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# The New Avant Garde; Arts Organizations supporting artists with mental illness

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Tara J. Henninger  
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Vakharia, Neville

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## **DEDICATIONS**

To my family for their support and patience during my studies.

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## ABSTRACT

Mental illness affects artists and arts organizations in way that is detrimental to the production and presentation of art and the well-being of artists. The research conducted was meant to better understand the background of artists in relation to mental illness and current supportive practices of arts organizations. In this study one-on-one interviews were conducted with directors of various arts organizations. Previous research on the topic of correlation of creativity and mental illness has proven inconclusive and has not yielded novel direction in methods of treatment for artists with mental illness. The best course is to seek supportive policies and actions that arts organizations can effectively provide to artists who are living with mental illness. Artists who have had interventions in mental health issues are able to live productive and creative lives. The interviews conducted for this paper show that while arts organizations are empathetic and aware of artists with mental illness there remains stigma and trepidation when asked to discuss the subject matter. Through existing research and this study, it has been determined that arts organizations have a role to play in developing and understanding best practices when working with artists who suffer from mental illness. Preventative measures are important during the education of young artists along with the implementation of employee benefits that include ensuring proper mental health insurance coverage, stress reduction and Employee Assistance Programs. Arts organizations also bear the responsibility to understand the federal disabilities laws, community resource connections to support agencies, and pursue open dialog with artists.

## INTRODUCTION

It is important to understand how artists may be suffering from mental health conditions/illnesses, and how they can be helped. It is in the best interest of not only the artists, but also the arts administrators, in order to help keep artists healthy both physically and mentally. Educating both administrators and artists on the benefits of coping with stressors and seeking help will benefit relationships and functionality of those involved in running a successful arts organization. It can reduce the number of artists that commit suicide or are admitted to the hospital for treatment of various mental health disorders. Receiving adequate care can help artists to achieve resilience and, therefore, can positively impact the artist's work output and enable them to provide a sustainable existence. Arts organizations, no doubt, will be faced with working with artists who suffer from mental illness. Understanding the laws while being proactive with policies and referential information can help the organization and artist continue a positive and productive relationship.

Most literature surrounding the issues of the arts and mental health revolves around art therapy or varying efforts to prove or disprove a biological link to artists/creativity and mental illness. Cathy Malchiodi, PhD in *Psychology Today* discusses resilience in the field of art therapy. Malchiodi finds creativity as building block of well-being as opposed a sign of pathology that had been cited in the arts therapy field during her studies (Malchiodi 2015). Other literature suggests artists are on the forefront of addressing stigma and awareness of mental illness through exhibitions and talking to media. Some arts organizations have been created to support working artists living with mental illness. A small amount of the literature has addressed the issues faced by students at art schools and how the schools may help or hinder their students. The arts are heavily intertwined with the continued development of perception and

support services for mental health, not only for artists but also for the general population. Artists and art organizations have the ability to be in the vanguard in achieving and opening up a new world to innovative services and supports for those suffering from mental illness. Along with raising awareness, they are creating a safe space to speak about mental health while removing stigmas and developing compassion.

### **Biological Understanding Of Creativity And Mental Illness**

First in the literature is the widely debated critical analysis of the mythology and possible scientific support of the tortured artist. For centuries, the debate about the tortured artist has endured. Research has tried to genetically tie creatives to having increased risk for mental health conditions. There are two most cited works when it comes to acknowledging a link to creativity and mental illness. One is Dr. Nancy Andreason, from the University of Iowa, who wrote an article for *The American Journal of Psychiatry* called “Creativity and Mental Illness: Prevalence Rates in Writers and their First-Degree Relatives.” She did a study in which samples of creative writers were found to have a higher incidence of bipolar disorder than the control group. She also noted possible implications of genetic ties between creativity and mental illness because first-degree relatives of the writers in the study were more likely to be creative and suffer from mental illness (Sussman 2007, 21-22). The other is Johns Hopkins Medical’s Dr. Kay Jamison’s book *Touched with fire: Manic-Depressive Illness and the Artistic Temperament*. Jamison explained her research at the Society for Neuroscience annual meeting in San Diego. Douglas Fields reported on his coverage of the meeting that Jamison believes there is a strong lineage link for artists and mental illness and she believes the present



treatment of illnesses, like schizophrenia with Lithium would dull an artist's creativity (Fields 2013).

In Rybakowski, Klonowska, Patrzala, Jaracz's journal article they define creativity not only in the artistic form but as the process of everyday problem solving (Rybakowski et al. 2008, 33). Their article view is formulated from other studies, which postulate

“...creative processes may be linked with mood disorders, most often of the bipolar type, and with thought disorder similar to psychotic thinking.” (38)

The main types of mood or affective disorders are depression, bipolar disorder, and anxiety disorder. Symptoms vary by individual, and can range from mild to severe. Psychotic disorders result in abnormal thinking and loss of touch with reality, like schizophrenia. Multiple studies have explored the trends of artists' hyper-productivity of work followed by periods deprived of work to underscore the possibility of mood disorders among prominent writers throughout history. Another study looked at 15 New York School expressionist painters' histories to reveal that half showed symptoms of depression and alcohol abuse, while three were psychologically hospitalized, and two committed suicide (38). The authors here find that the existing research presents cases for correlation between mental illness and creativity but there has not been enough research on the subject that does not contain methodological flaws (45). Other research has been looking for biological proof for creativity and mental illness. Alice Flaherty's research on frontal and temporal lobe function and disorder does not convey how frontal lobe activity precipitates creativity but rather points to how

dysfunction can forestall creativity. Both anxiety and depression have shown changes in the frontal lobe of the brain. These dysfunctions of the frontal lobe are tied to creative block of artists (Flaherty 2005). Some illnesses, like epilepsy or mood disorders appear to have an effect on the propensity for art by opening up response to stimuli to create novel ideas- creating a fine line between creativity and illness. The artist's IQ may actually be a protective factor allowing them the mental acuity and flexibility to process multiple perspectives on a subject, creating a novel idea rather than feeling of dysfunction (Scull 2014, 48).

