

Along the continua: mentally ill artist students uninterrupted¹

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This paper reports on research with a group of art students, each of whom had a history of mental ill health. Longitudinal biographic narrative interviews built an intimate portrait of the different lines of continua these students were negotiating. The extremes of health and illness were narrated, with the painful contrast between 'rapid-fire creative production' (Jaques, 1965: 229) and the despair of hiatus. Prominent was the narrative of striving to locate a developing artistic practice felt variously as therapy, autobiographic catharsis, or pristine content breaking with the stultifying bonds of history, pathology, class. Representing students' reflections over a span of three years, these narratives show us the importance of the seemingly prosaic decisions and daily minutiae of living with mental illness. But they also command a deeper appreciation of how acts of reparation (Klein, 1998) are made as the psyche strives for integration.

Narrative and its approximations

This research prioritised narrative, uninterrupted and free associative ways of working (Hollway and Jefferson 2001), in an interview setting evoking a Winnicottian (1971) potential space. In such a space words, memory, imagination and auto/biography can be held in a potential for becoming other; a potential for increasing us both. But this is also a fraught space; the relationship between researcher and researched inevitably asymmetrical. Fraught too is the arena between us, laden as it may become with difficult psychic traffic; the uncertainty of memory, the risk of fabrication, fear of retaliation. Finally, the narrative space is fraught because in each narrative lies our own, as details resonate with the researcher's life; bringing one's own memories hurtling into consciousness. Such research with its multiple approaches and interpretations finally both suffers from, and is strengthened by 'the theoretical fault lines that traverse it' (Andrews, Squire et al. 2008:3).

Narrative research with mentally ill individuals acquires a more intense momentum and rationale. Firstly, it seems that 'sickness calls forth stories' (Charon, 2004:23); that illness, trauma and mental illness in particular, will seek articulation (Frank, 1995; Stone, 2004). Earlier research I have conducted (Sagan, 2007, 2008) has also tracked the almost visceral need to 'get it down on paper', and showed how narratives gained a direct

importance in the participants' lives. Frank (1995: xii) notes too, that through illness people become storytellers to 'recover the voices that illness and its treatment often take away'. Yet we need also to be cautious of assumptions of knowledge based on stories which give us access to so private an experience of mental illness, or madness. Such narratives are sometimes brought from the depths of despair, fragmentation, or bleakness 'so overwhelming as to be quite beyond expression' (Styron, 2000:83). Stone (2004:49) also warns that 'narrative's tendency toward linearity and resolution' is, perhaps, 'inimical to the expression of madness'.

Narrative is always an approximation and some authors in writing about their illness display a masterful postmodernist allegiance to the twist of identity and of authorial voice. Lauren Slater (2000:223), in her 'Metaphorical Memoir', describes her text as slippery, playful, impish, exasperating' and Derrida (1978:54-5) reminds us that the sentence, by its very essence, carries 'normality within it' and is therefore, almost certainly, the wrong tool for the job of describing that outside the mainstream.

However approximate as a tool, this research set about to use narrative. The exchanges offered a time and a space in which the participants could talk about their life, their illnesses and health, their learning and development, and last but by no means least, their work. That this artistic work existed as a tangible product lent a further corner to a triangle of potential space; between the narrator/artist, the listener/viewer, the artefact. This triangle, evoking an oedipal joining (Britton, 1989) with the artefact/narrative as the creation, the child, evokes the family unit – with all its good, or, in this case more often bad, memories of the power of this unit and its role in our auto/biography.

Continua of artistic practice

The role of continua in the narratives appeared to perform an important function which was intrinsically linked to the experience of mental ill health. Such ill health had ravaged careers; relationships; identities. Arguably, such ruptured narratives had a coherence of their own, but one which was less acknowledged by our linear thinking, as '...it is the implicit or explicit assumption of continuity that underlies the experience of disruption as one of the traumatic aspects of illness.' (Rimmon-Kennan, 2002:12). This pull towards continuity may indeed have made the continua in these narratives a deliberate, if unconscious, attempt at 'wellness' associated with coherence. Lines of continua were embedded across the interview data, and used to represent the journey from illness through to beyond. In these journeys from powerlessness to empowerment, from actual or symbolic 'homelessness' to a being in the world, a picture emerges of fast flowing traffic along multiple lanes. There were hold ups, pile ups, times of cruising, breakdown and gridlock. The overwhelming sense now, after interviewing this most engaging of participant groups, is one of the sheer hard work that

was going on, along these lanes and lines. This paper focuses on just one continuum – that of artistic practice and the attempts made by each student to locate her or himself therein.

