art of individual artists diagnosed with mental illness is art that directly represents the artist's perceptions and experiences of the society. These perceptions and experiences include experiencing the processes of marginalization or exclusion and so reflect marginalization or exclusion in culture in general (Ames, 1994).

The predominant classification systems of western culture are both hierarchical and dichotomous. Hierarchy is indicated in designations as *high*, versus *lowbrow* art and dichotomies in *art* versus *craft* (Perl, 2007; Rhodes, 2000). In reality these categories are indistinct and the boundaries unclear inclusion and exclusion criterion are somewhat arbitrary (Ames, 1994). Art reflects the imposed or designated classification and social position of the artist within society, for example *high art* describes elite art by artists considered masters within the field of art and *lowbrow* art describes common art or craft. Outsider artists, like other artists, exist as social agents within the stratified social classification system of western society. In the

case of artists with mental illness the classification of outsider artist locates the artist within a marginalized social category. Locating the artist in the outsider classification infers a lack of formal training or acknowledgement as a professional artist (Ames). This inference reinforces the idea of the mentally ill artist as other, suggesting that the creative or artistic process is different for artists diagnosed with mental illness (Brand-Claussen, et al., 1998). Marginalization of visual works based on the psychiatric label of mental illness illustrates the power vested with mental health bodies of knowledge over the symbolic representation of the individual diagnosed with mental illness. Arbitrary positioning of the artist within the outsider classification can diminish the aesthetic value of the work, marginalize the artist and discredit the meaning-making process (Hall & Metcalfe, 1994). In addition, the location of the artist as outsider limits participation in discourse surrounding the subject of outsider art. Discursive practices may exclude the artist because the artist lacks professional status or is deemed to be irrational.

Mental health-arts research

Mental health-arts research is considered to be a central theme of the current Canadian arts-health research agenda (Cooley, 2005; National Arts Centre Canada, 2006). Investigations of perceived mental health benefits in arts related activities over the past century have centred around two broad themes. The first theme is concerned with the clinical value of the arts. This theme encompasses the use of art and artistic process in the diagnosis and rehabilitation of the individual. The goal of this research theme is to identify systems of interpretation which could be used to support evidence-based clinical practice and increase clinical understanding of the individual from a psychopathological or psychotherapeutic perspective. Examples of this theme include clinical research aimed at understanding the effectiveness of arts and cultural programs as components of psychosocial rehabilitation programs which are aimed at maintaining or

improving individual mental health (Cooley). The second mental health research theme is concerned with the function of art in society. This second theme attempts to provide insights into how arts and culture influence and contribute to health at the community level (Cooley). From this social perspective art can be viewed as contributing to the mental health of the individual and the community in variety of ways. Production and participation in the arts is associated with increasing social capital and empowerment of marginalized groups within communities by increasing opportunities for collaboration, participation and public engagement in discussion of mental health and mental illness (National Arts Centre Canada, 2006).

The 2006 report from the Roundtable on Mental Health included recommendations such as the development of new demonstration projects, evaluation of existing demonstration projects and the pressing need for dialogue regarding ethical considerations for arts-in-health research (National Arts Centre Canada, 2006. p.22). Forum participants at both the provincial and national levels supported research in arts and mental health which would provide opportunities to increase our understanding of how art and cultural activities influence community health and function in developing new knowledge. In addition, the National Arts Centre forum participants recommended the exhibition of art created by individuals diagnosed with mental illness as a strategy for reducing public stigma and discrimination.

However, the Forum report raised interesting concerns regarding the potential negative consequences or implications of exhibition of art by artists diagnosed with mental illness on both marginalization and meaning- making processes. The National Gallery's 2004 Mindscapes Exhibition, for example, was a strategic component of a public awareness campaign designed to reduce stigma and discrimination of mental illness. However, research on the effectiveness of public awareness campaigns in stigma and discrimination reduction, such as Snyder's 2002 meta-analysis and Viswanath and Finnegan's (2002) review, indicate that health campaigns can

increase gaps in socio economic status of at risk or marginalized populations. In addition research findings indicate that while stigma and discrimination are associated with mental illness, the exact nature of the factors which lead to stigma and discrimination are unclear. There is limited evidence to support the value of public awareness campaigns in reducing stigma or increasing inclusion for individuals with mental illness (Parr, 2006). Some research has suggested that medical understandings of mental illness, its characteristics and treatment by the public has resulted in increased social distance (Lauber, Nordt, Falcato, & Rossler, 2004). The Roundtable on Mental Health forum report acknowledged that one of the key challenges in reducing stigma, discrimination and socio-economic marginalization is to avoid defining people by their mental illness, which “makes it seem that anything they do creatively is a reflection of that co-incident disease” (Canadian National Arts Centre, p.15).

I was intrigued by the British Columbia Arts Council Forum on Arts and Culture in Medicine and Health (2005) and Canada’s National Arts Centre report from the Roundtable on Mental Health and the Arts (2006). Participants of both forums acknowledged the lack of arts-health research available in Canada and that international research is in its early stages. Standardized research methods and protocols are in the development stages. In addition, it was acknowledged that the different approaches to knowledge between the fields of science and art require the development of new research strategies.

Meaning-making in art

Meaning-making in art refers to a dynamic process which includes the art which is produced and the viewer’s apprehension of art. Art through meaning-making is implicated in communicating hegemonic processes in its encoded meanings because artists are socialized within systems of dominant ideological paradigms. Art functions as both reflection and social

critique because art is semiotic in nature. Images rely on connotative and denotative systems which are linguistically grounded. Image is language encoded in visual form (Chaplin, 1994). In meaning-making, the production, signification and interpretation processes are constructed or negotiated through various discourses. These discourses are in turn negotiated within and between fields of knowledge, and within the practical context of social economic and political realities of a particular place in time. Discourse is primarily a linguistic practice in which knowledge is constructed based on established epistemology or in opposition to an established epistemology. However, unlike discourse, the creation of visual art is not reliant on language nor does it need to remain faithful to a defined epistemology (Chaplin, 1994; Pink, Laslo & Alfonso, 2004; Sullivan, 2005). Visual art can precipitate, reflect, represent and challenge discourse, though art itself is not a discursive practice (Church, 1995).

Visual art has a critical role in social critique in societies, in which written language is the dominant institutionalized form of discourse and text reinforces existing authority because images are not limited to textual knowledge (Chaplin, 1994). Artists are passive agents communicating dominant ideology, or active participants in the production of work which supports or maintains of social or political ideology because all art is created within the context of society (Rose, 2007). Visual art can function to reinforce dominant social and political ideology or represent resistance of subjugated or marginalized groups within society (Francina & Harrison, 1982). Outsider art represents “profoundly important social and cultural struggles” and is a “flawed and injurious concept that promotes and perpetuates a dehumanizing conception of art” (Ames, 1994. p. 253).

The formation of this designation as outsider is reinforced through the processes in which art-meaning is made in society. An image, like textual information, is not inherently meaningful. The meaning of a particular image or sign is made meaningful in the context of

individual knowing and this knowing is constructed in the context of socially mediated processes (Chaplin, 1994).

Meaning-making in art is complex social process because meaning-making requires that the individual viewer perceives and understands an image within the context of the viewer's own knowledge, understandings, beliefs, culture and experiences (Rose, 2007). Further they contend that meaning-making processes can be understood as processes which contribute to the social and aesthetic mediation of art within society. Chaplin and Rose theorize that meaning-making in art within society is theoretically divided into three particular sites of meaning-making, 1) the site of production, 2) the site of the image and, 3) the site of audiencing. The site of production refers to the creation of art work based on the assumption that the artist is an agent of society who exists within a particular social, cultural, political, and economic context, and this determines or constrains meaning at the site of production. Meaning is dependent on a multitude of factors ranging from internalized social values, cultural beliefs and knowledge, technical skill and expertise, or access to materials and resources. The means and conditions of artistic production are established through technological or institutional systems. Examples such as the systematic exclusion of women from the art academy (Chadwick, 1996) or the relegation of First Nations art to ethnographic museums rather than public galleries (Grimshaw, 2001) represent the powerful influence of institutional conventions as factors in the production of meaning-making in art.

The site of the image refers to the art image or object and its context. Specifically, the site of the image refers to the materials and formal compositional elements of the image itself as well as the context established for these materials and elements. Systems of textual signification or symbolic meaning and aesthetic convention are established discursively. Aesthetic convention is established through culturally reinforced systems of textual signification in

artistic representation. Artworks are interpreted based on the particular conventions of material or symbolic content and in the context of other works (Grimshaw, 2001). Aesthetic conventions are subject to continual re-examination and revaluation by artists, critics, curators and collectors in contemporary art. For example works of art or artists are included or excluded from the canons of western art based on the characteristics of the artist or medium. The contemporary art works of Brian Jungen, for example, incorporates indigenous imagery in sculptural forms which explore contemporary consumer culture. He has been described as an aboriginal artist (Canadian Broadcasting Corporation, 2008). While compositional elements of Jungen's art, such as traditional colours, symbols, forms and motifs may suggest an interpretation as indigenous art, his use of mass produced consumer goods as raw material must also be considered in the context of a consumer society.

Meaning-making at the site of audience refers to the public viewing and apprehension of art in which an individual's interpretation is formed. This site of interpretation is constructed within the framework of the individual's understanding and within the context of constructed cultural meaning. At the site of audiencing it is important to acknowledge that art is rarely seen without a framework of references that contribute to its meaning. This framework of references includes previously assimilated knowledge, values, and beliefs of the individual as well as cues provided by the venue or context of viewing, textual reference material. Contextualizing aboriginal artefacts as *primitive art* is an example of the application of constructed cultural meanings to an object that may not represent the context in which it originated.

Meaning-making at each of these sites is mediated by technological, compositional and social factors (Chaplin, 1994; Rose, 2007). Technological factors include institutional systems or practices which specify the means and conditions of art production and include the determination of which objects constitute art. In the case of outsider art mental health bodies of

knowledge and practices that influence the artist's work are considered major technological factors in the production of outsider art because the socio-economic context or conditions of production are determined within the psychiatric institution.

Compositional factors at the site of the image include the formal elements of colour, form and material as well as the textual signification associated with these formal elements. The elements and textual signification are compositional factors but these compositional factors are mediated by technological factors because formal elements are interpreted in the context of other works as determined by other artists, critics, curators, historians and collectors. For outsider artists with mental illness, textual signification is influenced by both mental health and art institutions. Art is critiqued for its psychological implications and aesthetic merits by psychiatrists, or its psychiatric origins are described in its introduction or titling for art exhibition. The *Mindscales* (2004) exhibition catalogue, for instance, includes an introduction to the exhibition and the artists written by a psychiatrist (National Arts Centre Canada, 2004). Mediation at the site of audiencing is influenced by social factors and technological factors. Interpretation of the image at the site of the audience is subject to the position, status, social, political and economic conditions of the viewer, as well as, social factors and technological factors including technological means and conditions of exhibition, interpretation, and review. These three sites of production provide the contextual framework of understanding the role of mental health in meaning-making through art production, signification, and interpretation and allow for a better understanding of how these processes are implicated in reinforcing marginalization.

Research Method

The subject of outsider art, produced by individuals with mental illness, sits at the intersection of art and science, where established research methodologies are not yet firmly established. The Forum report (National Arts Centre Canada, 2006) acknowledges the need to identify a variety of research methods that explore mental health-arts from a variety of perspectives. This thesis applies discourse analysis as a critical visual research method described by Rose to examine the processes of marginalization in outsider art by the mentally ill (2007). According to Rose discourse is “a particular knowledge about the world which shapes how the world is understood and how things are done in it (Rose, 2007, p. 142).

Discourse produces subjects and subject positions through language either spoken or text that conforms to particular rules and conventions of specific institutions (Rose, 142). Discourse has powerful influence to shape knowledge of or selves and our relationship to the world. Outsider art as a subject is constructed through discourses in art and mental health bodies of knowledge. These discourses create the produce the subject of outsider art and provide a textual frame work for the images. Discourse analysis is a descriptive method of visual research which is consistent with objectives of critical social research in revealing relationships of power and oppression constructed by institutional and technological factors through textual references and discourse (Chaplin, 1994; Emmison & Smith, 2000; Rose).

Rose (2007) endorses discourse analysis as an effective strategy for examination of the powerful institutional factors in meaning-making. Discourse analysis according to Rose places emphasis on the discourse rather than direct interpretation of the images because the production of meaning-making is often external to the image or object as constructed knowledge. The art image/object is at the centre of the process of meaning-making and in this thesis represents the

artist's voice as creator in the context of the textual references. Discourse, which establishes conventions and frameworks for practices within both art and psychiatric institutions, has potentially more influence on meaning-making at the site of audiencing than the images themselves. Practices such as labelling, captioning, exhibition guides, reviews and scholarly works, for instance, provide textual references which shape apprehension of outsider works at the sites of production and audience (Rose, 2007, p.187). These textual references are integral to the apprehension or interpretation of the work at the site of audience but the discourses which established these practices may be unknown to the public. Discourse analysis, as described by Rose, was selected for this thesis as strategy to study the meaning-making processes which contextualize outsider art images because I believe that practices, determined through psychiatric/mental health discourse, inadvertently contribute to the maintenance of marginalization.

Discourse analysis is less concerned with establishing objective truths than with detailed exploration of the establishment of claims of truth. Validity in discourse analysis is dependent on how effectively the study links richly detailed descriptions as evidence to support key themes identified within the study. Rigour in discourse analysis is established through the use of detailed textual or visual evidence to linking particular thematic elements the coherence of the study in exposing the discourse the coherence of the analysis the coherence of the study in relation to previous research and the examination of cases which are exceptions to the "discursive norm" (Rose, 2007, p. 169). This thesis links outsider art images to discourse through the textual references which frame the works. The textual references are linked to the constructed perspectives identified in the literature review. The exception to the discursive norm is illustrated by the work of contemporary outsider artist Aidan Shingler.

Selection of source material and limitations

The selection of source material for analysis began with the identification of images and references through acknowledged scholars and resulted in a considerable number of images and textual references. Sources for discourse analysis include images, archival sites, and texts. Research in outsider art presents many challenges. Access to original documentation and visual images is limited, in part since historical reference is based on retention of relevant material, and preservation of material is dependent on its relevance to the viewer. In this case the relevant material would have been retained only as it was deemed significant in the view of the psychiatric institution (Reaume, 2000). If objects had little clinical or administrative value they were likely to be discarded (Brand-Claussen, et al., 1998; Cardinal, 1972; Reaume). Art of the mentally ill became relevant when it began to be preserved by psychiatry. The early collection of “schizophrenic art” by Dr. Emil Kraepelin in the 1890s led to the establishment of the Prinzhorn Collection (Brand-Claussen, 2001). This collection, assembled between 1890 and 1903, represented the work of patients diagnosed with mental illness who were institutionalized in German psychiatric facilities (Brand-Claussen, et al., 1998). The works were circulated primarily between psychiatric institutions for educational purposes. The collection was expanded by Prinzhorn with the intention of establishing an overview of art of the mentally ill (Brand-Claussen, et al.). It reached approximately 4,500 pieces by 1920 including works submitted from other nations now housed in the Kunst Museum Archives (Brand-Claussen, Jodi & Douglas). While the size of the collection is substantial it is “chaotic”, and this chaos in the eyes of the art curators, is “symbolic” of the site of production (Brand-Claussen, et al.).

Collections were assembled within many psychiatric institutions and as a result the works of some prolific artists were identified. The work of particular artists such as Adolf Wolfl and

August Neter became known through exhibitions promoting scholarly publications, and the art work was made available for purchase and private collection through psychiatrists acting as agents. The collection of art works has resulted in preservation of a great number of art works for contemporary contemplation and interpretation. Art, according to art critic Hauser, “whether considered as a major or minor work of art, belongs to a collective visual ideology, while at the same time possessing its own unique features” (Fracina & Harrison, 1982 p. 248).