### **Mythology Of The Mad, Genius Artist**

Although the image of the tortured artist is durable, science has not yet been able to conclusively verify, or disprove the connection. Lord Byron, with his flamboyant and scandalous lifestyle and heightened sensitive nature, epitomized the image of the tortured artist and built his popularity on theme of the Byronic Hero who is flawed but passionate and talented (Sussman 2007, 21). Other artists have felt in order to be considered a serious artist you needed to actually be mad and went so far as to simulate it. Yet, there are also numerous artists whose institutionalizations are recorded like Irving Berlin and Georgia O'Keefe (21).

Does the artist create despite, or because of, mental illness? Artwork has depicted mental illness throughout the centuries, even when mental illness was recognized as more of a religious affliction of demons than a biological condition. Jonathan Jones of the *Guardian*, made a short list detailing the history of mental illness depicted in art (Jones 2015). Beginning with Vittore Carpaccio's "The Healing of the Possessed Man at the Rialto" (c. 1496), he describes the early depiction of the madman being healed by the

church cleric and this theme continues through the centuries. Next he shows Durer's contemplation of depression, "Melancholia," from 1514, which shows the beginnings of diagnosis and even a slight romanticism that nobleness lies somewhere in the melancholy. During the 1700's asylums became a spectacle for the sane to witness, as shown in Hogarth's "Bedlam" series. This gave way to images of compassion for the mentally ill as created by Goya and Gericault in the early 1800's. By the mid-1800's the romanticized tortured artist images took a stronger hold with works like Courbet's "Desperate Man" and gained steam with the likes of Van Gogh and Munch onward into the 1900's.

Other literature includes rebuttals of the same mythology. It also suggests that the myth leads to artists sacrificing their own mental health needs and treatment due to a fear of loss of creativity. In the book, *Art and Psychoanalysis*, William Phillips speaks about the history of the myth of art and neurosis. He says that it cannot be resolutely concluded that there is correlation or causality in regard to artists and neurosis. Attitudes on art and neurosis have changed over time. Evolving from a simple assumption that art is indeed connected to neurosis, to the belief that art expresses a catharsis with neurosis. Later still, there is a separation of the art from the artist who triumphed over illness to create, and at the time of the writing mental illness became something that needed to be reflected upon and to be cured of any social aberrations (Phillips 1957, xiii). Artists are more likely to be associated with mental illness due to the nature of their work's content which deals with psychological tensions and that the work is often presented for public consumption, while other people work out their phobias silently (Scull 2014, 47).

One of the conundrums in analyzing art and neurosis has been the inability to fully understand art; what it means and where it comes from. Freud wrote a few speculative theories based on fiction writers, but still preferred to maintain that psychoanalysis was not able to shed much light on the “mystical forces” of creation (Phillips 1957, xvi). For every artist with a mental illness (example Jackson Pollock), there are just as many well-adjusted artists (Grandma Moses) (Scull 2014, 47). In addition, there are commercial artists who also suffer from mental instability at the same rate of the general population. They too are creative, but not necessarily as notable as fine artists. You cannot look at art with a totality and prescribe neurosis as a prerequisite for creation. Just like there are artists who are neurotic and those who are not, the same is true for the non-creative public and it is likely the correlation for artists is exaggerated (Phillips 1957, xvii). If the notion of mental illness is necessary for creation then the opposite must be true as well. Therefore it can be posited that if all artists are mad then all mentally ill patients are creative geniuses.

"Artists are therefore not mentally-ill individuals who are «healed» or «saved» by art, no more than mentally-ill individuals are artists through the simple fact of their disorder."(Nuss, Sellier, and Bath 2014, 3)

It can be difficult to separate true neurosis from artistic personalities, where those personalities just simply defy the cultural norms of the time (Phillips 1957, xvi). Art has become open to all sorts of theories regarding a sort of truth, or insight, or movement towards wisdom; something larger than itself. Art is fluid with the culture surrounding it

and so is the interpretation of its value and meaning. Changes in culture over time have created changes in attitudes about what is considered avant garde; what was once abnormal becomes innovative, and what was once irreverent becomes acceptable (Phillips 1957, xxiii). A lot of the success of an artist depends on timing and being able to present work that is distinctive and new. This lends to the romanticized ideal of the Bohemian, deviant artist living an alternative life of rebellion. In some cases, the artist's unique lifestyle may actually be a situation of financial or social necessities outside of the artist's control and not of his/her own desire (Scull 2014, 47).

