

The Wise and the Foolish: the paradoxical world of mental health

This article is an assesment of St Lukes Art Project in Longsight Manchester. The area of the psychology of work is discussed, in particular the Vitamin Model of Mental Health (Warr 1987) and Flow & Optimal Experience (Csikszentmihalyi 1975), for an insight into the latent consequences of employment and how this is linked to individuals who are out of work as a by-product of their mental health needs. The researcher talked to the users of the Art Project and to the artist in residence and the vicar to create a text whereby the authors are the people involved and the narrative takes the form of everyday conversation. This material was then analysed for relevance to the literature review and findings were discussed in the context of the accademic field of mental health and mental ill health. Finally conclusions and implications are drawn together in an assesment of the project.

The Wise and the Foolish: the paradoxical world of mental health

Mental Health carries with it associations of mental ill health. In its correct use the term is used to designate a person who is functioning at a high level of behavioural and emotional adjustment and adaptiveness. Much research in the area of mental health and mental ill health concentrates on the labelling, classification and *medical model* of illness. The medical model in psychiatry follows from the medical model in physiology; abnormalities and disorders are produced by specific causes and cure is possible by removing the root cause¹. This approach lays much importance with the symptoms and behaviours of individuals in order to classify and thus treat the *disease entity*.

This article is concerned with an investigation into the St Lukes Art Project, which is a church and community based project run in order to enable individuals with mental health needs, within the community to express themselves creatively in a safe comfortable space. The Centre is run by Peter and the Art Project is organised by Artist in Residence Alison Kershaw, in Longsight Manchester. Referrals are made from the main hospital to the centre, but Alison runs an art group, she does not know any more about a persons medical history as the other users and the emphasis is placed well away from medical problems. To investigate such an environment, a sideways step should be taken away from my field of 'abnormal psychology' toward an area that focuses on the *environmental factors* associated with *mental health*.

We can borrow some ideas from the area of psychology of work and organisation. This focuses upon the environmental factors of the work place and their relation to an individuals mental health and quality of life.

Theories into mental health and the work place generally predict that unemployment causes mental ill-health, depression and unhappiness (Jahoda's 1979, latent consequences of employment; Herzberg's 1989 2-factor process of mental health; Maslow's 1943-1973 hierarchy of needs; Csikszentmihalyi, 1975 Flow and optimal experience and Warr's 1986 the vitamin model of mental health). These works highlight a paradox of modern, western living, namely that people believe that they are happier outside of work in their leisure time. The above research suggest otherwise. Work provides people with many challenges, opportunities for skill use and time management that is rarely matched outside of work (except perhaps in sport). The obligatory nature of work masks the positive experience that it provide. People tend to judge desires by social convention as opposed to reality of feelings and thus people are likely to do things which are less enjoyable and positive.

There are two theories in particular that we concentrate in some detail. That is the vitamin model of mental health (Warr 1986) and Flow & optimal experience (Csikszentmihalyi, 1975).

Vitamin Model of Mental Health

This theory describes the environmental factors that determine mental health. He considers mental health in terms of five principle components: affective well being, competence, aspiration, autonomy and integrated functioning. He identifies *affective well being* as the central component and provides a key indicator to a persons level of mental health.

Environmental factors

Warr considers nine aspects of the environment which act together to determine a persons mental health:

- 1 opportunity for control
- 2 opportunity for skill use
- 3 Externally generated goals
- 4 Variety
- 5 Environmental clarity
- 6 Availability of money
- 7 Pyschical security
- 8 Opportunity for interpersonal contact
- 9 Valued social poision

Unlike most of the other researchers in this field Warr prefers to use a non linear model to explain mental health. He chooses to consider the model in terms of an analogy. The analogy he chooses is the Vitamin Model. The intake of vitamins is essential for physical well-being up to but not beyond a certain point. Their absence can cause physical problems but their presence is only beneficial to a point, beyond which additional decrement is produced. Some vitamins become harmful in excess (vitamins A and D are harmful in excess). On the contrary some vitamins can be taken in excess without additional decrement. (for example vitamins C and E). Warr calls these two types Additional Decrement and Constant Effect after these vitamins.