Unlike visual research of contemporary visual images in print, photography, film and media, outsider art is not mass produced so access to historical visual images for analysis is limited to published reproductions. Collections are relatively rare and often limited to psychiatric institutions in which they were created. Public records of collections in some cases are non-existent. Since the process of collection and preservation of images and documentation is based on the object’s importance from the perspective of the collector, the lack of documentation or voids in collections become an important consideration in inquiry. Examples of contemporary works for analysis in the present thesis will be restricted to publicly available textual references and images reproduced in print or electronic media. It must be understood that in many cases the artist had no control over the use of his or her work or how it was exhibited. Analysis of reproductions in secondary source materials limits the examination of details or materials that would contribute to a more complete aesthetic analysis, but since these limitations are implicit in mediating the apprehension of these works in the public sphere, these limitations constitute components of the analysis.

Organization of the analysis

Outsider art is influenced by both art and psychiatric institutions so the influences of both and the degree of influence must be considered. In Chapter 2 of this thesis a literature

review describes the major historical scholarship surrounding outsider art of those defined as mentally ill and the conception of the psychiatric other. Chapter 2 critically reviews the conceptual construction of outsider art in psychiatry and art. The literature review provides a foundation for the examination of meaning-making processes at the sites of production, image and audience in historical outsider art works in Chapter 3.

Chapter Three will be divided into four sections. The first three sections explore the production of the outsider artist and the interpretation of artwork through the psychiatric institution examine the technological influences of material and compositional elements at the site of the image, and the influence of the textual framework surrounding an individual work. These three sections provide some insights into how outsider art meanings have been constructed in the past and serve as a foundation for current interpretations. The fourth section identifies some of the major textual references which influence meaning-making at the site of the contemporary audience and surveys current labelling and text for public audiences. This section identifies biased and discriminatory textual frames that contribute to the maintenance of the marginal positioning of the mentally ill artist as psychiatric other. At the site of the contemporary audience, historical foundations for frameworks in meaning-making are evident. It is at this contemporary site of meaning-making that outsider art becomes relevant to contemporary community health as an opportunity for change in oppressive or discriminatory practices.

Chapter Four will summarise the findings of the analysis. Particular influences at the sites of production, image and audience will be discussed in relationship to particular mental health practices or processes. These practices will be divided into process/practice themes from the analysis which contribute to marginalization. Chapter Five concludes this thesis with

recommendations for future research and practices in mental health-arts directed to reducing marginalization at the sites of production, image and audience.

Chapter 2

Literature review

The literature review is divided into two broad conceptual themes art, and mental health in art. These conceptual themes represent the subject of outsider art as informed by two distinct fields of knowledge art and psychiatry. The first conceptual theme establishes the framework for this project's outsider art research in the context of visual arts knowledge, its positioning, its function as cultural representation and the process of meaning-making in society. The second theme concerns discuss the historical development of outsider art as a subject, the Foucaultian conceptual framework of psychiatric othering, psychiatric othering and marginalization, and art in the context of psychiatric knowledge.

Art as cultural representation

While art in some form is present in human culture, art serves a variety of functions and these functions vary within the context of the society in which the art is made and interpreted (Chaplin, 1994). Visual art is not a discursive practice itself art's power lies in its ability to represent or articulate complexities without language, making art a powerful site for social change (Cooley, 2003). Gombrich acknowledges a fundamental challenge in defining art and suggests that "there is really no such thing as Art. There are only artists... such a word may mean very different thing in different times and places" (Gombrich, 1996. p. 65). For the purposes of this thesis visual art is defined as a method of representing, transferring, expressing or communicating knowledge in visual imagery (Burnett, 2004). This transfer or communication of knowledge in art is an aesthetic experience. According to Gadamer the aesthetic experience of art is hermeneutic in that "art works speculatively to illuminate

meanings beyond what is immediately disclosed” and the experience transcends the object itself to engage the viewer as participant in experience and reflection (Gadamer, 1977. p. 98).

Meaning in art is made through both the aesthetic experience of apprehending works of art and reflexive critique of historical frameworks, which “open[s] us towards and engage[s] us with issues in the community of debate” (Davidson, 2007, p. 2). Art is produced by artists and apprehended by audiences who exist within socio-political, cultural and economic conditions, so the art reflects both the conditions in which the artist lives and interpretation of the art as contextualized by the conditions of the viewer (Chaplin, 1994; Franscina & Harrison, 1982).

Positioning of art knowledge

One of the challenges in mental health-arts research lies in the positioning of art knowledge in relation to scientific knowledge. While positivist approaches in western art knowledge have sought to identify and establish principles of aesthetics and define art based on historical or traditional frameworks the nature of art and its boundaries, classifications remain fluid (Chadwick, 1996; Gombrich, 1996). Despite this fluidity, frameworks of knowledge in the arts include systems of typology and classification, which are implicated in othering and marginalization (Boreus, 2006). Outsider art is a conceptual classification which exists within traditional and conventional bodies of art knowledge and understanding of visual images.

In *Sociology and Visual Representation*, Chaplin identifies theoretical divisions which marginalize visual or representational systems in knowledge. These divisions exist at theoretical levels of understanding and are linked to the philosophical positions which frame discourses based on a Kantian view that knowledge is constituted through perception and organization of three distinct and interrelated spheres: scientific, moral and aesthetic (Chaplin, 1994). These spheres inform knowledge as a whole. The science of aesthetics seeks to classify and

understand art from historical, critical-social, and political-economic perspectives (Gombrich, 1996). Despite theoretical differences there is general agreement that art is an expression of knowledge which parallels and informs other forms of knowledge through “exhibitions, performances and publications” (Sullivan, 2005. p.191).

Historical marginalization of visual images in social sciences has been attributed to two major factors. First, text and language were established as authentic communication and second, disciplinary boundaries divided knowledge of physical or biological phenomena from perceptual or representational understanding (Fyfe & Law, 1998). The result of this basic division has been the marginalization of the visual image as a means of transferring knowledge (Burnett, 2004). From a historical perspective, art was positioned in opposition to reason in ancient philosophy (Lavis, 2005). This historical division privileged the natural sciences over art as reason versus non-reason. This privilege was reinforced during the age of enlightenment when empirical evidence became seen as the key to discovering universal truths about phenomena in the external world. However this position assumes that there is an objective reality. Gadamer argues that the supremacy of scientific understanding over arts knowing is debatable and only established through the cultural privileging of empirical knowledge as objective truth (Gadamer, 1977, p.98). Claims of superiority of objective scientific knowledge are unclear. For example, Burnett argues that scientific knowledge is based on the interpretation of both textual and visual imagery, conceptually all knowledge is interpretive, and the superiority of textual information over visual image information is by no means certain.

Individual visual knowledge is constructed socially and culturally within this framework of knowledge, and a relationship exists between how an individual views and is viewed in the world (Banks & Morphy, 1997). Artists have played a role in both establishing and challenging this social and cultural construction of knowledge. Examples of artists’ influences on changing

views through visual representation can be seen in the depiction of perspective during the Renaissance through to modernist fragmentation of the image (Banks & Morphy). While artists contribute to and challenge social and cultural constructions, their weight of contribution is limited by the positioning of art knowledge in the context of other bodies of knowledge.

Bodies of knowledge are constructed by groups of individuals as disciplines. What constitutes knowledge is negotiated based on social, political or economic power and authority within and between groups of individuals within society reflected in various paradigms. Paradigms are generally accepted sets of related ideas that form conceptual frameworks of knowledge. These paradigms are fluid rather than fixed continually subject to reflection based on new knowledge or critique of existing knowledge. An example of shifting paradigms in visual knowledge can be seen in post colonial developments in the study of western visual art through an anthropological lens. Traditional anthropological study focused primarily “primitive” art works of indigenous cultures as other in the context of a dominant western culture. These views have given way to some degree to post-modern perspectives which challenge the existence of a dominant western culture and acknowledge a more diverse world view (Banks & Morphy, 1997). Primitive art became indigenous art which reflects a change in status for the art and through this changed status increases the power of the artist to contribute directly to the body of art knowledge through cultural production.

In recent studies of western art, interest in the role of artists in social criticism has become increasingly relevant (Banks & Morphy, 1997; Chaplin, 1994). Modern movements in art have taken great advantage of their release from technical and academic conventions which constrained artists prior to the romantic period. Beginning in the modern period of art in the mid 19th century, up to the present era of contemporary art, artists, critics and historians have renegotiated the foundations and borders of art (Francina & Harrison, 1982). This renegotiation

has extended the boundaries and definition of art, increased artistic freedom, and fostered innovation in expression and creativity. Outsider art however, remains a separate category within contemporary arts. In the arts where few boundaries are left unchallenged, the maintenance of this outsider category is an anomaly. This anomaly represents maintenance of the division and classification of outsider/insider art and is symptomatic of historically mediated societal views which reinforce marginalization.

Outsider art and mental illness

Prior to the middle of the 20th-century much of what was written about the art work created by individuals with mental illness was written and promoted by psychiatrists. Historical terms applied to the art work these psychiatrist were describing included insane art, schizophrenic art, psychotic art, and art brut (Rhodes, 2000). The term outsider art is poorly defined, much debated and largely discredited as an art classification (Hall & Metcalfe, 1994). Outsider art remains in common-use in texts, journal articles, and reviews as well as the public art market, as a classification for art created outside of the formal and traditional art world by individuals on the margins of the dominant culture or society (Metcalfe & Hall). While the work of artists with mental illness is commonly included in outsider art not all artists with mental illnesses are considered to be outsider artists in the world of art or society. For example, both Vincent Van Gogh and Edvard Munch are acknowledged to have suffered from mental illness and both artists created work in psychiatric institutions (Harrison & Wood, 1992; Malmö Konshall, 1975). Despite experiencing symptoms of mental illness or psychosis severe enough to require treatment in an institutional setting, neither artist was identified as an outsider artist in this literature review on the subject of outsider art. Van Gogh and Munch maintained autonomy as artists with mental illness. Both artists voluntarily admitted themselves to psychiatric

institutions, Van Gogh in 1889-1890, and Munch in 1908, and both continued to produce art while institutionalized (Nagero, 1990). The work of both Van Gogh and Munch was exhibited and sold publicly but the art work itself was the primary subject of public discourse. (Keehn, 1987). Van Gogh and Munch are included in western canons of art history as revolutionizing art in the schools of impressionism and expressionism respectively, and though both artists were considered outsiders based on the style of their work, their otherness was relative to their position within the arts as establishment rather than their position in society in general (Cardinal, 1972).

This inconsistent labelling raises a fundamental question in terms of how outsider art is constructed in relationship to mental illness. Psychiatric labels often supersede other descriptive labels attached to individuals. The power of the psychiatric label has historical roots in psychiatric othering. Historically, psychiatric patients or individuals defined as mentally ill were separated from mainstream society in western culture as others. This otherness was based on the influences of psychiatric discourse on societal fears of illness or disease (MacCallum, 2002). The art works created in psychiatric institutions were initially discovered as art by psychiatric professionals. These works were collected, interpreted and exhibited under the authority of psychiatry and in the interests of academic and clinical institutions which controlled public access to the both the individual and the images produced (Brand-Claussen, et al., 1998). The labelling of these works as insane, schizophrenic or psychotic art by psychiatrists marginalized these works within western art. The interpretation of these labelled works was deferred to psychiatrists with expert knowledge of mental illness, “since the customary meaning has often been transformed by the psychosis”, and any interpretation based on the conventional art assumptions would be invalid (Brand-Claussen, et al., p. 30).

Outsider art literature

There is a limited body of literature on the subject of outsider art as the term applies to individuals with mental illnesses. Psychiatric scholarship on art and mental illness, or madness as it was known historically, can be traced back to the early 19th century. The term outsider art was not introduced until 1972 by Roger Cardinal. The early literature was written primarily from a psychiatric perspective and identifies some of the fundamental issues that need to be considered in how outsider art is produced as a subject. One of the issues that arise in reviewing historical material is the idea there was a fundamental difference between art produced by the insane and mainstream art (Hall & Metcalfe 1994). This idea is linked to the relationship of the artist and viewer. The art was viewed primarily by psychiatrists and health professionals, with the value of the work in its interpretive potential as a way to gain insight into mental illness rather than for any aesthetic merit in the work itself (Brand-Claussen, 2001; Cardinal, 1972 ; Hall& Metcalfe, 1994). In the confines of the psychiatric institution the relationship between artist and viewer became patient-artist and psychiatrist-viewer. Psychiatrists, through a textual framework of published scholarship as experts in the field of psychiatry had a powerful technological influence on meaning-making.

Prior to deinstitutionalization in the late 20th Century, the audience for art created by institutionalized individuals with mental illness was limited to the institutional staff. Art produced by patients in psychiatric asylums was rarely seen outside of the asylums and their works, if preserved by the asylum, were only discovered publicly as art in the mid 20th century (Rhodes, 2000). One of the earliest works about art by individuals diagnosed with mental illness was written by John Haslam, an apothecary at the Bethlehem Hospital in London and published in 1810 (Beaveridge, 2001). Haslam's thesis was that patient drawings illustrated

insanity. Haslam presented one patient's work as evidence of his theory. His work, *Illustrations of madness*, suggested that patient drawings were of diagnostic value and that certain themes such as mechanical or technical symbols indicated insanity (Brand-Claussen, et al., 1998). This notion of visual production as an indication of psychopathology was revisited by Cesare Lombroso, a psychiatrist associated with founding the discipline of criminal anthropology in *L'uomo di genio* or *man of genius* (1888). In this work, images produced by inmates were analyzed by Lombroso according to how the imagery symbolized personal characteristics of its maker and how the image represented the maker's evolutionary progress. Lombroso theorized that compositional elements of inmate art reflected particular elements. These particular elements were consistent with historical periods. Further, these compositional elements of the art represented the true nature of the artist, but Lombroso also maintained that the art itself lacked any aesthetic value (Beaveridge, 2001; Clair, 1995). Art from Lombroso's research was included in the 1895 Venice Biennale and more recently in *Identity and alterity: figures of the body 1895 -1995*. In this artistic study, detailed drawings of the facial expressions of criminals were used by Lombroso to establish a correlation between specific facial or structural features and behavioural characteristics in support of his theory of genetic production of criminality and madness (Clair). The Venice Biennale included Lombroso's work as an example of the positivist approaches in art and medicine which reflected the objectives of the period. The objective of positivism was to establish systematic and universal principles of knowledge in both art and medicine based on scientific principles (Clair).

In the early 20th century, *Art by the Mad* (1907) by psychiatrist Paul Meunier, published under the pseudonym Marcel Reja, promoted the idea that art of the insane could provide insight into the nature of creativity (Beaveridge, 2001; Cardinal, 1972; Rhodes, 2000). This work is credited as the first book to consider the aesthetic merits of art by the mentally ill

(Beaveridge). Meunier maintained that the art represented primitive evolution of artistic development in the insane rather than pathological characteristics of insanity (Rhodes). The first “*mad museum*” was opened in a French psychiatric hospital by Dr. Auguste Marie in 1905 and exhibitions of *psychotic art* were offered to the public in London 1900, Berlin 1913, and Moscow 1914 (Rhodes). The art was exhibited publicly as art but psychiatry maintained the control over sites of production, image and audiencing as the authorities of public institutionalized psychiatric care. Psychiatrists were central to the production and apprehension since they held authority over the artists in a non-reciprocal physician-patient relationship. In this sense the art was created in isolation. Art was created and shown in the context of the psychiatric institutions, and these institutions were beyond the boundaries of the art system of academy, exhibition, collection and critique (Parr, 2006).

It is important to note that during the early 20th century modern artists were exploring non-western art including tribal and primitive art. Psychotic art was shown as a form of art which existed in opposition to western art and was aligned with primitive or tribal art as other. The art of psychiatric patients collected by psychiatrists in psychiatric institutions was not the subject of public exhibition prior to the publication of psychiatrists’ work and art exhibitions effectively promoted psychiatrists’ interests (Brand-Claussen, et al., 1998).