### **Conclusions About Art And Psychosis**

In conclusion to the literature involving the debate surrounding a link between art and psychosis, no definitive answer has been found either for, or against the argument. Much of the work cited for finding links to creativity and mental illness, namely that of Andreason and Jamison, has been criticized for the inadequacy of the data (Friedman 2012). While numerous artists have been reliably diagnosed with bipolar disorder, the research pointing to a link of mental illness to creativity is flawed. The illness may coexist with creativity but does not in and of itself convey any special talent. Creatives must struggle to overcome the effects of their illness, which often brings pain and suffering rather than accomplishment. Substance abuse is not uncommon for those suffering from bipolar disorder (Rothenberg 2001, 145). There is a detriment in the continuation to romanticize the tortured artist. Artists may be resistant to treatment for fear of losing their creative edge; the mythology even glorifies mental illness. It continues to diminish or neglect the healing benefits of artistic and creative activities. But most importantly, the myth does little to promote mental wellness

(Friedman, 2012). To reduce suffering and prevent early death, carefully considered individualized treatment is recommended.

### **Treatment Practices For Mental Illness**

Creative people and their accomplishments are decidedly cherished, but untreated mental illness can lead to suffering or death and, therefore, it is imperative to seek treatment. (Rothenberg 2001, 132) Creative blocks are often reversed with pharmacological treatment. (Flaherty 2005) Although treatment is often warranted, Sussman warns of problematic legislation possibly forcing treatment upon individuals with mental illness resulting in loss of control over their creativity. She addresses concerns of the types of medications being used to make those outside of social norms conform to the heterogeneity of the majority (Sussman 2007, 24). She continues to cite Jamison's work in formulating opinions on the negative potential of pharmacological agents. For instance, treatment with Lithium has resulted in reports from patients that there is an undesired effect of flattened moods or a change in perception of life. Bipolar disorder sufferers can miss the periods of hyper-production during manic phases. She also expressed concerns about antipsychotic medications used to treat delusions and hallucinations. While these medications successfully treat those symptoms they may not adequately work on symptoms of reduced motivation and lack of emotion. These treatments can leave patients feeling uninspired and dulled, further hurting their careers (Sussman 2007, 24). Still, mental illness can be so debilitating that the artist can no longer create. Psychotherapy, with or without medication use, remains a viable treatment choice for creative patients with bipolar disorder (Rothenberg 2001, 146). There needs to be awareness that therapists may misjudge the ability of the patient to maintain a

productive life and withhold necessary treatments; meanwhile the work of the artist may become undervalued when created by someone not suffering from symptoms of illness (Rothenberg 2001, 144). A mentally healthy artist will create their best works when emotionally stable. Even if art is produced through neurosis it doesn't mean that an artist will lose skill or vision through treatment (Scull 2014, 48-49).

### **Artists' Experiences**

The second part of the literature focuses on artists' ability to raise awareness and reduce stigma surrounding mental illness, through their own experience or interpretation of others' experiences. According to clinical psychologist, Dr. Michael Friedman, the World Health Organization says that mental illness is the biggest economic burden in the health field costing 2.5 trillion dollars in 2010. In 1999, the U.S. Surgeon General labeled stigma as perhaps the biggest barrier to mental health care. Stigma is what separates people with mental illness from society, creating isolation. Negative views of mental illness and stereotypes of violence prevail. Stigma not only worsens the outcomes for patients but complicates available care and resources for the mentally ill. Stigma has created gaps in the research field proportionally to those suffering. This in turn, has resulted in criminality of the mentally ill. Awareness, education, and training especially for those in the mental health field are at the forefront of change. (Friedman, 2014)

Artists have been raising awareness of mental illness by bravely showing their experiences in their artwork and by arranging special exhibitions devoted to mental health. In October of 2015, the University of Pittsburgh held "Stories Untold," a student art exhibition raising awareness for students' mental health in their Conney M. Kimbo Gallery. The exhibit featured 45 written and visual pieces by 32 different student

artists. Most students did not show work anonymously because they wanted to fight the stigma of mental illness. The exhibit included a wide range of mediums and experiences, including poetry, visual art and sound recordings. The subject matter wasn't always about the artists' personal struggles but sometimes the stories of persons close to them. The exhibit brought not only awareness, but also hope to a subject that is often only talked about in whispers (Shelly 2015). From April-May 2016 the University of Minnesota held their second juried exhibition on the theme of mental health. "Art in Mind" featured the artwork of the university's students, faculty and staff. The goal of the exhibit was to "raise awareness about mental health, foster open conversation, and promote effective coping strategies, self-care, resilience and hope throughout the University community." ("Mental Health Art Exhibition : Art Program : Boynton Health : University of Minnesota" 2016)

Researchers, Karleen Gwinner, Marie Knox, and Sue Hacking followed eight artists who participated in an exhibition entitled Artist Citizen in Queensland, Australia in 2009. Their paper looked into the concerns of artists with mental illness re-integrating into society. The authors used a mixed-method approach to collect the data that was partly ethnographic, partly phenomenological, and partly participatory action research. Each artist was interviewed three times by the lead author in the course of curating the exhibition. The lead author used participant observation in social encounters and experiences (Gwinner, Knox, and Hacking 2009, 30). The researchers followed the eight artists over a 12-month period in which they developed artwork and curated a show around the theme of "Diagnosed Artist." The authors sought to uncover the boundaries of the artists' mental health needs within the framing of several themes. The artists



addressed themes of: stigma, exclusion, and the integration of identity (36). This quote from the study explains how the complex mental health needs of artists are intertwined with contemporary society.