¹Critics of this approach refer to it as the *disease model*

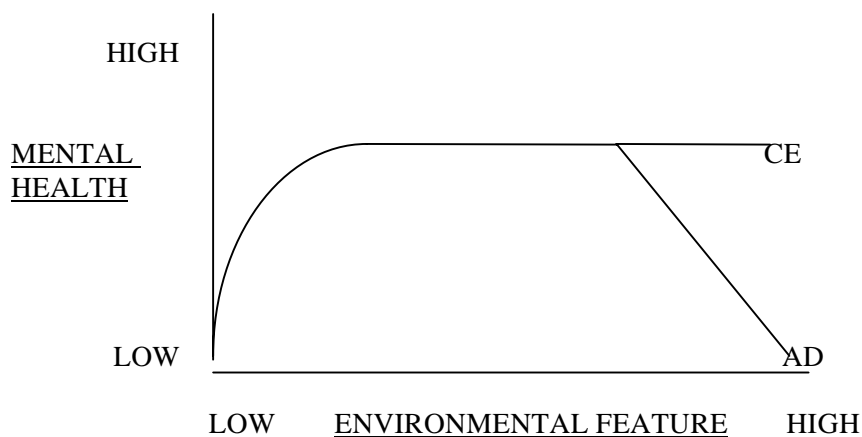


Diagram 1

To illustrate the vitamin analogy in terms of Additional Decrement and Constant Effect of different environmental features.

The list of nine environmental factors outlined by Warr can be seen in the analogy to nutritional vitamins². Warr considers that features 1,2,3,4,5 and 8 fall into the AD model and features 6,7 and 9 fall into the CE model. The main purpose of Warr's model is for the understanding of affective well-being in employment and the harmful effects of unemployment. However we can view the environmental factors in a more general sense also. It is the essence of this paper that considers these theories of environmental factors of mental health in terms of individuals who are in the process of receiving psychiatric treatment for their mental health needs.

Flow and Optimal Experience

Csikszentmihalyi (1975) studied rock climbers, chess players, and dancers to analyse the experience of enjoyment. Csikszentmihalyi discusses an experience that he calls flow, where you flow from one moment to the next, in control of your actions but with little distinction between self and environment. He states that the flow experience is itself a goal, individuals are motivated to achieve this over and above any extrinsic rewards. He postulated six elements:

- 1 The merging of action and awareness

Individual cannot reflect on awareness due to paying undivided attention to task, to ask oneself how one is doing would be to break the flow therefore it is difficult to maintain for any length of time.

2 Focusing of attention on a limited stimulus field

The task defines the part of environment as salient and the rest can be screened out, e.g. rock climbing where there are risk factors in addition of risk to intellectual engaging aspects of the activity

3 Loss of self-consciousness

Sense of fusion with immediate environment

4 In control of actions

Not because the activities are easy but because the opportunities for action are perceived as being matched to capabilities; optimal challenge in relation to skill.

5 Coherent noncontradictory demands for action and provides clear unambiguous feedback to a persons actions

Contains ordered rules which make action and evaluation of action automatic and hence unproblematic.

6 No goals or rewards external to itself

For e.g. Justification for climbing is climbing, justification for art is art... The purpose of flow is to keep flowing, you move only to keep the flow going.

In relation to employment we can now view jobs described as intrinsically motivating as containing some or all of the above six features. Flow is related in nature to peak experience (Maslow 1962); an intensely and highly valued moment, and peak performance (Privette 1964); an episode of superior functioning.

² One problem here with the vitamin analogy is that vitamins tend not to have a combined effect where as some of the 9 environmental factors do.