Two major European works are credited with bringing public attention to the art of patients in mental institutions as art in the public sphere. The first was *A mental patient as artist* (1921), Dr. Morgenthaler’s monograph on Adolf Wolfli, which established Wolfli as major artist within the history of outsider art, whose work was commissioned, collected privately by the avante garde, and exhibited widely. Wolfli was institutionalized in 1895 and remained in the Waldau Hospital, until his death in 1930. Wolfli produced a tremendous body of work during

his incarceration, including visual images, music and written material his work is maintained in the permanent collection of the Bern Kunstmuseum (Bern Kunstmuseum, 2004).

The second publication, *Artistry of the mentally ill* (1922) by Dr. Hans Prinzhorn, attempted to reframe pathological perceptions of art by the mentally ill by suggesting that works should be judged on aesthetic merits (Brand-Claussen, et al., 1998). Prinzhorn argued that the art of the insane represented a primordial authenticity that deserved to be analysed and valued on aesthetic merits rather than for diagnostic value. Prinzhorn promoted his theories based on his collection of art by *schizophrenic masters*. Prinzhorn believed that creativity expressed through visual art “was not the preserve of the cultured or educated, but was a basic human trait within each of us” (Yarmey, 2002, p. 1222).

Prinzhorn was not without his critics. In *Bemerkungen zur Bildnerei der Geisteskranken* as cited in Brand-Claussen’s *Witches Head Landscapes* (2001), Ernst Kris, art historian and psychoanalyst, suggested that Prinzhorn had only included works that supported Prinzhorn’s aesthetic thesis for expressionistic art. According to Brand-Claussen, in 1933 Kris theorized that the images were the result of an activity that served the fundamental need to escape a state of crisis in the “language of the Id” and were fundamentally different from the controlled artistic process (Brand-Claussen, p. 412). In Kris’s view

“Prinzhorn deliberately avoids the using the word art (*kunst*) in his book: he favours the term *gestaltung* (forming, shaping.), and so emphasizes less the artistic product than the psychological process and this emphasis at once places his book outside of the context of aesthetic evaluation” (Cardinal, 1972, p. 18).

While both Morgenthaler and Prinzhorn’s works are considered to be biased scholarship because they chose particular cases or examples to support their own theories, they are credited with bringing this work forward for public consideration (Beaveridge, 2001).

The fundamental debate associated with these early works was whether or not art of the mentally ill had intrinsic aesthetic value or was essentially a means to understand mental illness. This fundamental debate has not been definitively resolved. Morgenthaler and Prinzhorn can be credited with gaining the attention of the artistic community, which informed art theory as 'Art Brut' in the 1940's and have been associated with the expressionist, degenerate, and surrealist movements which challenged the authority of a definitive canon of western art (Hessling, 2001). Despite the influences these outsider works have had on developments in modern art, they remain a distinct and excluded category of art.

Jadi provides some interesting and disturbing insights into political events which influenced the declining public interest in asylum art between the 1930's and the 1940's (Brand-Claussen, et al. 1998). *Beyond reason: art and psychosis, works from the Prinzhorn collection* was produced to accompany the exhibition of selected works from the Prinzhorn Collection by the Hayward Gallery, London (December 1996 – February 1997). The text is divided into three components. Brand-Claussen describes the origins of the collection, Jadi explores ethical, interpretive and aesthetic issues raised through the collection and exhibition process and Douglas provides an intellectual and historical framework for the works.

According to Jadi's account, the changes in power and authority associated with the Nazis under Hitler in Germany played a significant role in public perceptions of the art of psychiatric patients. The Heidelberg Clinic, which housed substantial collections of patient art work, was "taken over by Carl Schneider, who was later to be scientific director of the Nazi mental-patient extermination programme" (Brand-Claussen, et al., 1998, p. 19). Schnieder viewed art by individuals with mental illness as "pathological productions" which were destroyed in order for the patient to maintain normality, but he made the collection available for use as Nazi propaganda (Brand-Claussen, et al.). One Nazi exhibition guide, described by Douglas,

compared asylum art work to the work of modern artists and used the similarities of the images as evidence of modern art as indicative of “sick minds” to discount the work of modernist artists as degenerate art (Brand-Claussen et al., p.19). The guide included references to orations by Hitler in which “he threatens incorrigible artists with sterilization and imprisonment” (Brand-Claussen et al., p.19). Schneider published *Degenerate art and the insane* in a psychiatric journal in 1939 and his scientific studies included “exploring the brains of murdered patients to find the image of their illness” (Brand-Claussen et al., p.20). These patients included artists Franz Karl Buhler (Pohl), Paul Goesch, and Joseph Heinrich Grebing (Brand-Claussen et al., p.20).

The power associated with psychiatry in Nazi Germany was unchallenged. Recent publications of historical research drawn from archival Holocaust documents indicate that psychiatrists were more than complicit in sterilization, killing or reassignment of mentally ill individuals to concentration facilities under the auspices of preventative health (Dudley & Gale, 2002; Seaman, 2006). In Nazi Germany the “medical killing of psychiatric patients was an open secret with gradations of collective knowing. Perpetrators were impelled by pressure from peers and superiors, unquestioning obedience, racist ideology and careerism” (Dudley & Gale, abstract). Schneider’s work not only provides a tragic example of the extreme dangers of othering it is an example of the use of art as evidence of otherness to influence society by actively interfering in the meaning-making processes. It also illustrates the potential for abuse of power which exists within psychiatric institutions to exert control over patients entrusted to psychiatric care.

According to Cardinal and Rhodes, public interest in the art of the mentally ill emerged as Art Brut in the work of Jean Dubuffet during the 1940’s. Dubuffet was a modernist in search of art which existed beyond the contamination of culture. Where Picasso, Kandinsky and Klee

turned to *primitive art*, such as tribal artefacts and children's art for inspiration, Dubuffet's search brought him to the collections and archives of psychiatric institutions (Cardinal 1972; Rhodes, 2000). Parallels between tribal art, children's art and that of psychiatric patients were based on artists' interpretations of the work of psychoanalyst Sigmund Freud. Freud's psychoanalytic theory was seen by artists to endorse the idea that images and art represented or exposed the primitive unconsciousness (Rhodes). For artists, the possibility arose that alternative perceptions and responses to mainstream culture were available and these alternative perceptions and responses provided the basis for unconventional approaches to artistic processes (Rhodes).

Both Cardinal's *Outsider art* (1972), and Rhodes' *Outsider art: spontaneous alternatives* (2000) expand on Dubuffet's theories of Art Brut and explore contemporary issues. Dubuffet began collecting works in 1945 from the psychiatric institutions, including works from Prinzhorn's collection (Rhodes, 2000). Dubuffet amassed a considerable number of works in his personal collection of Art Brut. In Dubuffet's perspective, "the Swiss psychiatrists were little interested in this art, and not looking after the work. But they were friendly and helpful. They gave me things. In those days people had no sense of the value of these things" (Rhodes, p. 44). Dubuffet's theory of *Art Brut* or raw art provided the framework for contemporary views of outsider art. Dubuffet's interest in non-cultural art was based in his fundamental scepticism of what he considered bourgeois art. In Dubuffet's view, "when the pompous platforms of Culture are erected, and awards and laurels come reigning down, then flee as fast as you can, there'll be little hope for art" (Rhodes, p.23).

Cardinal's theory of outsider art defines the particular condition of creativity which applies to the creative processes in outsider art. He states that "truly creative work involves casting aside sharply crystallized modes of rational thought and image making" but that

“casting off these modes of thought is constricted by the medium of thought which is language” (Cardinal, 1972, p.11). In Cardinal’s theory, art by individuals who have experienced psychosis is not considered rational and since the artist is not constricted by rational thought then their art represents authentic creativity. Cardinal suggests that this art is not fully appreciated for its aesthetic qualities because it is discounted as the product of a diseased mind. Cardinal draws on the alternative frameworks for mental illness suggested by R.D. Laing and Foucault in which othering functions as a social control which distances the sick from the healthy. The label of outsider art indicates the polarity between the sick and healthy in western society rather than the characteristics of the works themselves.

Cardinal offers an aesthetic analysis of the works of a variety of artists including the material and compositional aspects of the works in the context and psychological inferences based on symbolic representations. He acknowledges the possibility that “perhaps all art is pathological to the extent that it involves a dissociation of the subjectivity from common place surroundings and manifests itself in bouts of engrossed self expression” (Cardinal, p. 23). He closes with a quotation from Karl Jaspers -

“The philistine habit of using the concept ‘sick’ to minimize and disparage draws a veil across reality which we are by no means in a position to interpret, indeed whose formulation still gives us much trouble, presumably because we are entangled in restricted categories of appreciation and in a framework of ideas which still blind us, whilst we feel it loosening in favour of one which is more extensive, more free, more mobile.” (Cardinal, 1972, p. 178)

In Rhodes, *Outsider art: spontaneous alternatives* (2000), the classification and categorization of outsiders is questioned because the classification assumes that there are individuals who are beyond the influences of culture. Rhodes’ argument that outsider art originates outside of

culture is supported by Brand-Claussen's investigation of case files of the artists of the Prinzhorn Collection (Brand-Claussen, et al., 1998). Brand-Claussen's investigation into the personal histories of artists whose work is preserved in the Prinzhorn Collection revealed that 55 of 360 artists represented in the collection were professional or semi-professional artists (Brand-Claussen et al., p. 22).

Rhodes argues that the assumption that artistic production can occur beyond the influences of culture can only be made in the context of the inequality and subjugation of a dominant culture. Rhodes begins his exploration of outsider art by reviewing and reiterating the historical development of outsider art and breaking down the classification into sub-categories based on the artists' designation as insane, alternative or self-taught visionary. In his discussion of the work of art by individuals with mental illness, Rhodes identifies historical works which went unrecognized and discusses some of the issues facing contemporary outsider artists within the context of changing mental health practices. He identifies two mental health practices as major influences in contemporary outsider art, 1) the use of pharmaceutical interventions to control symptoms of mental illness, and 2) art therapy. Rhodes suggests that the introduction of pharmaceutical management may reduce the "expressive force of artists with mental illness" and use of art therapy may interfere with a genuine creative process and result in "more bad art" (Rhodes, p. 103). Rhodes suggests that the quality of art exhibited through psychiatric institutions continues to be dependent on the qualitative selection of the psychiatrists. He states that the "public reception of art produced in the hospital environment is in no small part dictated by filtering mechanisms that determine which objects are released" (Rhodes, 2000, p.103). Rhodes argues that selection of works, or *filtering*, by psychiatrists is evident in the promotion of works which are consistent particular trends in contemporary art by psychiatrists.

In the *Artist as other: creativity and the boundaries of culture* (1994), editors Hall and Metcalfe offer a selection of essays in three themed sections in which the authors consider various aspects of outsider art from aesthetic, social and individual artist perspectives. Unlike previously discussed works, Hall and Metcalfe acknowledge the social stigma and economic consequences associated the outsider art label. Where early scholarship focused on the clinical or aesthetic value of outsider art, this work explores the social, political and cultural issues, including marginalization, which surround outsider art. The central themes addressed by the various authors include the categorization of outsiders as an indication of subjugation of marginalized groups or individuals within society, outsider art as a vehicle for contesting social boundaries, and the resulting tendency for the categories to shift from the margins to the centre (Hall & Metcalfe, 1994). Eames suggests that “we make a mistake if we think of outsider art as primarily an aesthetic phenomenon. While outsider art has aesthetic dimensions, its political and social dimensions are just as critical. For studying outsider art leads us also to explore power relations and the ways some people use other people for their own ends” (Hall & Metcalfe, p.255). The discourse in which outsider is defined, classified and interpreted reflects existing social and political processes and limits the interpretive framework of the art.

Ames criticizes the classification of outsider art as an ethnocentric idea, which privileges a formalist conception of art and reinforces cultural dominance. Ames argues that formalism, “closes off much of the cognitive exploration complex artefacts may invite” by removing art from the context of its production and limiting interpretation through a narrow ethnocentric lens (Ames, 1994, p. 268). In Ames’ view the classification of outsider art in discourse is essentially the classification of people as outsider artists. Classification of social or cultural groups is always based in overt or concealed bias and is imposed within a hierarchal social structure (Ames, p. 261). Social power and authority are reinforced through discourse and specialization.

The artists themselves are excluded from discourse, which occurs between overspecialized groups in superior social positions. Increasing specialization within fields of knowledge has resulted in increased use of terms and jargon which perpetuates a discourse of isolation and reinforces cultural authority. Classification and specialized jargon reinforce oppression, marginalization and disempowerment within society and shape or frame interpretation of outsider art (Ames).

Shingler's *Beyond reason: the experience of schizophrenia* (2000) represents the only published work on the subject of outsider art by an artist diagnosed with schizophrenia found in this literature review. Shingler is a professional visual artist and advocate in the mental health consumer movement in the United Kingdom. Shingler offers an insider's view of outsider art and mental illness through his critique of psychiatry from a consumer's perspective (Shingler, 2000). Shingler challenges oppression and authority in the psychiatric system and addresses labelling and reason versus non-reason through his own images and text. This work is different because it communicates directly to its audience, through images. The images are not dependent on specialized language or knowledge for interpretation, nor are they subjected to filtering through institutional psychiatry. The perspective is that of an insider, rather than that of outsider academic or specialized expert. Shingler's text is grounded in his own experiences of mental illness and the stigma, disempowerment and marginalization which accompany this label. Shingler's work is not an intellectual exercise in aesthetic theory carried out for academic discourse, it is art intended for public viewing. His work documents his perceptions of the issues of classification and power from his life experience and represents the possibilities of empowerment in challenging oppression.

Marginalization as the psychiatric other

The concept of otherness or cultural other is referenced in much of the outsider art literature. The term *othering* reflects the tendency of social groups to define themselves through cultural boundaries of inclusion and exclusion (Foucault, 1973; Hall & Metcalfe, 1994; MacCallum, 2002). In the case of outsider art the label reflects the exclusion of art by psychiatric patients from mainstream art as psychiatric others.

Contemporary understandings of mental health as an illness or disease are constructed through dominant psychiatric discourses as well as historical and contemporary social policies and psychiatric practices that isolate the mentally ill. The *psychiatric other* is constituted in western thought and understandings of mental illness. It is constructed through psychiatric discourse which becomes imbedded in the public consciousness (Foucault, 1973). In Foucault's view psychiatry was born in social policies of institutionalization, and psychiatric discourse became instrumental in constituting the mentally ill as the diseased other. Contemporary social and mental health discourse includes the tensions around othering which is implicated in the maintenance of stigma, discrimination, disempowerment and marginalization of the mentally ill following deinstitutionalization (Callahan & Owen, 2005; MacCallum, 2002). Othering is reflected in the identification and labelling of art created by patients in institutions as marginal outsider art based on the location of the artist in the psychiatric institution (Goode, 2002).

Despite nearly two centuries of inquiry, mental illness remains a mysterious phenomenon and much of what is currently understood has been established through discursive practice rather than on empirical evidence (Foucault, 1973). Psychiatry is a divided discipline with fundamental divisions on the nature and causal associations that result in mental illness what counts as knowledge is largely theoretical (Foucault). In Foucault's view the maintenance of

psychiatric theory relies on a discourse which is a monologue within the discipline of psychiatry. Foucault suggests that this monologue reflects the power imbalance between psychiatry and its subject, which exists in social policies delegating responsibility for the mentally ill to psychiatric control. Unequal power and subjectivity in psychiatric discourse are implicated in both the internalization of the subject identity of the mentally ill and the position of this subject as other within the context of society (Foucault).

The power and authority of the discipline of psychiatry stems from the power invested in medicine. Medicine has been the dominant force in health discourse: at the practical, social and political level through regulation and standards at the theoretical level through definition of the psychiatric subject as object and through the determination of methods in research and communication or documentation in which discourse is framed (Halpern, 1992). Psychiatry as a branch of medicine has maintained a position of dominance in mental health discourse since its beginnings in the asylum era (Detweiller & Peyton, 1999). Despite attempts by psychiatry to adhere to empirical principles of investigation, the exact nature of mental illness is poorly defined, its aetiology poorly understood, and its classifications subjectively based on observations of phenomena which result in ambiguity (Dawson, 1994). This ambiguity leaves psychiatry vulnerable to dissenting views internally and subject to political and social pressures externally (Tomes, 1987). Psychiatry's dominance in shaping or directing discourse relies primarily on its social and political positioning. The power to direct discourse comes from its superior position as a medical discipline rather than from its definitive subject knowledge (Tomes, 1987).