For the most part, this group of students did not utilise a discourse of learning commonly used by students in Higher Education. Instead, the learning was *intrinsically* meshed with a developing insight into identity and into their art. The artistic discipline was expressed as being a part of oneself and vice versa, in a way which speculatively, one would not find amongst students of another academic discipline. Artistic practice appeared to hold the other continua, and function as the point at which they could either converge, or, frustratingly, throw into relief the schisms and chasms of self; illness; development. This is not to suggest that the work undertaken was 'therapy' although art production emerged as instrumental in well being. In demanding a rigorous intellectual appraisal of one's creative endeavour, along with an immersion in the affect and embodied experience of art production, artistic engagement was providing a unique process of bringing together internal and external worlds. Indeed, across the data, the particular line of continuum regarding artistic practice was repeatedly described. It began at a point where art activity was acting as therapy:

Then the next time I got back into it [art] it was through mental health and occupational therapy and day centres... craft groups and art groups.

Stella

But the continuum offered a journey away from this:

I had art therapy. Everything I made was autobiographical. In the same way as talking therapy, to start with you have to stick everything up.

Ginny

And it developed in very individual ways, as practice went beyond this; in content and in process. Individuals were positioned variously along this continuum, but all were aware, with more or less anxiety, and articulation, of the real possibility of ghettoisation. As Love (2005:161) argues:

'it's one thing to encourage someone to find their 'own voice' and make work about their 'own experience,' but what if such an appeal to this so-called unerring veracity only serves to keep that person in their 'own place;' to fix or reify that voice or experience as essentially and irrevocably marginal and different?'

Particularly because of the stigma and stereotypes surrounding the mentally ill, paradoxically, an identity excavation which was encouraged in other students was felt to be less intrepidly welcomed by this group, who frequently described a hastening to move on from this.

Over time, these narratives displayed the increasing sophistication with which individuals moved along this continuum, and negotiated some of the 'high art' / art therapy/community art schisms. Ginny at one point mused that her work either directly challenged her illness by putting herself in situations which she would normally find very difficult, or it actively explored

her illness by using auto/biographic content. She went on, in the interview reflections, to ask:

Is it possible that my theoretical interests sit in-between and bridge these two elements of my practice, and if so, does this in turn mean that these three elements together can combine to form a more cohesive whole self?

Much later on in the research, she had moved again, significantly, although still grappling with a private/public face and the challenges of conscious over unconscious process. Her objective however remained a cohesive self – where the two ends of the continuum, worked through, and struggled with - merged to provide an experience of integration which went beyond the linear.

The content of the artefacts themselves was reflected upon and woven back into the narratives. But content was frequently less of a focal point than process, what an individual was trying to achieve, and how the methods of working were the creative act, the act of bringing together parts of oneself from different points along the continua. So for Ginny, whose bipolar disorder had earlier encased her in a spatial isolation as well as an isolation from social relatedness, the act of filmmaking, involving crew, participants, team working, location, mobility and communication - became the way in which she addressed these difficult aspects of herself. For Stella, a history of self harm was examined, initially, through 'embroidery with suture thread' – which allowed for an exploration of pain within a context of being held together, sewn up, secured, rather than fraying or falling apart.

There is no doubt that staying with such projects was often difficult – they caused turbulence, and the identities formed shot up and down the continua - integrating, disintegrating and regrouping. But not only did individuals grapple with the task of gauging their position on the continuum of mental stability, or on the continuum of positioning one's self as an artist. Individuals were also facing the task of being an art student within a high-octane atmosphere of an elite arts university, where measurement against a raft of factors was a constant.

