

Art and Mental Health

by Edward Adamson

Director of Art, Netherne Psychiatric Hospital.

OUR contemporary zeitgeist is now constantly expressed in the language of science. The recent phenomenal progress and expansion in the fields of scientific discovery has tended more and more to elevate physical, mathematical and logical canons to the status of sole arbiters in any examination of medical values. Because of this, those arts, creative therapy among them, which do not rely on a mechanical exactitude, have been exposed to the criticism of St. Thomas, who would not believe unless he actually touched.

Art has attempted to align itself to this and has, therefore, to explain in words what is essentially a matter of feeling. The gourmet has now been asked to explain the taste of cheese. The consequent misunderstandings, or, even worse, facile contractions, which merely grasp the letter and not the spirit, of the work, may be responsible for our lamentable situation: creative therapy has, in this country, been distinguished by the inverse ratio of lip service to official recognition. But we shall return to this aspect later on.

Contribution to mental health

It falls upon me now to justify and explain, in some small measure, the contribution that creative therapy can make to mental health. By 'creative therapy', I mean the use of the fine arts—painting and sculpture in particular, not simply as a form of occupational, or 'art therapy' to distract or absorb, but as a dynamic and unique aid to the mental patient's recovery.

Broadly speaking, mental illness can be described as a breakdown of the personality. Art is, among other things, the expression of a human being's personality. It follows that any treatment that can be effected through this medium will provide us with an effective means of approach. Now as art encompasses various forms (painting, music, literature, sculpture, etc.) it is, in as much as they express the individual, that they can be used in the service of psychiatric treatment.

Harmony is the necessary language through which art finds its own expression. In coming to terms and having to deal with this, the mental patient is thus exposed to the beneficial radiation of harmony itself. The discipline that is necessary before coherent expression can be reached, is beneficial, and gradually percolates into the acceptance of order and balance, which is characteristic of the sane mind.

Escape of an idea

The expression of any idea or feeling depends, first of all, on its release. The escape of an idea is, in itself, beneficial for the patient. Three things have happened: relief is experienced, the patient can externalise and examine, and the doctor has a communication, a lead, and a permanent record of his patient's state of mind at a particular stage in his treatment.

Another practical advantage is that creative therapy allows dangerous emotions to be expressed in all their forcefulness without there ever being a victim, and furthermore, without any feeling of remorse. The blockage of a picture such as Figure I might have suddenly erupted into the many unfortunate explosions which can often aggravate the condition of not only the patient,



FIGURE 1

around the obviously macabre figures (many patients like to depict these in their work), it was the bird, slowly ascending into the sunlight, that was significant: the patient wished to leave the morbid nature of her illness and escape to heaven. She was then placed under strict observation. She attempted suicide but did not succeed, because of surveillance. She has now left hospital and is in a responsible job today.

Insight into insanity

In a wider context, these paintings can provide excellent visual illustrations of the states of mental illness and are particularly useful to medical students, doctors, nurses, PSWs, and all those associated in the work of assisting mental patients. Used didactically they can materially assist towards a deeper understanding of what it actually feels like to be insane. Apart from the necessary insight, a certain tolerance can be gathered. This is particularly necessary for some lay-folk, to whom the patient must one day return.

A painting such as Figure III is one example. Mental illness can thus be visualised as the perpetuation of some feelings that all of us have had, at one time or another, but which we have been

but all those who have to come in contact with him.

The psychiatrist can, and does obtain a considerable amount of information from these paintings. This is particularly valuable in the case of obtuse or mute patients.

Analysis can be considerably shortened as the doctor often receives a clue which might not have reached him through any other means.

The patient's subconscious mind readily displays itself in paint, as in dreams, but dreams must first be recalled and related. A case in point was Figure II. This was painted by a woman patient subject to depressions. She would not readily communicate but she liked to paint. Her doctor immediately recognised the latent content of this painting: it was evident that her mind was dwelling on suicide. This was not, strangely enough, centred



FIGURE II

fortunate enough to overcome. It is the fear of mental illness, as something divorced from life and about which one is ashamed, which makes the rehabilitation of a patient so difficult. Wider exhibition of paintings similar to this might induce lay folk to revise their ideas, if at first only through an egotistical motive.