The power of psychiatry to shape discourse and influence social and political spheres of society under the auspices of social responsibility is revealed in the marginalization of mentally ill patients in Nazi Germany (Dudley & Gale, 2002; Seaman, 2006). While the process of

marginalization through psychiatric othering resulted in extremes in Nazi Germany, marginalization is a common social process. Psychiatric discourse informs other fields of knowledge and the public about mental illness. Psychiatric discourse identifies individuals as psychiatric other and marginalizes the individual within reasoned society (Vasas, 2005).

Marginalization occurs where unequal social power or access to economic resources exist in communities based on “identities, associations, experiences and environments” and social exclusion (Vasas, 2005). Vasas describes marginalization as social processes or practices which prevent participation in the “social, economic, cultural, and political life of societies” (Vasas, p. 9). Marginalization of the mentally ill is a result of social practices which serve to distance society from disease and risk of contamination (Foucault, 1973). The other is created out of societal views perpetuated by insular bodies of constructed knowledge. Foucault’s *Madness and civilization* (1973), explores the social construction of madness and traces the roots of the separation of the mentally ill from society and into the care and control of medicine through the era of the asylum. The primary role of the asylum in Foucault’s view is social control in the interests of maintaining homogenous morality.

“In the serene world of mental illness, modern man no longer communicates with the madman: on one hand, the man of reason delegates the physician to madness, thereby authorizing a relation only through the abstract universality of disease: on the other the man of madness communicates with society only by the intermediary of an equally abstract reason which is order, physical and moral constraint, the anonymous pressure of the group, the requirements of conformity. As for common language, there is no such thing: or rather, there is no such thing any longer the constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already affected, and thrusts into oblivion all those

stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of the reason about madness, has been established only on the basis of such a silence.”

(Foucault, 1973, p. x)

In Foucault's view mental illness is constructed as other, in opposition to western Socratic reasoning. In this view madness is irrational, and since judgement of what constitutes rational thinking or behaviour is the sole responsibility of psychiatry, it follows that the primary function of psychiatry is to suppress irrationality and foster rational social conformity. Psychiatry has its foundations in the asylum. Psychiatry is vested by society with the sole authority to observe, judge and govern within the asylum. It is only possible for psychiatry to view the patient as both the irrational other and subject. The term, *Foucaultian gaze* reflects this power imbalance which exists between the patient and the physician in which the physician is the scientific objective observer and the patient is the subject or object of this non-reciprocal observation. The introduction of psychoanalytic theory in Foucault's view “doubled the absolute observation of the watcher with the endless monologue of the person watched, thus preserving the old asylum structure of non-reciprocal observation, but balancing it in an non-symmetrical reciprocity by the new structure of language without response” (Foucault, 1973. p. 250). Patients are outsiders to psychiatric dialogue which forms the subject and as the subject, the patient's voice is observed as a phenomenon of the subject itself. In this view psychiatric culture is remarkable in that it is constructed by a non-reciprocal monologue rather than constructed through negotiation between participants (Foucault). This dominant perspective created the identity of outsider art as a product of mental illness and as a subject in the body of psychiatric knowing.

At a more insidious level, the dominance of psychiatry can be seen in terms of the individual internalization the label of mental illness as an individual identity (Foucault, 1973). Dr. Janos Martin of the Creedmoor Psychiatric Hospital in a 2002 interview suggests it is this “self definition as mentally ill other which is self destructive because it effectively supersedes any other aspects of identity to the single primary identifier of mentally ill” (Goode, 2002, p. F.1). The individual is labelled as psychiatric other, which results in social, political and economic marginalization and in negative self stigma and disempowerment.

Art in psychiatry

Various theoretical models were offered as to the cause of mental illness and therapeutic strategies have been formulated, implemented, retained, refined or rejected by psychiatry. One therapeutic strategy identified in historical practice which has been retained and refined is the use of art in the treatment of mental health. The use of art in mental illness has not been limited to illustrative or educational purposes its use has been multifaceted. For early psychiatric scholars Pinel and Tuke, art functioned as a productive activity for the institutionalized later psychiatrists saw it as data with potential for the analysis of underlying psychopathological processes. With the advent of psychotherapeutic and psychodynamic theoretical models and interventions, art was valued for its curative potential (Brand-Claussen, et al., 1998). The production of art was associated with the understanding and treatment of psychopathological processes which located art as a subject within the body of psychiatric knowledge as suggested in the early scholarship of Lombroso, Morgenthaller and Prinzhorn. This view was perpetuated psychoanalytically in the work of Ernst Kris, psychoanalyst and art historian, who maintained the “notion of the unchanging nature of this distorted, uncanny, stereotypical, excited or empty

production...[of]...psychotics fails to demonstrate any stylistic development” and that this failure is the special character of the work” (Brand-Claussen, 2001, p. 414).

The clinical value of art work as a diagnostic tool is unclear. Under the Foucaultian gaze of psychiatric observation, the art work of the mentally ill became associated with pathological states or processes rather than creative need or imagination. Visual images or art created in psychiatric institutions became units of analysis produced by psychiatric subjects. Psychiatrists attempted to discover if certain patterns of visual language or motifs could be linked to specific psychopathology as in Lombroso and Morgenthaller’s work, or if madness was somehow linked to artistic or creative genius in the work of Prinzhorn. In the absence of any challenge from a competing perspective, this predominant view in psychiatric scholarship functioned to mediate meaning-making in art.

This view of art as a clinical tool continues today. A recent investigation by Keshavan (2006) examined the probability that the diagnosis of mental illness could be made through the examination of paintings. In Keshavan’s study, 12 psychiatrist- participants and a control group of non-psychiatrist-participants were asked to evaluate randomly selected paintings created by unknown artists, with and without diagnosed mental illness. Keshavan concluded that the psychiatrists were unable to differentiate between unknown artists with or without illness. Psychiatrists did have more success in identifying whether or not works by famous painters Paul Gauguin, Edvard Munch, Vincent Van Gogh & Mark Rothko were created prior to or post onset of mental illness (Keshavan, 2006). This study failed to acknowledge that the interpretation of the works by known artists could be related to prior knowledge of historical biographical references of these well recognized artists and discounts the possibility that an artist’s oeuvre may include examples of artistic experimentation rather than representation of an underlying psychopathology. In another recent example, Bouglasvsky (2005) attempted to

determine the biological components of creativity by examining changes in the artistic production of artists thought to experience mental disorders. Its results were inconclusive

Summary

Research on outsider art as a component of mental health-arts is not presently available. Art functions in a variety of ways in society as it represents the society in which the artist produces work, consequently it is a reflection of society, politics, economic conditions and culture. Outsider art is a marginalized category of art because it is a separate classification which defines the margins of art. Inclusion in the outsider art classification is determined by the characteristics and social positioning of the artist rather than on conventions of art. This classification exists to identify boundaries which are defined in relationship to dominant groups within society. In outsider art, psychiatric discourse plays a prominent role in defining the mentally ill as other and psychiatry is vested with power by society over the mentally ill. Foucault argues that the power of psychiatry is maintained discursively and by silencing the patient's voice. Mentally ill artists are included in outsider art through psychiatric labelling and through psychiatric scholarship, which establishes art by the mentally ill as a separate kind of art. Positioning of outsider art is related to psychiatric othering originating in historical social policies, which separated the mentally ill from society through institutionalization.

Art is meaning-making activity which has a long history within mental health. Art is valued in psychiatry /mental health for its clinical and therapeutic applications and for its potential to provide insights into mental illness, neurological disorders, and creativity. Art by the mentally ill also represents larger social processes and cultural issues. These cultural and social processes can be analysed through how they contribute to meaning-making. Meaning-making can be conceptually divided into sites of meaning-making including production, image

and audiencing to identify particular discourses or practices which influence meaning-making.

In this thesis, critical visual research methods are applied to outsider art to identify processes or practices which influence meaning-making at the individual level, and which contribute to marginalization of the mentally ill and psychiatric othering.

Chapter 3

Meaning-making at the sites of production, image and audience

Meaning-making is a complex process. This research divides analysis of the meaning-making process into the three conceptual sites of production, image and audience though these sites are inter-related. The site of production is examined through the establishment of Adolf Wolfli as an outsider artist and introduces psychiatric interpretations as influence in outsider art. Analysis of Agnes Richter's *Jacket* will reveal how materials mediate meaning-making institutionally at the site of the image. A review of selected published interpretations of August Netter's *Witches head* will explore the influence of psychiatric language and convention in meaning-making at the site of image and audience. Finally, textual framing of exhibitions and institutional convention at the site of the audience will be considered in the presentation and promotion of works as outsider art.

Institutional factors at the site of production

For individuals diagnosed with mental illness, the site of production is constrained by the psychiatric institution or system in which the artist is defined as a mentally ill. Psychiatric scholarship, convention, and authority are institutional factors which mediate site of production of outsider art by the mentally ill. Art was and is a productive activity within the institutions. For psychiatric scholars focused on meaning-making at the site of the image, art is representative of the patients' psychological world. However, "art is never completely independent of the economic and social conditions" and is "linked with its own time at production" and historically and currently, these conditions of production were and are determined by the psychiatric institutions (Chaplin, 1994. p. 253). In psychiatric systems,

institutions determine the availability of materials and tools, define what constitutes art for collection and exhibition purposes, and decide who is considered an artist (Brand-Claussen, 2001; Cardinal, 1972; Rhodes, 2000). The individual labelled as mentally ill has little autonomy. The psychiatrist retains authority over all aspects of the individual as a psychiatric patient and renders the individual as invisible (Reaume, 2000). It is the psychiatrist rather than the art historian, critic, collector, or colleague who determined the individual's status as an artist and who decides which objects qualified as art.

The individual artist was not always publicly acknowledged as an artist. Conventions for medical documentation included suppressing the name of the psychiatric subject, under the auspices of confidentiality, to protect the patient's privacy. This convention extended to suppressing or hiding the name of the artist. The attribution of an artist's work was at the discretion of the psychiatrist because the psychiatrist retained authority to produce the work as art. For example Cardinal notes that Morgenthaler's 1921 monograph on Wolfli was the first published account of an institutionalized artist which disclosed the name of the artist instead of only disclosing the initials of the creator according to medical convention (Cardinal, 1972). Prinzhorn adhered to the medical conventions by using pseudonyms for the artists examined in his 1922 work, *Artistry of the mentally ill*.

Psychiatric authority over the production of outsider art can be illustrated in the examination of the production of Adolf Wolfli as an artist. Adolf Wolfli is perhaps one of the most widely known and documented artists of the asylum era and his story provides an example of how an artist was produced through psychiatry and how meaning-making was influenced by psychiatric conventions and practices as institutional factors. Wolfli was orphaned at the age of eight and raised in a series of farming families and as an adult worked at various labouring jobs. He was institutionalized in 1895 at 31 years of age following alleged assaults on young

children, and remained incarcerated until his death in 1930 (Beaveridge, 2001; Cardinal, 1972 Rhodes, 2000). Much of his adult life was spent in the asylum including many years in a separate cell due to his uncontrollable behaviour, which included “abrupt and ferocious outbursts, often breaking furniture and even attacking or wounding other patients” (Cardinal, 1972. p. 57). All of the materials used by Wolfli to produce visual images were provided by the asylum. He spent much of his time writing, drawing and composing music, which was encouraged by the institutional staff, who provided weekly rations of pencils and paper because it seemed to keep him occupied (Brand-Claussen, 2001; Cardinal, 1972).

There is no evidence to suggest that Wolfli produced any art works prior to 1899 (Cardinal, 1972). Since Wolfli produced all of his work within the confines of a cell within a psychiatric asylum, the means of production were primarily determined by psychiatric practices. Wolfli’s creative activities were considered to be a therapeutic strategy rather than the production of art, since in Wolfli’s case the conditions and materials of production were provided by the psychiatric institution as a therapeutic intervention to keep him occupied (Cardinal). Wolfli was produced as an artist by Morgenthaler. It was through Morgenthaler’s fascination with Wolfli and the publication of the monograph, *A mentally ill patient as artist* that Wolfli’s art became publicly known (Brand-Claussen, et al., 1998; Cardinal Rhodes, 2000). It is not clear that Wolfli considered himself to be an artist, though his later works include notations of extraordinarily high monetary values, which suggests he was aware that his work had market value as art (Cardinal). Wolfli received commissions from his works that were sold to private collectors (Brand-Claussen, et al.).

Wolfli created an immense body of work throughout his adult life, including texts, images and musical compositions. Wolfli’s process, as documented by his psychiatrist Morgenthaler, and reiterated by art historians Cardinal and Rhodes, was to develop highly

detailed designs incorporating symbols and text which covered both sides of a page. It is Morgenthaler's psychoanalytic interpretation of Wolfli's creative process and completed work that frames its interpretation in the art world. For instance Morgenthaler considered Wolfli's use of space as *horror vacui*, or fear of void, because he worked from one corner of the page to develop a stylized border device, "using only the faintest of outlines and continued working towards the centre of the page in layers stopping only when the whole space was filled in" (Cardinal, 1972. p. 59). Each of Wolfli's pages contributed to the documentation of an alternative world (Cardinal Rhodes, 2000). Wolfli's alternative world was an autobiographical one, in which the godlike figure of St. Adolf II "goes on endless journeys through the cosmos, plunging through infinite space" (Cardinal, p. 58). In Morgenthaler's view Wolfli was recreating a world through his images and texts. These texts and images symbolically represented Wolfli's "manic-expansionist" or "depressive fantasies of destruction and punishment, based on the guilt attaching to the sinful act" of his sexual deviance through motifs which Morgenthaler interpreted as symbols of sexual fetishism (Cardinal, p. 59). The repetitive use of small bird-like figures, for instance, were seen by Morgenthaler as representative of sexual obsession because these figures appear on the hems of women's skirts in Wolfli's early works. Morgenthaler presents Wolfli as an artist but analyzes both the artistic process and visual images from a psychoanalytical perspective rather than a historical or aesthetic perspective, and describes the work in psychiatric language (Cardinal). Cardinal reiterates Morgenthaler's interpretation of Wolfli's use of symbols and adds additional information for the viewer. Cardinal notes that the stylized faces that appear frequently in Wolfli's drawings share similarities with the "owl-face motif found on pottery made at Heimberg, near Bern" and some of these figures are "equipped with heavily stressed crosses" and "halo-like surrounds" (Cardinal, p.62). Cardinal implies that the incorporation of conventional religious

symbols, such as halos, crosses and owl-like face motifs in Wolfli's work, represent a conscious choice of universal rather than private symbols but does not dispute Morgenthau's original psychoanalytic interpretation.



Figure 1 Adolf Wolfli *Untitled work on paper*

Morgenthau produces Wolfli's works as art through his own writing and promotes his interpretations through the exhibition of Wolfli's work. Morgenthau frames the art with his analysis of both the process and the content as representative of the artist's disturbed psychological state. It is Morgenthau's framework which influences meaning-making in

public views of Wolfli's works, because it is Morgenthaler's textual references that frame the discourse.

The poet Rainer wrote to a psychoanalyst friend Andreas-Salome regarding Morgenthaler's work, "the Wolfli case will help us some day to gain new insights about the origins of creativity and it also makes contributions to the strange, apparently growing realizations of how many of the symptoms of the illness ought to be supported, because they bring into the open the rhythm through which nature is striving to reclaim that which has been alienated from it and bring it to a new melodious congruence" (Longhauser, 1988, p. 19). Rainer is writing about the implications of Morgenthaler's interpretations of Wolfli's work in understanding mental illness and creativity. As a result of Morgenthaler's interest, support, promotion, publication, and exhibition of Wolfli's works, Wolfli has gained recognition as a major contributor to the canon of outsider art. His works are maintained as a separate collection within the permanent collection by the Kunst Museum in Bern. Wolfli's works have been widely exhibited throughout Europe and North America it is always in the context of the excluded outsider (Longhauser, 1998, p.19).