“Artists with mental health needs have often absorbed many of the myths and judgements that surround art and mental illness.” (30)

The artists agreed to participate in the research and exhibition without altering their names in order to challenge stigmas and ideologies they have encountered during the course of living with mental illness and pursuing artistic careers (33). One of the main concerns raised was over the value and judgement of the work because it can be difficult to separate artwork from the artist. The work is either expected to reflect their “madness” or is deemed irrelevant outside the context of mental illness (33). Artwork that is clearly related to mental illness sells when exhibited in that context and selling equates to being a practicing artist rather than being perceived as a hobbyist (34). Oftentimes, being an artist who creates works during the treatment of mental illness labels one as an ‘outsider’ artist. This label may denote a lack of formal training and, in turn, devalue the work. The ‘outsider’ label can actually be a positive one for those suffering from mental illness. Because of the mythology, once someone who is mentally ill identifies as an artist, harsh judgments and negative perception may be reversed. Becoming a part of the art community and creating artwork is actually seen as a way to remove the isolation instilled by stigma and help patients to integrate into society (35). Conversely, a skilled artist identifying as an ‘outsider’ may suffer a lack of

credibility if his/her aim is to be considered part of the art mainstream in the long-term (36).

Later analysis of the artists by some of the same researchers, also talked about the importance of community engagement through the arts to help patients in recovery feel they are living a contributing life (Gwinner, Knox, and Brough 2015, 299). The artists framed living their lives in a manner of three themes: “I can’t get up today; I put on a mask; and Things in my life that mean something.” (301) The first theme discourses on the limitations mental illness inflicts on the artist. There are days where the artist cannot leave the house and function normally in the world, thereby inhibiting life. In contrast, another artist felt restrictions were placed on them to live a mainstream life and felt freed to pursue living a life on his terms. They also found subjective labeling of illness counter-productive and preferred a self-constructed identity (302). These preconceived labels lead to the mask themes. Often artists feel they wear masks to hide their illness so they can interact in the world without judgement (303). Still, through art they have been able develop relationships and define what brings meaning to their lives. Sometimes these relationships were limited to other groups of people with mental illness, and this exhibition allowed them to expand out of this limitation and remove their ‘mask’ while moving within greater society (305). Living a contributing life means engaging on their own terms, accepting the complexities of living with mental illness, while creating their own opportunities and self-identity.

### **Organizations Working With Artists**

By listening to the artists who are willing to break through stigma, unique support services for artists living with mental illness can abound. Non-profits like Fountain

House Gallery are supporting the work of artists who have been alienated because of their mental illness. Fountain House helps rehabilitate and integrate people with mental illnesses into the workforce. It is self-described as “the premier venue in New York City representing artists with mental illness.” The 60 member organization works to balance supporting their artists while framing their work in a context beyond ‘outsider’ artists. Here the artists and organization try to work within the paradox surrounding mentally ill artists. If their work is too good, it means they are not suffering enough and therefore lessens the value of their creativity; meanwhile this outsider status is often the primary access to the mainstream art world for these artists. This persistent tension in between the feeling of positivity for creativity and stigma of mental illness has been around for decades. Once again artists of Fountain House tell us that while it is difficult to be creative while being impaired by illness, medication needs to be highly individualized to treat without leaving dulling side effects (Halperin 2016).

Fountain House is not alone in this new breed of art agency. Spectrum Artworks is a Minneapolis community based support program that offers studio space to help artists reach their artist-related goals. Their mission is “to support artists living with mental illnesses integrate into the larger arts community and by doing so to help educate the public and break down stigma associated with mental illness.” (“About | Spectrum ArtWorks” 2016) The Awakenings Project of Elgin, IL, is another community based support program and space for visual and performing artists with mental illness. They assist artists in developing their craft and raise awareness and acceptance of creative people living with mental illness (“The Awakenings Project” 2016). In Portland, OR, the J. Pepin Art Gallery has taken on the job of reframing the perceptions of artists living

with mental illness. The gallery's artists share not only their artworks but also their life experiences. The gallery empowers their artists to challenge negative perceptions of mental illness while inspiring talented people to live productive lives while enriching the world with their art ("J. Pepin Gallery Website" 2016). Internationally in Winnipeg, Manitoba, Canada, Artbeat Studio is a "community based, peer directed program that provides social supports, working art studio and gallery space, and mentorship for individuals living with mental illness for the purpose of recovery and empowerment." It is recognized as a non-profit registered charity "committed to decreasing stigma and discrimination that coincides with mental illness and poverty through positive action, mental health education and advocacy."("Artbeat Studio" 2016) Organizations like the ones above should be studied to see what aspects can be expanded upon and implemented by existing organizations around the country to provide resources and support to artists.

### **Involvement Of Educational Institutions**

Not only are supports necessary for working artists to continue to thrive, it is important to carefully evaluate how our higher education institutions, like art schools, are supporting the mental wellness of their art students. Licitra's dissertation states, "American Psychiatric Association (2000) reports that one out of four young adults will experience an episode of depression by the age of 24."(Licitra 2015) Support for the rising numbers of students with mood and other disorders are overwhelming campus health departments (2). There is the added problem of students misusing prescription medication, or self-medicating, either or both leading to substance abuse problems (3). Financial cuts have added to the struggle of campuses to keep up with student need (5). Peer influence and social norms influence college student behavior. Like the general

population, social norms stigma creates a negative attitude around mental illness on college campuses leading to low use of campus services (7). Students at art institutions may look up to mentally ill artists and accept the tortured artist mythology, therefore refusing treatment based on the notion that illness is required to make art (8). Licitra views mental illness as a threat to academic success and degree competition of students (11). College administrators can reduce stigma by providing education on mental illness and by promoting full inclusion (26). Art students are even more vulnerable to college stress than other students. They contend with intense curriculum/studio hours, public critiques of artwork, and a constant requirement to create on demand all in a highly competitive atmosphere (Grant 2016). Many campuses like the School of the Art Institute of Chicago (SAIC) provide free mental health services but only in a limited capacity before referring students to outside campus services. Smaller fine arts colleges have more limitations whereas art schools within larger universities have the ability to extend more comprehensive services. SAIC has started training students to become certified in recognizing and responding to other students suffering from mental health problems (McLin 2016). Starting mental wellness education and support services during an artist's college years would not only help them maintain wellness during a stressful period in their lives but also set-up a positive model for further mental wellness throughout an artist's life.