The idea is that if ones skill is matched by the challenge presented by some activity then one is in flow. Privette (1983) recognised that flow can be range from microflow to macro or deep flow.

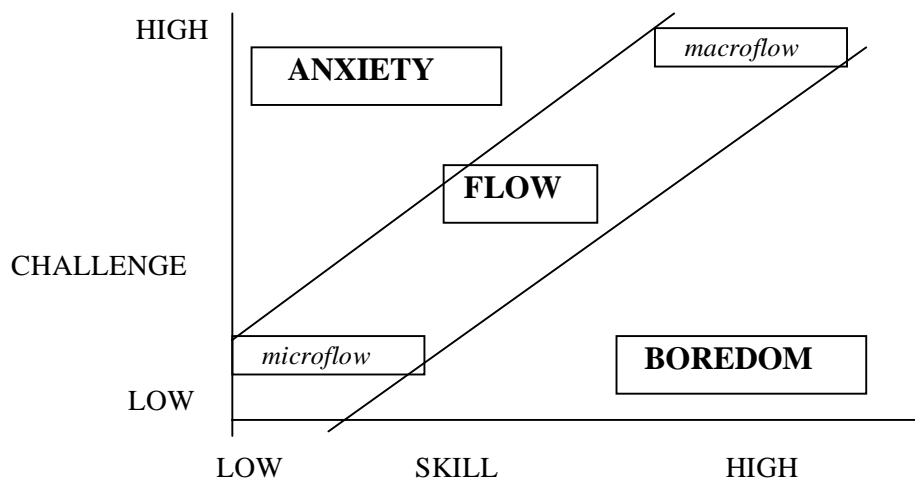


Diagram 2
To illustrate flow model of optimal experience (Csikszentmihalyi, 1975)

The great majority of flow like experiences come from work and not leisure. This is true for all types of work not just white collar workers. We can see from the diagram that when skill and challenge are not matched there are two main types of problems. Where the skill is high and the challenge is low the effect is boredom, when the skill is lower than the challenge we are then in the area of anxiety. It is not difficult to see how these affect mental health, when people are not in flow with their activities extremes of both boredom and anxiety can have severe consequences.

St Lukes Art Project

After visiting St Lukes at various times over the last six months it has occurred to me that it perhaps functions in such a way as to re-address the environmental needs of these individuals in terms laid out by the environmental factors that determine mental health. It is the purpose of this article to investigate the benefits of St Lukes for people with mental health needs.

St Lukes Art Project was set up in 1993, with Alison Kershaw the artist in residence (see appendix I for the Artists statement). The project received three years funding from The

Church Urban Fund and The Tudor Trust. In 1996 the funding was transferred to Central Manchester Health Trust. With this money the residency continued thereafter on a part time basis. The five year overview states:

The aim of the project was to create opportunities for local people to get involved with the arts as a means to improve the quality of life, enhance the environment and to build the self esteem and confidence of participants.

Although St Lukes is available for anyone in the Longsight Manchester community, in particular individuals with mental health needs are welcomed. It is made clear that the group functions as an art group first, and the emphasis is taken away from the platform of *therapy*, although it is recognised that art has clear therapeutic effects. Instead Alison runs the classes and drop in's to take all of the artists seriously, giving direction and purpose to life.

The achievements and projects to date, produced by ST Lukes are too numerous to detail here, but other documents are inclusive of these works. One of the projects worth mentioning as this paper is named after it, is the Carnival work. The artist attended a seminar at the Perpetual Beauty Carnival College, and a two week training course in the making of Catalan 'Dracs I Gigantes'. Bringing this new knowledge back to the Art Project and after discussing the theme, two gigants were made for the lord mayors parade in June. The project started in April and after 33 workshops 2 gigants were created; a 12' wizard and a 7' jester "The wise and The Foolish". Over 40 people participated in the making and in the parades from all sections of the community. The Wise and The Foolish were seen at The lord Mayors Parade, Moss Side Carnival St Lukes School Longsight, The midsummers dance, New Mills Parade and the Village Charity. In 1997 the Gigants joined the fiestas in Barcelona and again the Art Project have plans to return again this September. St Lukes has as impressive a CV as any other art collaboratives with a special emphasis on community work there portfolio is quite remarkable for a group that has been working together, part time for five years.