Technological and material factors at the site of the image

One of the considerations in creating meaning in art is the use of materials or tools used in production. Materials are implicated in both compositional and social meaning-making. Artists are constrained by the physical properties of the materials in the production of images and the materials influence interpretation at the site of apprehension. For instance, images made from pigments bound in oil medium applied to linen or cotton canvas support are commonly categorized as *fine art* or *high art* based on the materials and application, whereas images made from pigments bound in oil medium applied to the side of a rail car as support are categorized

as graffiti or *lowbrow art*. The types of materials used to make art are also associated with categorization of art based on artistic convention. Much outsider art is associated with the use of accessible materials or what Rhodes refers to as *inartistic media*, not generally associated with established and recognized art from the perspective of art historians, critics, and collectors (Rhodes, 2000).

Within the psychiatric institutions, individuals worked with available tools and materials. It was not unusual for chewed bread to be used for sculpting, threads or scraps of material picked from institutional linens used for textiles, and available printed materials or images were cut and pasted in collage or used as grounds for drawing or painting (Brand-Claussen, et al., 1998 Rhodes, 2000). The inartistic media or materials used to create the works of the Prinzhorn collection were comprehensive and

“often suggested by a combination of sheer necessity and imaginative resource”, which included “stacks of official paper, packing and orange paper, newspapers, tissues, sugar-bag and toilet paper... margarine cartons, meal plans, envelopes, pages from books, brochures, school exercise books and scraps of cloth” (Brand-Claussen, et al., p. 12).

The most common marking tool evident in the Prinzhorn collection was the pencil but other media included pastels, vegetable dies, watercolour, ink, chalk and oil (Brand-Claussen, et al.). These individuals were essentially patient-artists whose access to materials was dependent on the institution unlike artist-patients such as Van Gogh and Munch who were able to access traditional materials for the production of their work.

The availability of materials, compensation or attribution in the production of art work was at the discretion of the psychiatric administrators. Correspondence between the directors of the Heidelberg clinic and the Eickelborn Mental Hospital during the acquisition phase of Prinzhorn’s collection indicated that financial support was provided to the institutional directors

for materials and financial incentives to encourage the work of sculptor Karl Genzel (Brendel) and painter Peter Meier. Financial support enabled these artists to work with materials that would have otherwise been unavailable to them (Brand-Claussen, et al., p.9). These materials were provided through the institutions in the interests of producing Prinzhorn's collection and the artists received acknowledgement though attribution but more frequently were compensated with "chewing tobacco, paint-boxes and letters of thanks" (Brand-Claussen, et al., p.10).

The type of materials used in the creation of work influences meaning-making or interpretation of works and the use of *inartistic media* or materials is associated with categorization as outsider art (Cardinal, 1972). Agnes Richter's hand-sewn jacket embroidered with "autobiographical and other texts" material from the Prinzhorn Collection is an example of work created from textiles deemed to be inartistic material at the time (Brand-Claussen, et al., p.163). Richter's work was not included with Prinzhorn's *schizophrenic masters* but is reproduced by Rhodes (2000) who notes only that the work was created prior to 1919. It was also reproduced in the exhibition catalogue *Beyond Reason: art and psychosis, works from the Prinzhorn collection*. The catalogue provides a description with the dimensions of the work with the following attribution –

"Agnes Richter, Born 1873

recorded Hubertusburg (asylum)

Case no. 52. Diagnosis: dementia praecox (schizophrenia).

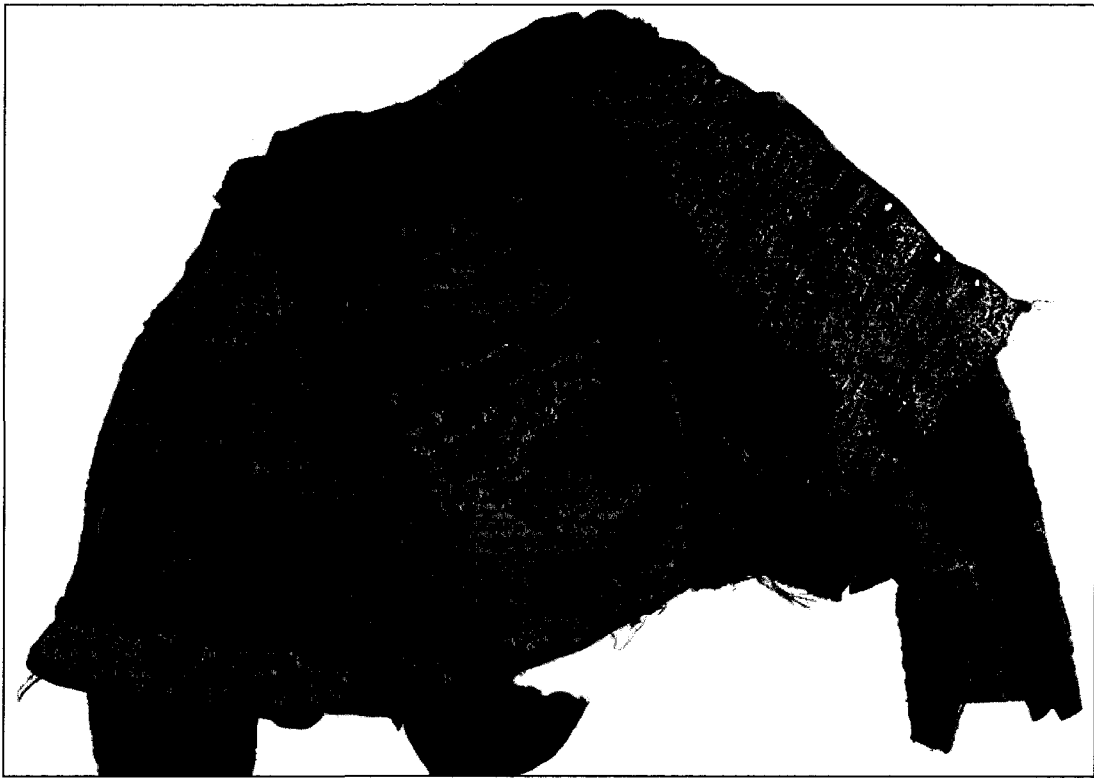


Figure 2 Agnes Richter *Jacket*

This work is interesting from a number of perspectives. It is unusual within the context of the other textile works included in *Beyond reason: art and psychosis: works from the Prinzhorn Collection* (Brand-Claussen, et al., 1998). Richter's work is textual and autobiographical, unlike Miss G., Gabriele Urbach, and Johanna Wintisch, whose works are also reproduced in *Beyond reason*. The works of Miss G., Urbach, and Wintisch reference the craft of decorative needlework with pictorial representation of domestic imagery. In Richter's work numeric hospital markings 583 on the inside of the right front and manufactured machine stitching at some of the edges indicate the use of recycled or reclaimed materials. Richter uses pieced materials to make a garment for wear rather than a decorative needlework intended for display. For instance Miss G. used coloured embroidery thread to embellish a linen

handkerchief creating intertwining and overlapping loops of decorative stitches. Pencil markings indicate figures of flowers boats and letters not yet completed. Urbach's work includes small images worked in coloured embroidery thread on canvas, depicting female figures engaging in domestic activities in both interior and exterior spaces. Wintisch uses embroidery thread on linen, combining simplified stylized figures of crosses, crucifixes, birds, ladders and letters. Miss G., Urbach & Wintisch used traditional needlework materials to produce works in a traditional needlework format intended for hanging as domestic display or decoration.

The text stitched over Richter's jacket is legible, though apparently difficult to comprehend. The text has been the subject of study undertaken by Michely (Brand-Claussen & Michely, 2004). The text of the sleeves can be read from the outside but the text on the bodice can only be read from the inside. The words 'I' and "my" occur frequently on the sleeves and phrases such as "my dress", "my jacket", "my white stockings", "I am not in the, I am in Huberstburg" and "establishment doctors" suggest a sense of the need to establish or articulate a sense of self within in an institutional setting (Brand-Claussen & Michely). On the inside of the bodice the text "my jacket is elsewhere" suggests a private sentiment which is hidden from institutional view. Through her jacket Richter protects and retains her identity while acknowledging the institution and the stigma of the asylum by incorporating and repeating the stamped laundry marking 583 in her embroidered text.

The choice of materials was limited by the institution, and since the materials used by the artist were considered incongruent with the production of art at the time it was not necessarily recognized as art (Cardinal, 1972 Rhodes, 2000). Richter's work was subject to filtering by the psychiatric institution in which it was made. Rhodes describes filtering as the process of selection bias on the part of the collector in which selection is based on similarities

of the work to contemporary trends in the art of the period. In this case the psychiatrists *filtered* based on their understanding of modern art of the period in which they were collecting works. Textile work was considered a form of craft associated with domestic or commercial production of goods, and needle work as art was not yet recognized as art or exhibited in art galleries (Chadwick, 1996). It was unlikely to have been considered art at the time because it was made of pieced fabric and thread. Richter's work was submitted to the Heidelberg clinic director in response to his request to the directors of other psychiatric institutions to send artwork. This request was for "productions of pictorial art by mental patients, which are not simply copies of existing images or memories of their days of health, but intended as expressions of their personal experiences" (Brand-Claussen, et al., 1998, p. 7.) The request included three criteria for submissions -

"outstanding individual achievements images clearly influenced by mental disturbance, so-called "catatonic drawings" and any kind of scrawl, even the most primitive quality, which is not of value in its own right but in the context of a large body of comparative material". (Brand-Claussen, et al., p. 8)

The submissions received by the Heidelberg clinic, were then classified as "Scribbles, Playful, Infantile, Human Figures, Animals, Exotic Motifs, Landscape, Abstract Tendency" with preference given to "paintings and drawings" (Brand-Claussen, et al., 1998, p.9). Rhodes suggests that it is the use of ordinary materials in unusual applications in outsider art that has "endeared it to twentieth-century mainstream western visual artists" (Rhodes, 2000, p. 158). Richter's jacket is an intricately detailed work with embroidered threads forming a subtle contrast to the pieced fabric ground which would not be out of context with contemporary textile arts today. More recent attention has been given to historical textile works as valuable visual representation of a gendered perspective valued for its "narrative, biographical, social

and political content” (Chadwick, 1996, p. 207). The use of textiles can be viewed alternatively as historical evidence of the successful reinforcement of social norms by the institution, during this era. “Women were not brought up to express themselves spontaneously, even inside an institution”. Instead, “women put their energies into women’s work, wrote religious verses in their notebooks, and kept quiet” (Brand-Claussen, et al., p.12). Within the limited choice of materials inside the institution, Richter made some obvious choices in the compositional use of textiles to communicate her own messages in a wearable work of art, though it was not recognized as art at the period in which it was created.

The range of materials available to individuals diagnosed with mental illness has increased over the twentieth century as a result of changes in psychiatric practices, including the increasing acceptance and use of art a psychotherapeutic or psycho-social rehabilitative intervention and deinstitutionalization (Rhodes, 2001). Spaces to work and exhibit as well as access to conventional contemporary materials are provided as part of contemporary psychiatric or mental health services. However, since these spaces and materials are provided to individuals accessing the mental health system the materials and methods of production remain at the discretion of the psychiatric provider rather than the artist. Inventories of psychiatric studio programs have not been documented. From my experience there is substantial variation in the spaces, tools and material available to individuals accessing mental health or psychiatric services. In British Columbia for instance, a full range of studio space tools and materials is available through the Coast Foundation’s mental health rehabilitation services and the Foundation maintains exhibition space through the Gallery Gachet according to the gallery’s website. My awareness of additional art programs in British Columbian psychiatric facilities is limited to those facilities where I have worked or visited. The Maples Adolescent Treatment Center provides studio programming including pottery, painting as well as wood-working and

drawing spaces. Tertiary psychiatric facilities, established for treatment of severe and persistent mental illness, in Victoria, Kamloops, Terrace and Prince George have no direct access to studio facilities although acute hospital based psychiatric facilities situated in Trail and Dawson Creek have access to studio spaces housed on the acute inpatient psychiatric sites.

Articles in professional journals and public print media provide descriptions for programs in high profile sites such as the Creedmoor Psychiatric Centre's Living Museum, Queens, New York. At the Living Museum there is "daily work (what the artists call "in the meantime art"), for which patients are given materials that they can use to produce anything they wish, in their own highly personal styles" (Hollander, 1993). Art studios and exhibition spaces have been developed in many western countries but are considered to be separate from the "professional structures of the professional art world" (Rhodes, 2000. p. 96). The psychiatrist and founder of the Artist's House in Gugging, Austria, Dr. Leo Navratil's comments support the separation of mentally ill artists because in his view "the creative efforts of the artist-patients thrive precisely because of their deviation from the norm, drawing sustenance from those very psychological conditions which psychiatry ordinarily attempts to eliminate" (Rhodes. p. 96). Navratil's views are not shared universally. A study, of the Artist House in Gugging, which provides live/work studio space and materials for twelve psychiatric patients and maintains a gallery, museum and retail space, indicates that even where such facilities are provided, the artists remain patients, and as patients, are subject to the exploitation of the psychiatric system responsible for their care (Verrip, 2006).

Textual framing at the site of audiencing

Meaning-making at the site of the audience is dependent on the formal stylistic or compositional elements of the work, textual signification, and aesthetic convention established

in the context of other works. Art interpretation is personal. Individuals experience or respond to art independently and since this experience or response is based on the individual's prior knowledge which includes; 1) social factors, personal knowledge and beliefs and cultural context, and 2) institutional factors, textual references provided by expert scholars, curators, historians and the location of the viewing. These factors can bias meaning-making by shaping the audience's interpretation. It is evident in the literature that meaning-making at the site of the image is influenced by psychiatric or psychoanalytic mediation and interpretation as in Beaveridge's article. The patient becomes the subject of psychiatric observation, which includes the interpretive authority for works he or she produces. Interpretations such as the psychiatric interpretation of Wolfli's highly stylized symbolic compositions as a fear of empty space (*horror vacui*) and his use of private symbols as representative of sexual deviance are frequently repeated and seldom challenged by scholars. Natterer's work represents *schizophrenic configuration* (Beaveridge, 2001; Cardinal, 1972). Alternative interpretation is possible when the works are viewed by art experts examining the images from a broader artistic perspective. Richter's jacket taken in the context of other textile works produced by women of her time becomes a unique example of gendered art works which express repression of the female in a gendered society (Chadwick, 1996).

Expert textual framing and interpretation at the site of audiencing

During this analysis it became apparent that two separate institutional processes influence meaning-making at the site of the audience. The institutional process occurs first through the textual interpretation of outsider art images for the audience at the site of the image and second through othering in the introduction of work to the public in titling, labelling, and attribution used in reviews, exhibition titles, exhibition and catalogues.

August Natterer's *Witch's head landscape* has been exhibited publicly and used widely as an illustration for mental disorders in text books and magazines. Two scholarly articles reference *Witches head landscape* by August Neter, one by psychiatric scholar Beaveridge, *A disquieting feeling of strangeness?: The art of the mentally ill* (2001) and *Witch's head Landscape* by art scholar Brand-Claussen (2001). This image appears in articles by both Beaveridge and Brand-Claussen but the image is treated very differently in the textual references in each article. Brand-Claussen's argues that "the intention and autonomy of a work get lost when people attempt to interpret in a narrow conceptual framework as paranoid and incoherent" (p. 407). The images are accompanied by text such as "an overall impression of horror", "blackest depths of the soul" and "tidings from the planet madness" (Brand-Claussen, p. 415). Brand-Claussen posits that these textual references have a negative influence on meaning-making and that a balanced interpretation needs to consider the artists' oeuvre and the work by artists and craft-persons of the period.