Painting can provide a great deal of vicarious pleasure. One old gentleman who was sent to me was convinced that it was his personal responsibility to feed the entire world. Each day he came to the studio and religiously drew field after field of vegetables and grain. He was remarkably tetchy if, for some reason, he had failed to produce his daily quota. Another patient received great satisfaction from drawing his mother-in-law and then slowly proceeding to erase her. One man insisted on having a sketch book beside him. "If only I can paint, I feel that I won't do anything silly," he was heard to say.

Group paintings, where several patients form a group to paint a mural are particularly valuable in the context of the group, as well as creative therapy. Contrary to my first expectations, patients who were aggressive or anti-social, readily joined in this activity. The natural group leader emerged, and the give-and-take of communal decisions was effected as the painting gradually took shape.

I have mentioned but a few of the manifold benefits of creative therapy*; sufficient I hope to justify a second look by those who do not use it in their hospital scheme.

What kind of teacher?

But how, and where, does one employ someone for this work? It requires a person who is already conversant with the various symphonies of the art world before he can act as conductor. Any person who wishes to elicit genuine examples of mental patients' artistic work must, first of all, examine himself. Does he have sufficient detachment to accept paintings on their own merits? Has he the technical knowledge to allow his patients the full range of media open to any artist? Will he encourage, perhaps, flattering, false examples of 'textbook' significance, or will he be content in the artistic rather than the deeply psychological? Is he passive enough to allow interpretation to rest in more qualified hands than his, yet active enough to encourage whatever the patient wants to portray? Can he appreciate the difference between the genuine and the 'effort to please'? Can he immediately recognise, even in an abstract painting, a surge of expression which can be nurtured into coherence? Is he (or she), in fact an artist?



FIGURE III

* A fuller exposition is contained in the author's book "Art for the Hurt Mind", shortly to be published.

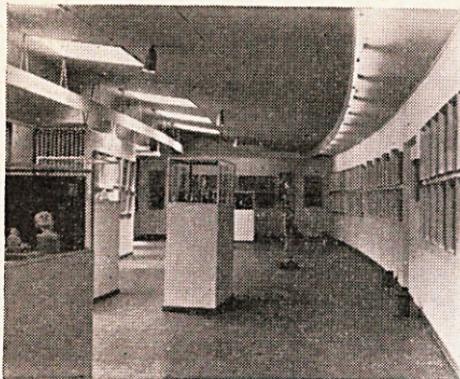


FIGURE IV

visitors from abroad. On an average we have about twenty visitors a week to the gallery (Figure IV).

I am constantly receiving letters from art students wishing to take up the career. Unfortunately, I am forced to reply that the salaries and conditions of service are unrecognised. On the Continent, the situation is quite the reverse. The recent international congress of the Society of Psychopathological Expression attracted numerous delegates from all corners of Europe. For a whole week, psychiatrists and creative therapists, artists and doctors, met at Antwerp to exchange notes. The papers which were read revealed that happy Continental combination of the artistically-minded scientist; proving that creative therapy far from being an anachronism outmoded by chemistry, was in fact an exciting blend of art and science still in its infancy.

In America, 'Art Therapy' is recognised as an accepted and necessary form of treatment. Courses are included in this subject in Universities under Margaret Naumburg. It was particularly significant that the latest edition of the excellently produced quarterly *Bulletin of Art Therapy*, published in Washington, appealed for funds to prevent the dissolution of the Withymead Centre.

I hope one day to see the career of creative therapist added to the lists of opportunities for all those artists anxious to make their contribution to our country's mental health. We already have a fine national record of medical and artistic achievements. I hope it will not be too long before these are combined in the new recognition of a fact that King Saul accepted in the Old Testament; art does have a vital part to play in the quest for mental health.

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