### **Literature Findings**

The literature suggests that the mythology of the tortured artist is not going to be solved any time in the near future. This is an ideology that has persisted through many centuries and is heavily internalized in society. Through continued research, biological

connections may be made that can help in side-effect free treatments. The continued research can also reassure artists that treatment will not result in loss of their creativity, talent, or value and will allow artists to fully embrace their mental well-being by seeking an individualized treatment that will complement their lifestyle. Artists have a prominent role to play in developing treatment and recovery services that help them reintegrate, self-identify, and create artwork on terms that they are comfortable defining. Over the centuries, artists have been at the forefront of societal change; sometimes their visionary leadership even resulted in being labeled mentally ill. This legacy enables the arts community the unique opportunity to raise awareness, reduce stigma, and shape support services. These resources are already emerging within the arts community as specialized galleries, studios, and artist spaces. By starting with our art education institutions we can reframe the perceptions of mental illness and create a positive learning environment that will shape our future artists' lives.

## **RESEARCH METHODS**

This study applied a methodology of a transformative worldview to a qualitative phenomenological research study. A qualitative study addresses a social problem that drives the research and conclusions are made due to analysis and themes derived from the data collected through interviews (Creswell 2014, 4). The phenomenological research design draws on experiences of individuals as obtained in interviews (Creswell 2014, 14).

A transformative approach addresses the need for change or reform in a social topic (Creswell 2014, 9) and was desired because the population and topic are related to a sensitive area of study--mental health/illness. The purpose of the study is to understand the popular conventions surrounding artists and mental illness by working with artists and other professionals to document support systems for artists. Phenomenological research lends itself to studying human experiences described by participants. Three administrators were interviewed with targeted, individual conversations. Each administrator interviewed works at a different type of arts organization. Personal in-depth interviews were of use to gain a deeper understanding of how mental illness affects organizations within the creative community. These interviews were conducted to understand how organizations currently deal with administrative procedures when working with artists with mental illness and with the hopes of providing useful knowledge and critical data helpful in creating actionable conclusions that may be implemented to help artists break the stigma of mental illness and receive proper lifetime care and support services in order that they can continue to work and thrive.

The directors of the three organizations that agreed to interviews are as follows. The Lehigh Valley Arts Council, whose mission is quoted as, "To promote the arts; to encourage and support artists and their development; to assist arts organizations; and to facilitate communication and cooperation among artists, arts organizations, and the community." Second, was Clay on Main, which is a community studio co-op/gallery space in a rural town. Last was the Lehigh Valley Charter High School for the Arts located in the city of Bethlehem, who is responsible for educating 9th-12th grade students in academics and visual and performing arts. Each interview was recorded via a digital

recorder and later transcribed, with the exception of the Clay on Main interview which was inadvertently deleted from the recorder prior to transcription. The researcher transcribed notes that were made post-interview.

This study was undertaken to find out how perceptions and stigma affect those in the arts community and what policies are in place at organizations that work with artists who experience mental illness. What is the knowledge of arts administrators in relation to mental illness and what are recommendations and best practices for arts organizations while working with artists who have mental illness?

## **FINDINGS**

Open-ended interviews were performed with three arts-based organizations who offer varied functions to the arts community. The initial intent was to gain a broader insight into the arts community and how it addresses mental illness within said community. As established in the literature, mental illness suffers from a large amount of stigma. Over the years many groups and individuals have tried, and continue to try, to combat this stigma and create open dialog about mental illness. This is clearly still a work in progress. No less than ten local and out-of-state organizations were contacted for interviews; the initial round of requests was ignored. Follow up and re-formation of the research to focus on administrative practices yielded three interviews. Two other organizations declined interviews, or did not respond to follow-up scheduling.



All organizations had trepidations about participating in the interviews. The researcher/interviewer prepared a set of open-ended questions ahead of time which could be tailored to each particular organization. The interviews were held in person and averaged about 30 minutes, as to accommodate the limited time each organization was willing to allot. Initial questions were planned along with probing questions designed to encourage the flow of a general dialog. Interviews started with a general discussion about the functions and administrative makeup of the organization and progressed to a level delving more into attitudes, policies, and experiences.

Attitudes and policies that arts administrators have considered while operating an arts organization were discovered in the research. Healthcare coverage was explored at each organization. The organizations are small and acknowledged that generally speaking, staff are underpaid due to budget constraints and focus on mission. The charter school was the only organization interviewed that provides a health plan to employees. The director acknowledged the teachers and staff are not paid as well as their public and private school counterparts and said the organization does provide the best health benefits available. Their plans do provide mental health care plans for all staff, many of whom are practicing artists. At the time of the research, the nation's governing bodies are looking at reforming national health care standards and this has left many uncertain about what the future will hold for individuals who are artists and those working within arts organizations who may be looking for treatment options for mental illness. The organizations generally felt positive about the current ability for artists to gain access to health insurance, and felt that they did not need to or have the ability to work with artist groups to support health insurance initiatives. If significant changes are

made to the current insurance system, this view may change. Randall Forte of the Arts Council did mention prior to the adoption of the Affordable HealthCare Act (ACA) the council did a workshop looking at how to come together as an artist group to attain a group policy, but it was abandoned after the adoption of ACA.