The reproduction of *Witches Head* appears in *The Royal Journal of Medicine* article *A disquieting feeling of strangeness?: The art of the mentally ill* (Beaveridge, 2001), as an illustration of outsider art. Beaveridge poses two questions in his article - "Is there anything distinctive about the art deemed by those deemed mad?" and "If so is it possible to recognize and describe its distinctive features?" (Beaveridge, p. 595). Beaveridge reviews the literature and discusses the beliefs and perspectives about mental illness as presented by various historians, psychiatric experts and arts scholars. While Beaveridge provides a critique of these textual references, he does not address directly the compositional or stylistic elements of the images, the artist's oeuvre, or the context of other works of the period from an arts perspective. He reiterates terms used to describe psychiatric theories of art created by individuals diagnosed with mental illness such as Lombroso's theory of degeneration, which suggests that mental

illness represents a regression to a primitive stage of human development. Lombroso's theory classified elements of the images based on eccentricity, use of symbols, minuteness of detail, obscenity, uniformity and absurdity. He concludes that there is "something different about the work of the mentally ill" (Beaveridge, 2001. p. 599). Beaveridge's conclusion, that art by the mentally ill is different from mainstream art, is drawn from the textual references in psychiatric literature and does not include references that would establish differences based on the work in the context of the arts. Beaveridge's article illustrates psychiatric monologue.

Beaveridge's article illustrates how images and the textual frameworks which surround them influence meaning-making directly at the site of the image. *Witch's head landscape* is set in a column of text and the image is preceded by the text.

"The 'schizophrenic masters', include such patient-artists as Karl Brendel, Peter Moog and August Neter (Figure 1). Having rejected an inventory of the superficial traits of insane art, Prinzhorn judged that the work of patients with schizophrenia was best characterized by a 'disquieting feeling of strangeness'. Further, he argues that 'We sense in our pictures the complete autistic isolation and the gruesome solipsism which far exceeds the limits of psychopathic alienation, and believe that in it we have found the essence of schizophrenic configuration'" (Beaveridge, 2001. p. 596).



Figure 3 August Natterer (Neter). *Witch's head landscape*

The reproduction is captioned “Figure 1 August Neter. Witches Head (Prinzhorn Collection)” and followed by the line “Subsequent research has revealed some discrepancies in Prinzhorn’s work” (Beaveridge, p. 596).

The image is framed with Beaveridge’s quotation from Prinzhorn linking the image to psychiatric pathology through psychiatric the use of psychiatric terms. The textual references introduce the image as an illustration of “autistic alienation”, “gruesome solipsism”, “psychopathic alienation” and “schizophrenic configuration”. These terms provide a linguistic framework for interpretation of the work with connotations of the otherness which negatively characterize mental illness.

A very different context for this image is provided when the same image is examined from an art historian’s perspective. The *Witch's head landscape* in Brand-Claussen’s view is an example of visual arts developing in the “picture industry” of the period which included

“picture puzzles, reversible pictures, anamorphic distortions” (Brand-Claussen, 2001, p. 416).

The work was created as a reversible transparency a detail that had originally been overlooked because it had been glued to card matting for exhibition and storage. Brand-Claussen analyzed the work in terms of the artist’s background, oeuvre in the context of artistic conventions, and technological developments in imagery consistent with the period in which it was produce to provide a textual framework for interpretation. Brand-Claussen’s research indicates that Natterer was a trained electrical technician and inventor who lacked the materials in the institution to produce his inventions but did complete studies and models such as the *Witch’s head Landscape*. Brand-Claussen’s analysis concludes that while Natterer’s inspiration was a hallucinatory vision his work was actually a model of his idea to use of light to transform the landscape. In addressing the image through the context of the period of production, technology, and artist’s biographical and psychiatric history, Brand-Claussen interprets the image within the context of social and cultural norms of the period.

Institutional factors at the site of the audience

“The very designation, outsider art, may on the surface suggest some separation from social and political engagement... Indeed, whatever the claim[s], outsider art is not really about alleged outsiders or the things that they make. The key players are the namers, the advocates and the apologists.” (Ames, 1994. p. 255)

Public apprehension or meaning-making at the site of audience is influenced by various institutional factors such as, the collection and exhibition space or publication in which reproductions are viewed, as well as the textual or linguistic framework including titles, attribution and provenance of the work references to the works in exhibition catalogue as well as journals and reviews which provide the viewer with historical, aesthetic, social and cultural

references for the work being viewed (Chaplin, 1994; Rose, 2007). The site of audience is important because the site provides both textual and environmental context for viewers of the work exhibited. In the traditional or conventional presentation or exhibition of art work, the audience or viewer is provided with basic information about the work including the artist's name, title, medium and dimensions. In addition, artist statements and brief biographical references provide information for viewers to help contextualize the artist's work and curators, historians or critics may contribute text materials in the form of exhibition catalogues, articles or reviews which provide expert views of the work in the context of the artist's oeuvre, art movements, cultural or historical references. Textual signification framing the audience's experience of outsider art is present in labels of works in exhibitions and reproduction, professional art and mental health publications, and publicly available print or electronic media. Biographical references accompanying individual works on exhibition often include references to mental illness rather than creative influences or achievements. "Categories of mental illness [stand in] where we would normally find reference to manifestos, movements, prizes won" (Kenning, 2006. p.20).

Historically, collections of art by individuals diagnosed with mental illness were maintained and exhibited by psychiatric institutions in Europe and North America. The artists themselves were not included in decisions about how and where their work would be used.

"If you are an Outsider artist then you are quite likely to be excluded from the normal channels of research critique and analysis (although not commerce). Rather the meaning of your work resides in some kind of odd cul-de- sac. Cut off from anything other than simple biology or psychology, the work becomes an inexplicable expression of personal genius, of the untethered (and generally tormented) self given coherence only in the work of art". (Kalina, 2007, p. 197)

The practice of collecting and exhibiting works has continued through contemporary mental health services. A few contemporary examples of public exhibition and collection sites include; the Living Museum, Creedmoor Psychiatric Centre, New York Les Impatients, Montreal, The Artist's House, Gugging, Austria the Heidelberg Clinic, Germany Maudsley Hospital, London and The Gallery Gachet, Vancouver. Collection, preservation and curatorial practices of these various collection and exhibitions vary considerably in size, resources and administration. The Prinzhorn Collection and the Kunstmuseum in Bern for instance are staffed with curators and historians rather than psychiatric administrators. Curators or historians are interested in preserving detailed information about artists and their works for research and display, and can come into conflict with psychiatric concerns and medical conventions of confidentiality at the site of collection. The Prinzhorn collection originated with the collection of works by Emil Kraepelin which were poorly documented and preserved from a curatorial perspective, because they were circulated between institutions for educational purposes rather than as cultural artefacts (Brand-Claussen, et al., 1998). Psychiatric interests in classification, categorization, and interpretation to expand psychiatric knowledge gave priority to documentation of diagnostic information. The inclusion of diagnostic labels in exhibition labels and diagnostic information in biographies of outsider artists is evident in contemporary exhibition. Medical/psychiatric conventions of confidentiality continue to maintain the invisibility of the patient-artist in contemporary mental health (Reaume, 2000).

Direct public apprehension of collected works occurs in museums and galleries on site or through touring exhibitions. Museums and collection sites are often permanently housed and supported by mental health institutions, with the some exceptions: the Adolf Wolfli collection at the Kunstmuseum, Bern Collection de l'Art Brut, Lausanne, Foundation of Jean Dubuffet and The Outsider Art Museum, Moscow, which are supported by private funding. Museums

mount traveling public exhibitions to promote collections such as *Beyond reason: Art and psychosis, works from the Prinzhorn collection* Hayward Gallery London, 5 December 1996-23 February 1997. Travelling exhibitions of these works according to the Sammlung-Prinzhorn website (2007) included six major cities in Europe and North American between 1995 and 2006 (Appendix 1.)

By convention each exhibition is promoted through the publication of exhibition catalogues, journal and newspaper reviews. These texts introduce the works to the audience and include scholarly discourse which informs and frames public perception. For example *Beyond reason: Art and psychosis, works from the Prinzhorn collection* is an exhibition catalogue. The preface of this catalogue describes three texts which provide the audience with: information regarding the collection's origins in the social and political context ethical, aesthetic and interpretive issues raised by the exhibit, and finally positioning of Prinzhorn's endeavour within a broader historical and intellectual context (Brand-Claussen, et al., 1998). The exhibition catalogue *Beyond reason* was the subject of a review for the *American Journal of Psychiatry* by Dr. J. Schildkraut. The reviewer introduces the catalogue as "three essays and 186 photographs, 155 of which are in colour" and goes on to summarize Brand-Claussen's views of Prinzhorn's work, Jodi's views on the collection, and Douglas's views on interpretation of the works in the contexts of the period in which they were collected. Of the actual visual images, he quotes Douglas

"The works of Prinzhorn's masters" present "a new view of the reality, born out of...the terrible suffering that always accompanies mental illness. The painful truth of this assertion is made evident by the works of art reproduced in this volume". (Schildkraut, 2000, p. 2096)

The reviewer contributes to the discourse between named scholars concerning scholarship about unnamed artists whose works illustrate the “painful truth” of “mental illness”.

Identification of artists as mentally ill, as outsiders, or psychiatric others in exhibition reviews for the public often begins with the article’s title. Appendix 2 lists the sample drawn from Wilson Web, November 7, 2007. The list includes 23 exhibition reviews published in art or professional journals between 1997 and 2007. The titles indicate to the audience that the works on exhibit is; 1) work of artists who have experienced mental illness e.g. *Artfully insane*, 2) work that originated in a psychiatric hospital or institution e.g. *Report from Queens: Art asylum- the Creedmoor Psychiatric Centre’s living museum* or, 3) work of others, e.g. *Future primitive: One in the other*.

Textual frameworks are not limited to specialized academic or professional scholarship. Textual discourse in scholarly works, however, provides the foundation for journal articles and newspaper reviews which provide a wider public circulation than the images themselves. Reviews are an important site in textual framing of art for public audiences because they are available to a broader and more diverse audience than scholarly journals. A contemporary example of expert textual framing is presented in Lehmann’s newspaper review of works from the Les Impatients exhibition, Montreal (Lehmann, 2002).

“One of the most poetic images is the watercolour by Micheline S., which depicts a piano hovering in space: the keys of the piano recall teeth, while the dark stool just beneath could be a space module. Indeed the starkly surreal vision could be confused for contemporary high art done by a professional artist trying not to be a professional, a pose assumed by any number of modernists” (Lehman, 2002. p. J.3).

Lehmann compares the work by patient/artist Micheline S. to contemporary professional artists “posing” as amateurs and implies that the audience should not confuse the work of the patient

with the work of an artist. Another review, *Outsider Art the Musgrave Kinley Collection, Manchester 2002*, asserts that “there is another kind of art being made that is exhibited in psychiatric hospitals and orphanages, on prison walls, and on bus shelters and public lavatories. The artists are usually social excluded, untrained, and often severely mentally ill. They are outsiders” (Yarmey, 2002, p. 1222). Since these articles provide the public with information prior to viewing the work, they are integral to the experience of meaning-making at the site of the audience and have considerable power to bias interpretation.

Hollander’s article for *Art in America*, June, 1993 addresses the inappropriateness of the label of outsider art but at the same time describes Creedmoor’s patient population as “45 percent white and 45 percent black, with smaller numbers of Latinos and Asians: two thirds of the patients are male. All of the patients are psychotic when admitted, and many are schizophrenic, often with aggressive, impulse-control problems and histories of drug use” (Hollander, 1993, p.3). Hollander describes the work he encountered as “contemporary art of a highly conceptual nature” and the installation, titled *Body fluids of the French revolution*, as a work that “involve[s] complex orchestrations of texts and liquids to elaborate the subject of revolution” (Hollander, p.4.). Hollander description of the art as highly conceptual is mediated by his description of the artists as patients with various disorders.

A Victoria B.C. newspaper article titled *Art of the insane: Creativity as an ingredient of madness* introduces the collection of Ste-Anne Hospital, Paris as “70,000 objects of psychopathological art of which 117 works have been selected for exhibition at the Jeu de Paume, Paris” (Riding, 2003, p. B.1.). The exhibition review of the La Cle de Champs, Paris, 2003 which appears in this Times Colonist article begins,

“Paris—Always mysterious, the creative process becomes still more inscrutable when the artist in question is of unbalanced mind...visual art is a form of expression that often

appeals to those suffering from mental illness...displays the art as it might in any other group show, offers no details on the circumstances of each artist” (Riding, p. B.1.)

It is Rider’s text that informs the viewer of the artist’s mental illness rather than the exhibition site. Despite the lack of details provided by the exhibition, Rider provides details of diagnoses and hospitalization for 6 of the 8 artist’s work he described. This article emphasizes otherness by providing a textual framework for the audience which includes references to the artists’ mental illness not included in the exhibition and discounts the works as inscrutable products of unbalanced minds.

In another example of the exhibitions, *Inner worlds outside* and *Inner landscapes: Outsider and visionary art* were reviewed for *Art Monthly* (2006), *Raw vision, Art review, the Burlington magazine, Modern painters*. In *Art Monthly*, the *Inner Worlds Outside* exhibit, according to Hansen (2006) “sets out to blur the boundaries between cultural categories” through the exhibition of “the works of Modern masters such as Max Ernst and Paul Klee” along with “artists outside the canon, particularly those situated at the margins of society: criminal offenders, mediums, the mentally ill and so on” to explore the influence of outsiders on “development of the Avante Garde” (Hansen, 2006, p. 296). Hansen suggests that *Inner worlds Outside* is less “guilt ridden” than previous exhibitions such as *Documenta 5* Kassel, Germany 1972 which exhibited Wolfli’s work with works by “established artists”, and the *Degenerate Art exhibition*, Germany 1937 which compared modernist art works to that of asylum patients to discredit the modernist movement (Hansen, 2006, p. 297). In this example Hansen establishes the position of the artists as outsiders in relation to the artistic canon, normal culture, and society, while admitting that the differences between insider and outsider in many of the works are difficult to distinguish. Hansen’s review goes so far as to suggest that similarities in the works are evidence of the outsider’s appropriation of culture and

filtering through a “selection mechanism, resulting in the construction of a canon or outsider art which in turn looks very much like modern art” (Hansen, 2007, p. 297).

While contemporary exhibition may look like modern art, the attribution of work and biographical references in many journal articles, news articles and exhibition labels does not reflect contemporary practises in the arts. In the case of outsider art, artists’ names are partially suppressed or pseudonyms used, biographical information includes or is limited to psychiatric histories. Examples of pseudonyms or failure to include an artist’s surname in the attribution of work appeared frequently throughout the outsider art literature and in exhibition catalogues and reviews.

Examples of biographical references to artists with mental illness can be seen in professional journals such as the 2002 *Psychiatric Rehabilitation Journal*, *Painting with a broad brush*, by Tillyer and Accordino.

“Jo Ann S. is a 55-year old white woman diagnosed with schizophrenia. Her influence in childhood came from her father’s bookshop in New Brunswick, New Jersey. People who encouraged her developing creative sensibility surrounded her. She studied art at Rutgers University.” (Tillyer & Accordino, 2002, p. 268)

The work of the artist is introduced to the public using conventions of psychiatric case history, followed by her childhood influences and then her formal art training. The text references of the exhibition label described the characteristics and diagnosis of the artist to locate the work, for the audience, on the margins of both art and society emphasizing the psychiatric otherness. It is the use of descriptive text which locates the artist as other is a form of differential textual signification which influences marginalization of both art and the artist as other in the public eye (Brand-Claussen, 2001).

Kenning uses psychiatric history as textual framing in a review of two exhibitions of outsider art in *Art Monthly* (2006). Kennings' article is illustrated by two figures, reproductions of works noted as: Louis Wain no title c.1932 and Carlo Zinelli no title c.1966 (Kenning. p. 296). Wain is described in the review as a "successful illustrator of cats, suffered a mental breakdown, was certified insane, and continued to produce work within the confines of the Royal Bethlehem Hospital." (Kenning, p. 296-297).