Within all this, the capacity to tolerate not knowing was vital. This capacity, to stay in contact with the creative work while not knowing where it might lead or what risks lie ahead, to be able to 'make accidental happenings in the work itself' (Safan-Gerard, 2002) is, perhaps the creative and educative project. Such not knowing was difficult, however, while self-policing was so prevalent. One of the most poignant details of the narratives was the hyper-vigilance of health and ill-health. Such narratives were quite explicit in demonstrating the 'sliding scale of wellness like a barometer, which each individual held in mind, and against which s/he anxiously measured creative production and learning:

...So I try and watch myself, for when that phase comes...comes... back...watch myself...

Eva

This barometer, however, was a deceptive measurer of identity and creativity, revealing the difficult decisions, choices and compromises made. It was clear that sometimes a choice for health, and being able to, as Ginny put it, 'fly beneath the radar' meant negating or even fearing more manic, possibly creative periods.

The splitting off, of one's hypomania, or other outward signs of an illness, seemed also to endorse a negating of an aspect of self, as though the 'less desirable' could be split off from one, and by doing so, protect 'the well' (Murphy, 1987). This attempt at conformity did not always come easily. Lottie, with her history of failure and illness sadly had to hide her effervescence and joy at her achievement of arrival at the university. Because such explosions of emotion and hypomania were for her 'symptomatic' and on a continuum of 'acceptable' to 'non-acceptable' outward signs of mental illness, she felt under pressure to hide behaviour which other students could display without eliciting comment:

*You know... when you want to start singing and dancing and you can't
-I've got to sort of keep a lid on it because some people might not
get it.*

This caretaking of social relations led to a particular role and function for the interview setting. Students gradually came to test, then use, its resilience as a factor in enabling what one called her 'creative conversations' – conversations which offered a safe space for critical reflexivity, for which each seemed to thirst.

Continuing psychoanalytically

Psychoanalytic theory attends well to the nature of extremes and drives towards an integration of these. Some of its pointers may help with thinking about the continuum as leitmotif in this data. Keeping things apart, at opposite ends of the continuum, or bringing them together, provides a rich seam for investigation, triggering questions regarding this recurring image in narratives and its function. Continua, first of all, are both time and space constructs. The 'once upon a time' of stories sets up a temporal anticipation of what is to come, of how it will end. But we also envisage a continuum and move through it sometimes physically, spatially; sometimes in a very concrete way as imaging oneself moving through the continuum or sometimes being stuck in a rut, in limbo. Collapsing the time and space aspects of continua is a necessity of the brevity of this paper and it must also be remembered that the ways in which continua as a metaphorical device is used by the people in this research is idiographic.

Freud, (1920:299) remarked that time and space are 'necessary forms of thought' and later, (Freud, 1933) that the Id, chaotic and unbridled was alone a timeless domain. Noel-Smith (2002:390) sees the prerogatives of a

healthy ego as 'temporal and spatial ways of thinking'. Manoeuvrability, between stages, standpoints and mental states, is very different to the psychotic black and white immediacy which brokers no margin for change, self reflection, or tolerance of shades of grey. It is also different from the experience of chaos, where 'time and space, as necessary organising principles of the mind, cannot operate' (Noel - Smith, 2002: 396). My claim is that the symbol of continuum fulfils a function, and that function is to aid healing and repair – the very ability to 'think' a continuum indicating a movement of thought, a move indeed towards more creative thought.

Freud's reality and pleasure principles (1920) and the individual's struggles to move from the realm of instinctual pleasure to an acceptance of reality, itself offers an understanding of much of the difficult work of learning. Education, as Freud claimed, is 'an incitement to the conquest of the pleasure principle, and to its replacement by the reality principle; (Freud, 1911: 224). This move was embedded in narratives which told of, for example, artwork being produced to meet the demands of the reality principle when a looser, perhaps more passionate and risky approach, was yearned for. Lifestyles were spoken of as compromised as individuals bowed to the limitations imposed by an illness which required surveillance. While it is true that the forces of civilisation impose such decrees on us all, the 'high stakes game' meant that such reining in by the ego was particularly active. There was the looming threat of a return to fragmentation, increased medication and hospitalisation, not to mention financial disaster, perceived family or peer shame and a re-entrenchment into cycles of poverty, non-attainment and illness. Such fears and realities were more than enough to police a sober approach to one's work, to some extent sacrificing, ironically, spontaneity and artistic risk.