The literature surrounds the mythology of artists being more prone to mental illness than the general public. After much research the evidence is unproven and often anecdotal. That does not address how perception of the mythology effects artists and arts organizations. The interviewees did not necessarily commit to a belief or disbelief of this theology. Mr. Forte of the Arts Council responds, "...my personal feeling is that there is an artist in every human being." And later continues, "I think the notion of thinking out of the box and looking at things differently, sometimes people with certain challenges or disabilities, if you will, are out in a position where they have to look at and see the world differently and so that lends itself to perhaps a more artistic expression." Dolores Kirschner, director of Clay on Main, expressed an overall feeling that there is a connection between artists and mental illness. She feels this is, in part, due to the fact that artists are more sensitive to the world around them. Diane LaBelle, of the Charter Arts High School replied to a question on her views about a relationship between artists and mental illness, by asking, "Is there (a connection)?" She did not make any distinction between her arts students any other high school students, feeling that students in general have a lot of demands placed on them and many come from difficult backgrounds.

The directors agreed that practicing art has a therapeutic effect for artists and non-professionals as well. Most research literature relating to art and mental illness does

primarily look at art therapy for non-artists. For the purposes of this paper, therapeutic practices for non-artists were not related to academic study with an eye looking to address how organizations can support artists with mental illness. Ms. LaBelle starts her interview with the quote, “Art is a real asset for anybody suffering from any type of mental or emotional disability. It is an avenue of expression that can relieve some of the anxiety around the issue and sometimes to the point where it can make a nonfunctional person functional.” Ms. Kirschner also expressed the notion that artists may take up a particular art form as a way to cope with their differences in experiencing the world, or dealing with the stress of living life outside of accepted norms in society.

The literature encountered mentioned various ways of supporting artists living with mental illness. Each of the directors felt confident they could help their artist constituency find resources to help them recover from mental illness. The Arts Council is a repository of various resources for artists, the school has the Student Assistance Program (SAP) and professional staff of school counselors, special education teachers, and paraprofessionals, and the Studio is a community partner with a special-needs school, John Paul II Center. All of these organizations are grass roots and planted in their respective communities, which gives them a fundamental understanding of the community in which they reside and what resources and programs are available to assist those experiencing mental illness.

Some organizations in the literature provide specific time and space dedicated to helping artists coping with mental illness. Some have provided specific programming to raise awareness and reduce stigma of mental illness through creating a dialog. The organizations interviewed did not deem such programming necessary or helpful to their

community members. For the art school, Ms. LaBelle mentioned it would “be odd to focus on one particular performance that dealt with that, because we deal with it all of the time.” She feels that the students are already incorporating their experiences into their (performance or visual) art and it is not necessary to address straight on. Mr. Forte notes that the Arts Council is not responsible for creating programming on its own and explains, “It doesn’t really fit our mission to get into programming like that. But if there was an artist that was a member of the arts council and had a mental illness, whether I knew it or not, they wanted to do a show here (to be hung) there would be no problem.” Ms. Kirschner was of the belief that it’s not in anyone’s best interests to curate a show specifically about mental illness or asking for works based on this theme. She feels it’s most important for each artist to be self-determinate about what they want to reveal about their illness (if at all) and how it does (or does not) relate to each piece of artwork. They are free to reveal this information in work descriptions posted with the presentation.

As an arts administrator, it is useful to look at policy that should be in place, or regulations that already exist to protect artists with mental illness. Mental illness is covered under federal disability law. It is important to be knowledgeable about the Americans with Disability Act (ADA). A mental impairment is defined by the ADA as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." Under (ADA) and other nondiscrimination laws, most employers must provide "reasonable accommodations" to qualified employees with disabilities. Reasonable accommodations are defined as, “adjustments to a work setting that make it possible for qualified

employees with disabilities to perform the essential functions of their jobs (US Department of Labor n.d.).” The United States Department of Labor’s website notes that not all employees with psychiatric disabilities need accommodations, yet when an accommodation is implemented it is most important that the plan is individualized with input from the employee.

The Charter Arts School and the Arts Council both rely on the ADA for as their policy guidelines for employees with mental illness. Clay on Main is still in its fledgling status and is continually evolving their policies as an organization. Ms. Kirschner said their board just approved their core values statement and she felt that was the best policy to guide them when working with artists with mental illness. She shared a copy of the core values for this paper.

**“Core Values:**

- Integrity: we are honest, transparent and ethical in all our interactions.
- Empowerment: we use art as a tool to connect individuals and groups with their own centers of confidence, intuition, and ability.
- Excellence: while welcoming members and students at all stages in their artistic journeys, we continually encourage their growth toward their highest potentials.
- Community: art is a tool for communication; we both rely on our community and strive to create more connections with our neighbors and with our colleagues in the local and global art world.

- Good Stewardship: all of our financial resources will be applied with our mission, vision and core values foremost in mind at all times.
- Diversity: we know that diverse perspectives strengthen and enrich our organization; we welcome people without discrimination on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran.”