The drawings of Louis Umgelter and sculptures of Johan Karl Genzel were exhibited in the 1995 *Identity and alternity* as representative of, and a tribute to the view of modern art by artists. Reproductions both of Genzel and Umgelter's works are reproduced and identified in the body of the exhibition catalogue, However, the references include only the artist's name and with the summary "contributions and influences of Prinzhorn and the Prinzhorn-Sammlung collection Heidelberg clinic established in 1972". Further, the references acknowledge Prinzhorn in place of a summary of the artist's major influences, themes, and contributions (Clair, 1995. p. 576). It is Prinzhorn's work as a collector and scholar, and Prinzhorn's influence on artists, Jean Arp, Alfred Kubin, Paul Klee, Pablo Picasso and Max Ernst, which is noted in the critical and biographical index of this text.

Hollander's review in *Art in America* of the work on exhibit at the Living Museum, Creedmoor Psychiatric Centre, New York, names the centre's curator and director and suppresses the names of the artists, reducing them to descriptions.

"[O]ne is a lanky former graffiti artist who, on his days out, compiles elaborate photographic documentation of endangered graffiti another is a shy, schedule driven woman who quietly paints enigmatic phrases on small utilitarian objects a third simply hangs out and mischievously programs quirky collages of music and audio bits for the space" (Hollander 1993, p.3).

A brief article titled, *Art and madness*, in the *Economist* (1997) introduces four separate exhibitions of outsider art. Describing the exhibitions as comparisons to widely known artists Hogarth, Gericault and Munch, “who had nervous crack-ups” and “painting and drawing by people in mental hospitals”. Two separate newspaper reviews are provided in the *Montreal Gazette* (2002) for an exhibition of the art of mental health patients receiving treatment from Mental Health Services in Montreal. The first article, promoting the 10th anniversary retrospective exhibition of Les Impatients, Montreal (Lehmann, 2002) notes that the labels accompanying works on exhibit use only the first name and initial of the surname to identify the artist. The only full name recorded in the article is that of Les Impatients director. Lehmann notes in the second article that “not just anyone can become part of Les Impatients. One must undergo an official assessment by a doctor, psychiatrist or social worker.” Lehmann describes the biographical references to works in the exhibition as sparse -“Lucie is a young woman with a slight mental incapacity”, “Jean-Paul was in his 70s and was an orphan” and “Romain was once believed to be a mute” (Lehman, 2002, p. 11). Both Lehmann and Les Impatients emphasize the psychiatric origins of the artists by pointing out that each artist has had an “official assessment, by a doctor, psychiatrist or social worker”. The exhibit text and review clearly identify the artists as recipients of psychiatric services by disclosing only their given names while disclosing personal details and effectively labelling the artists as others in the public view. A review of the current website established for Les Impatients (2008) identifies artist-members and includes images and biographical information. The site uses surnames for only five of the eleven artists represented and biographical information, if included, is limited to how the artist became a patient of Les Impatients. By using textual references locating the artists of this exhibition as psychiatric patients and placing emphasis on official psychiatric patient status, Lehmann reinforces the psychiatric otherness of the artists and their work for the

audience. On a more subtle level, hierarchical status is reinforced in public attribution by naming the director while not disclosing the names of the artists.

In viewing images reproduced in exhibition catalogues, websites and journal articles, I found a range of images produced in a variety of materials which demonstrated varying degrees of skill or artistry. Only one catalogue of images was produced by the artist himself. *Beyond reason* (2000) by Aidan Shingler offers images as articulate photographs reproducing three dimensional works framed by the artist's textual references. The image titled *Method in madness* is a black and white ordered rectangular grid pattern labelled with the numbers 1-13 on the left border and the letters A-Z on the upper border. An additional torn grid is superimposed over this background grid. The image is accompanied by the text

"I have illustrated the break with conventional thought by literally breaking the ordered grid pattern. Although 'schizophrenic thought' does away with orthodox logic, reason is integral to this state of being, but the rationale is hidden within a personally coded form". (Shingler, 2000, p. 68).

The image *One in a hundred* is a photograph an installation of 100 raised square images which form a larger square. An iridescent blue butterfly sits specimen like on the square in the upper left corner and an inkblot image is repeated in the remaining 99 squares. Only the butterfly extends beyond the boundaries of its square while the inkblot images are centered and contained within the boundaries of the grid spaces. It is accompanied by the text "One person in every hundred is diagnosed as schizophrenic. I have represented the One with a butterfly, which is the embodiment of exquisite sensitivity, beauty, vulnerability and fragility. The remaining 99 I have represented as 'Rorschach's psychological ink blot tests'" (Shingler, 2000, p. 72). Shingler exposes the implications of scientific understandings of schizophrenia by referencing the disease prevalence and systems of identifying, collecting and classifying

individuals as specimens rather than as individuals who do not fit within this arbitrary frame of reference.

Shingler has created a significant body of work with themes of exposure, schizophrenia, psychiatric authority, and alternative systems of reason or meaning-making, using contemporary materials and techniques. Shingler uses his work to support the mental health and disability consumer movement in the U.K. (Rahman & McConnell, 2007).

Summary

The sites and processes which mediate meaning-making in art are integral to public perception of art. Meaning-making in outsider art is linked to public perceptions of mental illness. These public ideas of mental illness are external to the artist, and are associated with the stigma and marginalization of individuals diagnosed with mental illness (Corrigan, 2000).

Outsider art images themselves do not represent specific stylistic or compositional elements, media, materials or motifs which would identify them as a product created by an individual diagnosed with a mental illness. It is the framework for apprehension of works created by individuals diagnosed with mental illnesses, constructed within a dominant western culture and informed by psychiatric knowledge, which frames the public apprehension of outsider art. Individual frameworks of knowledge and beliefs are linked to the label of mental illness and the individual as psychiatric other. These individual frameworks of knowledge and belief are informed by textual references at the sites of production and audiencing which locate the work as outsider art. This textual material at the site of site of the audience informs the interpretation of work for the viewer at the site of the image.

The foundation for the contextual framework of outsider art was created by early scholarship which has informed contemporary practices. This contextual framework includes

psychiatric bodies of knowledge founded on written discourse by psychiatric scholars Lombroso, Morgenthaler and Prinzhorn, and further developed by artists Jean Dubuffet and art scholars Cardinal, Rhodes, Ames and Metcalfe. Collection, exhibition and promotion of art by individuals with mental illness continue to be closely associated with psychiatric institutions or programs and these institutions inform the public of outsider art, thereby reinforcing the concept of psychiatric otherness (Hall & Metcalfe, 1994). The collection of work remains subject to filtering through a psychiatric lens because most aspects of production, textual and discursive frameworks for interpretation originate with individuals whose specialized expertise in psychiatry is endorsed with authoritative power.

Labelling the artist through diagnosis in the textual framework remains a major influence on meaning-making in outsider art. Typically artists classified as outsiders have no voice and little choice in being classified as outsiders based on historical and contemporary documentation available at the time of writing. Psychiatric labels, determined by psychiatrists and based on diagnostic categories, are used to textually frame work on public exhibition. These psychiatric labels form and inform the meaning-making process by substituting for artists' oeuvre at the site of the audience.

Chapter 4

Discussion of findings

Throughout this analysis, textual frameworks which reinforce psychiatric otherness have been shown to inform discourse and frame the meaning-making for outsider work. These textual frameworks influence meaning-making at the level of individual work and represent the broader social issue of marginalization. This analysis supports Ames' (1994) argument that outsider art represents issues of social classification, power and privilege. The discourses reveal repetitive themes at the sites of production, image and audience. These themes include practices which reinforce marginalization including omission or suppression in the attribution of work, suppression of voice, location of the work through production, collection and exhibition sites, and textual references which inform discourse and frame public apprehension. These practices represent sources of domination and repression established by conventions, power and existing social relations in the field of psychiatric knowledge described by Foucault (1973). Examination of these practices in this thesis offers the opportunity for reflection on contemporary mental health-arts practices, identifies gaps in research, and raises concerns for psychiatric and mental health services in the production and promotion of art created by individuals with mental illness. A brief discussion of each of these themes suggests alternative practices to mitigate or eliminate oppressive practices which contribute to marginalization.

While much of the textual material reviewed for this thesis was disturbing, the art images provided a sense of optimism. The sense of disturbance in the art of those diagnosed with mental illness lies in its textual framework and classification as outsider art as a reflection of exclusion from the mainstream of western society and culture. The optimism is related to the

way in which these art images function as art. Art is “a specific combination of the formal and thematic elements through which people express the way they relate their lives to the conditions of their existence” (Hauser in Frascina & Harrison, 1982, p. 245). For example Richter’s intention is not known but Richter’s jacket speaks volumes: “I am not here...my jacket is elsewhere” (Brand-Claussen & Michely, 2004). It was the embroidered text on her jacket which brought her work to the attention of the curators and historians of the Prinzhorn collection. Her jacket became art through the artist’s textual references. The text and its placement on the public visible portions of the jacket and the private inside surfaces are the formal compositional elements of her work which give it contemporary meaning and expose the conditions of her existence. Her work becomes a compelling visual metaphor for marginalization of those diagnosed with mental illness and who are present yet invisible in society.

The images of August Natterer (Neter) illustrate the practices associated with the meaning-making processes in outsider art which reinforce marginalization. The suppression of his name in attribution, the use of psychiatric terms to label compositional and structural elements of the image, and lack of accurate biographical information in the textual framework of the image contributes to a limited interpretation of the work as a product of his mental illness. Identifying these practices is a starting point that suggests ways in which practices could be altered to mitigate the negative impact and empower individual artists diagnosed with mental illnesses. The inclusion of artists throughout the exhibition process and ensuring that artists are informed of contemporary practices for art exhibition would ensure that artists with mental illness are empowered to make informed decisions about the manner in which their work is displayed, attributed and textually framed.

Finally, the textual framework established by titles of exhibitions, collections, journal articles, texts, and the descriptive terms based in psychiatric language in exhibition guides,

articles is less easily resolved. The descriptive language of the other is culturally ingrained. A consumer activist approach to structuring and governance of mental health-art projects, programs and research with the inclusion of art expertise will provide a starting point for change. Even the most thoughtful inquiry into artists with severe mental illness encountered during this research concluded that “They sometimes do not mind living voluntarily marginal lives as artists, but they prefer to live as citizens, without being involuntarily marginalized by stigma” (Rosen, 2007, p.16). Artists may well desire the opportunity to represent themselves and challenge the descriptive language through both image and text.

Contemporary mental health-arts practices at the site of production

In contemporary mental health art is valued for its meaning. Meaning-making is an important therapeutic tool as a clinical application in art therapy. Current mental health services frequently offer therapeutic studio programs for production and organize or provide gallery space for public exhibition. These programs adhere to conventions established by psychiatry which conflict with unbiased apprehension of the work and inadvertently contribute to marginalization. In my professional experience with these practices include the conventions of patient confidentiality and disclosure in which patient identifiers are suppressed while psychiatric history and diagnostic information can be disclosed (Verrip, 2006). This convention results in issues of attribution. Psychiatrists or mental health professions acting under the direction of psychiatrists are involved in and influence all aspects of production including materials, access to production and exhibition sites contained within the psychiatric system. Mental health professionals become gatekeepers with power to decide who will access studios and filter what will be exhibited. Mental health professionals are vested with power as agents of a psychiatric / mental health system to speak publicly on behalf of the patients in their care.

This reinforces the power of the mental health professional and silences the voice of the artist as patient. The use of psychiatric terms in the interpretation and promotion of artwork or exhibits locates the art and the artist as the psychiatric other in the public view.

Attribution in mental health-arts at the site of audiencing

A century has passed since the fibre work produced by Miss G. 1897 was added to the Prinzhorn Collection. Mental health reforms including the deinstitutionalization have had substantial impact on psychiatric care and mental health practice. Despite these changes the practice of not including the full name of artist's work on exhibition in attribution continues. The 2004 exhibition catalogue for *Mindscales*, for example, includes 54 art images 16 are captioned with only partial names of the artist (The National Gallery of Canada). The *Mindscales* exhibition was a collaborative effort and included support through the Canadian Institute of Health Research, Les Impatients, The Canadian Mental Health Association, Canadian Imperial Bank of Commerce and Faskin Martineau. Faskin Martineau is a legal firm specializing in public and private sector privacy law. The *Mindscales* exhibition was intended to increase public awareness of mental illness as part of an anti-stigma campaign.

The issue of attribution is generally one of omission or partial omission. Complete names and identifiers are frequently not disclosed on titles accompanying works on exhibition, although no articles reviewed during this research offered any explanation for this anomaly. The omission of complete attribution complies with the psychiatric convention of maintaining privacy and confidentiality but conflicts the benefits of appropriate attribution. The suppression or nondisclosure of the artists's name in attribution, in the interests of patient confidentiality, inadvertently reinforces the unbalanced power dynamic between artist/patient and psychiatric system/authority. Incomplete attribution has the potential to prevent the artist from benefiting

from the material or intellectual proceeds from his or her creation and denies the artist the opportunity to speak directly to his or her work.

Unlike Morgenthaler's attribution of Wolfli's work which named the artist directly, the initial attribution of Natterer's work by Prinzhorn was under the pseudonym August Neter. The pseudonym, a convention of psychiatry intended to protect the patient's privacy, is a practice which denies the artist intellectual rights. It is not clear that the pseudonym was based on agreement between the patient and physician or that the patient was informed of the context in which the work was used. In addition Prinzhorn failed to disclose biographical information such as Natterer's training as an electrotechnician / inventor (Brand-Claussen, 2001). This omission allowed false interpretation of the work by Prinzhorn and contributed to misinterpretation by the scholars who followed. Omission or suppression of identifiers prevents the artist from benefiting directly from reproduction or specifying the purposes for their artistic material. The practice of suppressing the artist's identity during exhibition still continues but few exhibition catalogues or reviews raise the issue of ethical attribution or describe the process of attribution, or whether suppression was based on the artist's choice or institutional practices. If the practice of attribution was addressed with a requirement for informed release of information for attribution then the artist would be empowered to decide how their own work was identified.

Disempowerment, the artist's voice in the mental health system at the site of image

Outsider artists' voices are silent in the discourse surrounding their work. With the exception of Aidan Shingler, few contemporary outsider artists speak directly to their body of work. In both contemporary public news articles and professional journals the mental health professionals are named and interviewed, while the artists remain unnamed and speechless.

Natterer's voice in the interpretation of his work is absent. The interpretation of the *Witch's head landscape* is based on Prinzhorn's interpretation and the textual references by scholars supporting or refuting Prinzhorn's opinions, rather than the artist's intentions. These interpretations have led to use of this work as an illustration of *psychotic art* in a range of publications of psychiatric scholarship and mental health literature (Brand-Claussen, 2001). It is not unusual for art to be the subject of interpretation in the absence of the artist and without knowledge of the artist's intent. Gadamer suggests that the power of art is in the apprehension and interpretation rather than the artist's intent however, Gadamer was referring to the image itself devoid of a textual framework. In the case of the art of individuals with mental illness, since production is often through psychiatric services, the artists are subject primarily to psychiatric convention in which the psychiatric interpretation supersedes the artist's intention and this psychiatric interpretation is disseminated in textual references. The psychiatric text interferes with the audience true and personal interpretation of the work.

Practicing artists exhibit their work on the understanding that it will be the subject of discussion and interpretation, and they have the opportunity to speak to and frame their own work, craft their own biographies and choose the information that is disclosed to the public. If attribution processes in mental health-arts programs ensured that artists with mental illness were aware their rights to disclosure and confidentiality and informed of the benefits and risks of disclosure, then the attribution process would reflect contemporary mainstream art practices.

Visual art can function as a site of resistance and empowerment that challenges existing constructions of institutional knowledge and social boundaries. The power of visual art can be seen in the art of Adolf Wolfli, Agnes Richter and August Neter and the scholarship surrounding their work. The work of these artists is visible. The artists are known outside the psychiatric institution walls, albeit as outsiders on the periphery of mainstream art and culture.