Klein's theory of splitting (1946) also offers an insight into what the psyche is trying to do through keeping things separate or bringing them together. Her topography of paranoid-schizoid (PS) and depressive positions and our oscillation between the two, also suggests that while in the PS stage, there is an impeded ability to think in spatial or temporal terms. In later work, Grotstein (1978:57) refers to the narcissism of the 'zero dimension' where there is 'no space for manoeuvring of thought'. He describes this psychological state as one in which there is 'no differentiation'; the main victim being thought. It is in the depressive position where one moves towards the capacity for symbol formation and toleration of a sense of integration, bringing together part objects and aspects of one's self previously kept apart. It is these capabilities which suggest a move towards health, and life.

An interest in exploring the impulse to bring things together, or keep them apart, was also explored by Bion who suggested the creative individual is one who has 'negative capability' (Bion, 1970, after Keats, 1970) or, one able to hold paradox without resolving it through a 'flight to split-off intellectual functioning' (Winnicott 1971:xii). The bringing together,

integrating and tolerating the risk to one's schemata, involves difficult, creative work (Ehrenzweig, 1961). Indeed the PS position, uncreative and negating as it is, still performs the key role of keeping out the intolerable and defending against the toil and loneliness of moving to the depressive position and thus beginning the work of mourning, of reparation.

Whilst for the sake of brevity in this paper I have had to collapse the processes of learning with those of artistic production, for these students there was in fact little distinction. Thus the continuum of learning, that of artistic positioning, and that of becoming other to a 'mentally ill person' all involved, initially, the image of leaving behind unwanted parts of oneself. In writing about Janusian thinking, Benau, (2009:85/86) states that it

'occurs at an early phase of the creative process where the person's increased awareness of polarities and their inherent tensions heightens the creator's urgency to resolve his or her unease.'

Indeed, as the interviews in this research progressed, an old self was often tentatively reclaimed as an integral part of one's autobiography. This was a crucial point on the continuum. Benau, also states (p84) that this involves

'the sustained interest toward and ultimately successful processing and integration of previously denied and irreconcilable aspects of self, other, and relationship.'

He maintains that such a creative enterprise begins with 'an unarticulated, personal problem in living'. While each student was involved in narrating the personal problem in living, this problem and its imagined solution seemed to be held along the symbolic continuum. There was, for the most part both time and space in this envisaging, suggesting journeys made away from the crisis points of earlier phases of illness, suggesting too, an integral role for artistic practice as part of this.

It is when this movement in time and space cannot occur that 'toxic stories' (Roberts, 2000:435) hold individuals hostage (Sagan, 2011, forthcoming). This chronicity, observed by Kleinman, arises 'in part by telling dead or static stories, situating the individual in a wasteland,' (Kleinman, 1988: 438). The stories in this research displayed little of this chronicity. It may be that such stagnant stages had been worked through before arriving at university and the arts. Indisputably, art practice itself, and the possibility imagined in its encounter offers healing in some fundamental, unconscious way.

In these narratives, the symbol of continuum, unsurprising as it is in life narratives, was particularly pronounced. One simple reason for this might be that the beginnings of illness 'stamped' a before and hopeful after onto a life narrative, and this was seized by minds determined to repair. Within this, the metaphor of continuum offers a 'road-map' of hope which is more tightly clung to by these students than by those of us less blown by the winds of mental unrest.

The student artists in this research gave generously of their lives in their

narratives and art works, and dispel any residual prejudice of 'deficit' still heard, that mentally ill students represent a risk we cannot afford. I hope to have offered a glimpse in this paper, of the hard work and elegance of their developing a beyondness through their reflections, learning and artistic engagement.

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