Meanwhile the Lehigh Valley Arts Council has spent a significant amount of time and energy in their “Arts & Access” program, celebrating 25 years of the ADA from July 2015-June 2016. Mr. Forte was able to elaborate on how the Arts Council has been supporting programming that celebrates the ADA. There was a conscious effort to represent all art disciplines and as many disabilities as possible. They have done programming that provides American Sign Language (ASL) interpreters and closed-captioning, dance workshops for people living with Parkinson’s, sensory-friendly programs for children with Autism, and promoting mental health patients with recovering partnership. The Arts Council also provided a matching grant of up to \$300 for an arts organization to target a disability community that they had not previously worked to accommodate before. The money could be used to bring in a particular artist, like a comedian who had cerebral palsy, or bring in a special exhibition that made three-dimensional prints of landscape photography. Mr. Forte states it was important for the Arts Council to provide “encouragement and a little bit of butt-kicking as well.” Mr. Forte added, “From my perspective, these cultural institutions and organizations have a

responsibility to that community to make accommodations according to the law. They tend to bury their heads in the sand, so we've tried to open the door and bring awareness.”

Clay on Main has the flexibility as a small organization to make decisions and programming changes as needed to accommodate community members. Ms. Kirschner does indicate the need for specialized policy development for larger organizations and even for smaller ones so that there is continuity when leadership changes. This flexibility has allowed Clay on Main to support specialized programming in the past. For several years, they have experienced working with children having intellectual and developmental disabilities at the John Paul II Center. They have run classes for these children and designed a community poem /mural with the children. She has seen how working with art helps alleviate the students' stress through self-expression. This work raises the visibility of children living with disabilities and allows them to build self-esteem through a feeling of accomplishment and pride.

On a separate occasion, the studio supported a Vietnam veteran who continued to suffer mental illness after the war and who was a regular participant at the studio's classes. When he was diagnosed with cancer (from use of Agent Orange during the war), his family informed the studio of his wish to have his artwork in a show. While his work was not technically professional, due to his relationship with the studio members they acknowledged the importance of a show to him and they were able to create a show for untrained artists. He and several other community members were able to display their works in this show.

The Charter Arts School provides additional support and programming on a regular basis for their students, often based on timely subject matter. They run assemblies and next year will be instituting a Health and Wellness program that will cover everything from suicide prevention to information on STDs. Performances like *Evita* and *Hair* have brought up issues about poverty, cancer, and drug use and abuse. They use the artwork as a jumping off point to discuss resources and provide assistance through their staff.

For the Arts Council, Mr. Forte has indicated that working on the celebration of the ADA with the culmination of the Arts & Access program, has made him more aware of accommodations and using a “multi-disciplinary approach” by identifying social agencies and matching them with their clientele. “...one of the things we try to do is marry people to the right/appropriate agency-to link them together to create something meaningful and relevant to the community.”

At Clay on Main, Ms. Kirschner finds that creating a safe-space with compassion and empathy allows them to make individualized decisions regarding how they support artists and community members struggling with mental illness. She feels the arts community, in general, and her organization, in particular, is known to be safe and supportive in many ways. This safe space continues to attract people experiencing mental illness and those who struggle to cope with other stigmas imposed by society, whether they are professional or amateur artists or even those not practicing art at all. Working with people dealing with mental illness can be difficult. Sometimes a person’s illness is not easily supported and can become destructive to all involved if it is



not handled properly. Along those lines Ms. Kirschner agreed that specialized professional development would be beneficial to her and her staff.

## **LIMITATIONS**

Limitations of the study involved a lack of in-depth candid feedback due to the sensitivity to the social stigmas assigned to mental illness. Administrators, in many cases were uncommunicative in requests for interviews or unwilling to carve out time to have a discussion about something about which they felt they were not knowledgeable. The study was a very limited in scope of three administrators. Findings are limited to interviewees' opinions and observed experiences and cannot be quantified as any sort of norm within a broad scope of arts organizations. The terms creativity and artist are often used interchangeably and are hard to define. What influences, or where creative thoughts develop, cannot be determined, or even if creativity should be limited to professional artists. This study's focus on visual artists may not be able to determine if there is any comparison to literary and performing artists.

## CONCLUSION

Even though mental illness has gained strides in being a less taboo subject discuss and regularly scheduled awareness campaigns have focused on this concern, stigma has not been removed. There was a great deal of reluctance seen while attempting to acquire access to leaders in arts organizations for the purpose of researching this paper. Even though arts organizations are generally accepting of persons outside of cultural norms, there continues to be a resistance in acknowledging and deeply contemplating how to assist artists who suffer from mental illness. The initial round of requests from arts organizations went completely unanswered. Even once the organizations agreed to meet, there was a sense of trepidation and many pointed questions were deflected or left unanswered. The most frank discussion was with the director of Clay on Main probably because the subject already had a rapport with the interviewer, and her connection to the Charter Arts director helped gained access to that interview. The director of the Arts Council felt more comfortable discussing mental illness in the context of the organization's recent disability access program.

All of the subjects felt compassion, and had some experience in dealing with artists with mental illness, but had not formulated any sort of written policy for working with these artists beyond what the law requires within disability rights. While the federal laws requiring accommodations and access help people with mental illness, this law may also allow organizations to neglect to proactively create additional policy and stifle plans

to address the specificities of mental illness. Smaller arts organizations may have the flexibility to work with special circumstances on the fly (as Clay on Main demonstrated) but larger organizations would benefit from a better understanding of the law and a formal support system. The Charter Arts School demonstrates how larger organizations have a built in support system, but they only have what is typically available at public schools. Overall, it appeared the subjects agreed the law superseded any necessity of creating organization-specific policies in regard to artists with mental illness.