These artists created works that achieved status, a feat which many professional artists do not achieve. Art, by artists with mental illnesses, has been collected preserved, studied, marketed and has instigated discourse around the meaning of boundaries in art between insider and outsider. These works have become a foundation for contemporary artists' works which actively resist psychiatric labelling and classification for example the works of Aidan Shingler in the United Kingdom. Shingler's works include themes of psychiatric power, authority to know and classify individuals as mentally ill. Shingler is empowered as an artist diagnosed with schizophrenia to maintain a professional art career as insider/outsider. Unlike Wolfli, Shingler's work is not filtered through a psychiatrist according to Shingler (2000) and it is Shingler who speaks to his own work in *Beyond reason*, not his psychiatrist (Shingler, 2000). He positions his work within the context of contemporary artists, "In terms of individual art work, visual ideology is particular and unique to the work and its positioning within collective works" (Hauser in Frascina & Harrison, 1982 p. 245). Artist Aidan Shingler has effectively utilized mental health-arts supports to develop a sustainable career as an artist and he represents the ability for art to overcome barriers, challenge boundaries and social structures including psychiatric and mental health authority and convention, by speaking directly to his audience in both image and text. His own experience with mental illness informs rather than constrains his work. His images engage the audience in an exploration of the complexity and conflict inherent in the division between scientific and aesthetic knowledge through meaning-making.

Locating outsider art through production, collection and exhibition

The production, use and reproduction of Natterer's work demonstrate how the identification of art work through psychiatric programs can result in negative characterization of the image as symbolizing generalized conceptions of mental illness. The practices associated

with location of production, collection and exhibition of outsider art are difficult to address. Although these sites are the primary sites in which the work is completed and shown, little is known about how these mental health-arts systems function. Various psychiatric systems and facilities provide artists diagnosed with mental illnesses with materials, spaces, support and promotion necessary to establish art practices but these systems have not been widely studied, except by historians and curatorial scholars associated with specific institutions (Brand Claussen, Jadi & Douglas, 1998; Brand-Claussen, 2001; Brand-Claussen & Michelly 2004; Verrip, 2006).

Overt labelling and classification is inferred by the location of production, collection and or exhibition of outsider art and influences apprehension because the site is associated with a psychiatric institution or service in the public view. Some locations overtly proclaim the origins of the artist such as Les Impatients, Montreal or Creedmoor Psychiatric Centre's Living Museum, Queens. Some locations reference psychiatric origins subtly, as in Vancouver's Gallery Gachet named after Van Gogh's physician. Acknowledgement that the location of both production and exhibition locates the work for the audience in association with psychiatric facilities and links the work conceptions of the psychiatric other which could be resolved by distancing studios for psychiatric facilities. However distancing these programs from the institutions has negative implications for the maintenance of primarily therapeutic programs which are seen as valuable.

Titles of exhibitions, collections, journal articles and texts at the site of audiencing

The use of psychiatric or terms in the textual references and exhibition of outsider art serves to diminish or discount the artwork, locating the work on the designated margins of the social boundaries of western culture in the psychiatric other. Beaveridge's article *Disquieting*

sense of strangeness focuses on the interpretation of Netterer's *Witch's head* image as pathologically different as opposed to Brand-Clausen's interpretations which attempts to establish rationality and normalcy in the image. Exhibition titles are important methods of introducing work to the public and exhibition is acknowledged as a method for increasing public awareness of mental illness and reducing the stigma of mental illness. *Art and madness, Beyond reason, Shards of the unknowable, Discovering the work of the insane, Expressionism and insanity* and even *Mindscales* introduce the art in terms of difference in which the art is a product of an irrational mind. These titles suggest voyeuristic opportunities for the public to view the mysterious world of the psychiatric other which exists beyond the realm of rationality. This opportunity for transgression of cultural boundaries reinforces existing social power as members of the dominant culture visit the cultural boundaries to maintain cultural superiority (Hall & Metcalfe, 1994). The titles emphasize psychiatric otherness which undermines the utility of these exhibitions as promotional vehicles for social and cultural inclusion.

Descriptive psychiatric terms in exhibition guides at the site of the image

The use of psychiatric terms in exhibition guides and articles includes the disclosure and inclusion of psychiatric diagnosis, as the titles allude to voyeuristic opportunities for the public which inaccurately and negatively characterize the meaning-making processes by suggesting that they are representative of psychopathological processes. Historical terms such as "schizophrenic configuration" are reiterated by scholars such as Cardinal (1972) and later Beaveridge (2001). These reiterations maintain psychiatric othering and marginalization in the various discourses of outsider art and reinforce discriminatory linguistic practices. Descriptions of both the art and artist can reinforce stereotypes, for example statements like "Visual art is a

form of expression which appeals to those suffering from mental illness” suggest links between mental illness and creativity despite a lack of evidence for any link (Riding, 2003, p. B.1).

Summary

At the individual level and community level, processes and practices which influence meaning-making in outsider art include attribution of work voice location of production, collection and exhibition titles of exhibitions, collections, journal articles, texts and public journals, and use of descriptive terms drawn from psychiatric terminology in exhibition guides. These textual frameworks conform primarily to existing dominant discourses of mental health and psychiatry and this discourse excludes mentally ill artists. These processes at all three sites of meaning-making contribute to how the audience interprets the art. Textual frameworks can serve as discriminatory linguistic practices that reiterate historical interpretations to inadvertently reinforce stereotypes in the public eye. Insight into the practices in current use within mental health services provides a basis to begin addressing marginalization of outsider artists.

Chapter 5

Conclusions, and reflections on meaning-making in outsider art

This thesis has explored marginalization of the mentally ill as reflected through the processes of meaning-making in outsider art. The marginalization of individuals with mental illness, or psychiatric othering, is acknowledged as a contributing factor to increased levels of disability and a major barrier to mental health recovery (Callahan & Owens, 2005; Kirby, 2006; Parr, 2006). In order to decrease the level of disability and support recovery in mental illness it is important to understand processes that if changed would foster social inclusion and empowerment (Parr). This thesis has been concerned with identifying processes and practices which have framed and shaped the apprehension of outsider art historically, as well as practices, which maintain the marginal positioning of the art and artists currently. These processes and practices have implications for mental health policy, public awareness and practices. This research project also identifies areas for future research in mental health-arts and challenges for mental health-arts researchers.

Research method

Visual research of images remains a challenge. The major challenge to visual research is rooted in the fundamental divisions between scientific and aesthetic knowledge which are defined in language rather than image (Burnett, 2004; Chaplin, 1996). Access to information and materials in outsider art is limited as access to material is not publicly available given it is contained within various psychiatric institutions where art is produced and exhibited. Outsider art has existed as a subject since the 1970's, but it was produced as a separate subject through psychiatric bodies of knowledge as insane, psychotic or schizophrenic art over a century ago.

There is a paucity of research concerning the implications of the marginalizing processes which surround outsider art. Methodologies for research in mental health-arts are not yet established. For the purposes of this thesis discourse analysis as a method of critical visual research was chosen as the best method for the analysis of visual images in the context of institutions.

The value of critical inquiry lies in its ability to reveal practices and processes that can be altered in order to eliminate oppression or discrimination and empower both the individual and community. This thesis applied discourse analysis as a critical visual research method to examine processes of meaning-making in outsider art. In this thesis, critical visual research was useful in identifying gaps in existing mental health-arts research and considerable gaps in what is known about current mental health-arts programs and practices. Discourse analysis provided a basic framework for examining marginalization through the various sites of meaning-making in outsider art. Rose (2007) acknowledges that while discourse analysis is useful in identifying institutional processes and exploring or exposing socio-cultural power dynamics through language, this method is less useful in the direct analysis of the images themselves. Since discourse analysis relies primarily on language rather than image for data, the method reflects a fundamental division between art and science which is not easily resolved. For the purposes of this thesis however, discourse analysis was effective in establishing that the process of marginalization is primarily mediated through language. Language frames the images textually to shape the viewers interpretation of outsider art by reminding the viewer of the social positioning of the artist as psychiatric other. Since the processes and practices implicated are constructed through discourse they can also be addressed through discourse.

This thesis establishes themes worth exploring for future research in mental health-art and meaning-making. This thesis suggests areas in which changes in policy and practice have

the potential to mitigate marginalization. These themes include textual frameworks which inform discourse and frame public apprehension at the sites of production, image and audience.

Implications for policy

At present, current practices serve to reinforce rather than resist preconceived notions of mental illness in works exhibited and classified as *outsider art*. The social dominance of psychiatric experts as described by Foucault (1973) is illustrated in the influences of mental health experts through the processes of selection and interpretation which frame meaning-making at the site of the public's apprehension of outsider images. Foucault also suggests that silence of the patient is evidence of the nonreciprocal relationship between the psychiatric observer and the subject patient. In outsider art the anonymity of the artist, protected by medical convention, effectively silences the artist, discounts the imagery and pathologizes the process of creativity because it is produced as both subject and object within the institution of psychiatry. This is disturbing in light of current trends for evidence-based mental health practice in Canada and internationally to include consumer autonomy, self determination and governance as foundational elements in improving population mental health (Kirby, 2006). In addition, the authority of psychiatric fields of knowledge influences the language of arts interpretation in outsider art to reinforce difference.

Implications for public awareness

There is research to support that some programs, such as public awareness campaigns, may have negative impacts. Snyder's (2002) meta-analysis, Viswanath and Finnegan's (2002) review and Lauber, et al. (2004), for instance, concluded that medical understandings of mental illness provided through public awareness campaigns serve to increase social distance and

result in discriminatory public responses. The exhibition of outsider works has potential to accentuate differences associated with mental illness. The results of the National Gallery's 2004 *Mindscales* exhibition in reducing stigma and social exclusion with public exposure are not known. No research data on participants, audience responses or outcomes has been provided. Despite the dearth of research, there is room for optimism. Art is a powerful medium for change.

Implications for future practice

Oppressive practices such as the classification and textual framing of outsider art identified in this thesis reinforce marginalization and changes in these practices are necessary. The outsider art classification itself suggests peripheral social positioning. Practices such as identifying the locations of production, collection, or exhibition sites as psychiatric facilities, introducing images with diagnostic information, or referencing them with psychiatric terms link the images to mental illness. Psychiatric institutions should consider who these practices benefit or if they are really in the best interests of the artists.

Other factors implicated in marginalization worth consideration by mental health-arts services include practices of attribution and representation through public voice. Practices associated with attribution, voice and textual framing can be addressed through changes in practices within mental health systems and organizations. Mental health-art programs could mitigate some of the practices which reinforce marginalization, by adopting a framework of consumer activism in which the mental health user is involved in the shared structure and governance as recommended in Hall (2001) and Kirby (2006). Programs and planning groups intending to use art in public exhibition or for public awareness campaigns should be representative of the participant artists to ensure that the process is inclusive. In addition access

to professional artists, art historians and curatorial expertise in the development of exhibition plans would ensure that artists have direct access to contemporary exhibition practices. The inclusive nature of shared structure and governance has potential to promote empowerment principles and redistribute power more equitably (Mullaly, 2002).

Further research

Some factors are related to more complicated issues of psychiatric othering, and though beyond the scope of this research, this thesis suggests areas for further research. One such area is addressing stigma, discrimination and marginalization of individuals with mental illness, which are key elements in Canadian mental health promotion. This thesis identifies some ways in which the conventions of psychiatry/ mental health practice and textual references contribute to marginalization in the meaning-making process.

Historical influences at the sites of production can be identified in the literature, however, no research or literature examining the influence of psychiatry/ mental health in contemporary production through mental health-arts programs is available. At present there is no method of collecting descriptive material on production such as facilities, materials, financial and administrative resources or promotion, attribution and remuneration of artists. This gap in research presents a considerable problem. There are a substantial number of mental health-arts programs operating internationally which provide primary access to production studios, collections, exhibition space and promotional activities for artists diagnosed with mental illness under the auspices improving health. There is virtually no evidence to support the assumption that exhibition through mental health-arts programs effectively improve health outcomes. While these programs are promoted as contributing to improved mental health through social inclusion, consumer empowerment and public awareness, there is no evidence to support their

effectiveness in attaining these outcomes. Each mental health-arts program is unique. This uniqueness creates challenges to the establishment of comparative research in health outcomes.

Additional research and careful scholarship employing critical visual methodologies such as that used by Brand-Claussen to re-evaluate Natterer's *Witch's Head* that illuminate the processes and practices which influence meaning-making are needed. Mental health-arts research would benefit from establishing collaborative research mechanisms inclusive of arts, mental health and consumer interests. The findings in this thesis indicate avenues of future inquiry that should include research into the processes of meaning-making in the construction of social boundaries and barriers. This research would include artists as mental health consumers and audience studies to establish the nature and influences of exhibition of art as outsider art.

The complex process of marginalization and labelling that serves to reinforce systems of social dominance and authority are reflected in the meaning-making processes of outsider art. The labelling and promotion of art, by artists with mental illnesses, as outsider art reinforces public perceptions of psychiatric otherness. Art functions in society as a process, which precipitates, reflects, represents or challenges discourse. Unfortunately, the power of outsider art to influence society is limited by its marginal positioning which is negotiated through discourse. This discourse excludes the artist. Changing policy and practices in mental health-arts will ideally empower artists with mental illnesses, to engage directly with the public in the meaning-making process through their art.

Appendix 1

Travelling exhibitions Prinzhorn Sammlung Collection 1995-2006

Wahnsinnige Schönheit, Schloss Heidelberg, 30 March -28 April 1995

La Beauté Insensee, Palais Beaux-Arts, Charleroi, Belgium, 14 October 1995- 28 January 1996

La Collection Prinzhorn, Collection de l'Art Brut, Lausanne 11 June- 22 September 1996;
Wahnsinnige Schönheit, Kulturgeschichtliches Museum Osnabrück, 6 April -1 June 1997

The Prinzhorn Collection: Traces upon the wunderblock, The Drawing Centre, New York, 10 April -June 2000; Armand Hammer Museum of Art, Los Angeles, 25 June- 7 September 2000,

Inner Landscapes: Outsider and Visionary Art, Plymouth Arts Centre, Plymouth, United Kingdom, 22 April- 18 June 2006,

Inner worlds Outside, Whitechapel Art Gallery, London, 28 April – 25 June 2006.

Appendix 2

Examples of outsider art article titles from 1997 – 2007

1) Titles indicating the work is by artists who have experienced of psychosis or mental illness

Art and madness, 1997

Beyond reason, 1997

Shards of an unknowable world: Prinzhorn Collection and the visual representation of psychotic experience: Hayward Gallery, London, 1997

Discovering the art of the insane: the work of Andrew Kennedy, 1998

Artfully insane, 2001

Madness and the art of the Prinzhorn Collection: vision and revision of discovery, 2001

Madness and the art in the Prinzhorn Collection, 2002

Expressionism and Insanity, 2003

For Matthew & others: Journeys with schizophrenia, 2007

2) Titles indicating work originating from a psychiatric hospital

Report from Queens: art asylum- the Creedmoor Psychiatric Centre's Living Museum Queens New York, 1993

Care and control: the Hackney Hospital, London, 1995

An online General Hospital: constructing an experience and representation of mental health, 1997

The clinic controversy: initiative to have Heidelberg University's Prinzhorn collection, made by asylum patients, moved to Berlin museum commemorating victims of Nazi euthanasia, 1998

Dr. Leo Navratil, founder of the Gugging house of artists, 2001

The Prinzhorn Collection: traces upon the Wunderblock: The Drawing Center, New York, 2000

Art & mind: artwork by patients from Rampton Hospital: Brewery Arts Centre, Kendal, UK, 2002

Art & Mind: further comments, 2002

In the Flow: Artists from the Living Museum: Queens Museum of Art, Queens, New York, 2002

3) Titles indicating the otherness of works

Outsider Art: the Musgrave Kinley Collection, Manchester, 2002

Future Primitive: One in the Other, London, 2005

Inner Worlds Outside, 2006

Inner Landscapes: Outsider and Visionary Art, 2006

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