This lack of preparedness may also stem from an implicit feeling amongst those interviewed that at their core artists are no different from the rest of the general population. Only Ms. Kirschner indicated a feeling that artists are more prone to experience mental illness, although she gave no indication of what the cause of the correlation may be. Within such a small subset it is hard to determine any general attitudes of artists being more prone to mental illness, but the reaction of the interviewees mirrors the findings in the literature. The literature remains inconclusive and anecdotal in that both attitudes of correlation and attitudes of non-difference between artists and general population exists.

Both the literature and the interviewees indicated they believed and understood the existence of research that shows the producing of art does help people with mental illness cope with their struggles. This therapeutic approach is intentional when it comes to professional therapeutic practices for the non-artist, but it appears that artists also informally use their artwork as a coping and processing tool. Artists often experience the world in a unique way, which can be difficult for the artist to respond to and often leads to artists being on a nonconformist fringe of society. Creating the art is a way to express

and cope with various feelings of mental illness, like depression and anxiety. Artists having severe mental illness diagnoses use art as a way to help others understand how they encounter the world. Arts communities are often more open to new ideas and nonconformist views of societal norms and this leads to a more accepting community. This acceptance of community creates a safe place for artists to be who they are without creating added pressure to fit in to societal norms. Through this general welcome and diverse community, artists are often aware of and sensitive to mental illness and trauma-related issues. All three organizations were familiar with outside mental health resources and other non-arts related organizations that were working with vulnerable populations.

Further research is recommended to understand the types of policies needed to assure artists suffering with mental illness have access to support within arts organization and due to the limitations presented during this study. This country's current state of healthcare is difficult to navigate for most but most especially for those who suffer from mental illness. Healthcare is in a continuing state of flux with no one able to assess what systemic changes will be instituted soon or even later. Arts organizations are closely watching for any systemic changes that may take place. The advent of the ACA removed the pressure of the organizations to take part in lobbying or group plan buy-in support for artists. Still with the ACA, many smaller arts organizations are unable to afford to provide healthcare benefits to employees, but when they do, they try to provide the best coverage to make up for a lower salary base. It is important for mental health coverage to be as accessible as physical health in terms of copayments and practitioners.

Arts service organizations like the Arts Council can support artists with mental illness by providing disability awareness programming and training for other arts organizations. Providing professional development for arts organizations in the way of providing information and resources about mental illness would benefit both organizations and artists. Arts Councils across the nation are clearing houses of resources for artists and arts organizations. These arts councils should be well-equipped with listings of mental health care providers and insurance options. The Lehigh Valley Arts Council has demonstrated their ability to connect different types of non-profits to the arts. In this manner other arts councils would do well to match health non-profits with arts organizations for workshops and lectures involving mental illness. Seminars dealing with training on how to manage and engage with constituents who experience mental illness would be an added benefit to any arts administrator/organization. Sample policies and resources should be crafted by arts administrators in conjunction with mental health professionals that can be distributed to organizations looking for such reference materials. Such reference material can include resources about ACA and ADA requirements while offering connections to area agencies that care for those with mental illness. There are many disabilities and many types of mental illnesses experienced by artists, but an effort to help those running organizations to understand laws and accommodations can provide artists with a more productive, supportive community while protecting everyone.

Like many physical illnesses prevention and awareness are important basic tools. Arts organizations may not have the means to treat and heal artists with mental illness but should be able to recognize signs and help artists seek effective treatment. All preventative methods start early in our school system. It is important to start to talk about

mental illness and offer Student Assistant Programs throughout the educational system. Colleges and Universities in particular have implemented these types of initiatives and need to continue to find ways to advocate for additional funding to keep students mentally healthy and provide the use of appropriate accommodations. Professional preventative measures may include arts employers offering Employee Assistance Programs that include counseling and stress reduction. Arts organizations can form a group that offers retreats and other professional development/training that focuses on mental health and resiliency to their constituents at a reduced rate. Partnering art therapy programs and medical institutions with art organizations will promote more collaborative communities well-equipped to help each other and provide ongoing research in the burgeoning art therapy field. Art therapy can provide artists with gainful employment while helping artists and non-artists alike recover from chronic and acute illnesses.

Arts organizations like Fountain House Spectrum Artworks and J. Pepin Gallery are the type of organizations that should be studied to understand best practices for arts organizations. Each has found its own unique way to support artists in a way that is meaningful while they struggle with mental illness. Once best practices are studied they need to be conveyed to the arts community at large so that the community can understand what changes should be made to best serve their constituency. The best support for artists suffering with mental illness is having a supportive community that is flexible enough to work with the artist in a way that is self-determined by each individual artist. Arts organizations have a responsibility to keep artists healthy and productive without exploitation.

## APPENDIX A: INTERVIEW QUESTIONS

1. Does your organization work directly with artists? In what ways?
2. Does mental illness of artists have any relevancy to your organization?
3. Does mental illness of artists ever affect your organization's administrative policies/decisions?
4. Does your organization have experience with providing accommodations to employees with disabilities?
5. Do you have any organizational policies that relate to mental illness issues experienced by employees/contractors?
6. Do you offer healthcare coverage to artists?
7. Do you provide artists with any services, supports, or benefits? If so, what are they?
8. Do you know of community mental health resources and are you able to refer others?
9. Is there any difference in dealing with artists with mental illness than any other member of the general population?
10. Does your organization lend itself to providing the opportunity to produce a show or lecture related to raising awareness/ reducing stigmas about mental illness? Have you ever had an event like this? Would you be open to have an event highlighting the themes of mental illness?

11. Do you have any other comments relating to the topic of how your organization relates with artists who live with mental illness?



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