The ingredients

As mentioned Peter Clarke is the Vicar that runs the church and is in charge of events, organisations and drop in's at his community centre. Alison Kershaw is the Artist in residence running a Monday Womens group and a art drop in class on Tuesdays. Simon Austin began his work as a volunteer and now as a employee of the Art Project and helps out on the Tuesday classes and runs his own painting course on Fridays. The users of the group vary. Like any other groups at any one moment the group may be constituted of different people to

any other moment. From what I have seen in my visits over the last six months there are a handful of regulars and a few people that have moved on and a few new faces appearing. Each person has there are own reason for being there, found out about it in their own way and have their own reasons for involvement. The informal conversations that will follow that I had with the users proved that most users have or have had contact with psychiatrists and hospitals. Most people could tell me what they had been diagnosed as, few people knew what drugs they had been given and no-one praised the medication. All in all this classificatory positioning was clearly a problem of outside St Lukes or before St Lukes, inside St Lukes this was not an issue, a problem or an interest of anyone involved.

The Monday women's group

Having been to St Lukes a few times now I am getting to know the group. I had never been to a women's group on a Monday afternoon before but today I found a couple of people I knew and two new faces. Simon Austin who started at St Lukes as a volunteer and now runs a class for people with a special interest in painting was in to 'measure wood'. There is a fantastic atmosphere in the art room, although it is a womens group, it seemed generally accepted that Simon would be the tea boy for a day, running in and out with trays of tea and being taught by Irene how you stir a cup properly when it has three teaspoons of sugar in it. Simons next job was for Alison Kershaw, the artist in residence, she needed a light bulb changing on the ceiling of the art room. Simon grumbled, but displayed quite an amazing piece of performace art, to the informed instructions coming from below. Simon has built up trust and acceptance from both the users of the group and Alison and Peter from his secuure commitment to St Lukes, sense of humour and boundless energy.

Cath sits down, not for long because she is going to another class this afternoon, a womens group run by Chris *****, Alison introduces her to me and we both sit sipping the latest cup of tea that Simon has provided. Next in comes Irene, a woman that I have met numerous times at St Lukes, straight away, Irene busys herself cleaning and tidying the desks, quite at home in the art room she prepares a tidy space for the afternoon.

I finish my tea and start chatting, I explain that I am writing an essay for St Lukes and want to hear a little bit from the users of the group, what they think of it and why they come. Everyone seems willing to chat and so I start to listen. One thing that struck me was that in the past I had never really talked to anyone about their 'problems' about why they were there, you get the impression that each person holds enough life stories to write an epic novel but

somehow before the door to this talk was closed. Irene who loves to chat and is skilled at holding your attention told me that when she first came to St Lukes she sat and didn't say anything to anyone, hoping that no-one spoke to her. Irene had suffered a nervous break down and had become extremely depressed and introverted, going out rarely and losing much of her social contacts. She had always found herself happier when she was doing art and textile work but she started St Lukes as a way to get herself out again. She wanted to meet people, but not have to explain why she was there, she didn't want to open that door again to her problems.

"I used to sit here and not speak, god I hope no-one speaks to me, I wanted to forget it, to get away. But I found no pressure, everyone was nice I wasn't threatened here, everyone nice, not a place of egos, you can get cliques, that left out feeling, but not here."

One day when Alison and Irene were alone in the art room, Irene told Alison what had happened and why she was there. Alison was there to listen when Irene was ready to talk, *if* Irene was ready to talk. Alison never asks for information on referrals, people are free to join the art group without having to present themselves in some predetermined category.

Irene had been seeing a psychiatrist, who gave her anti-depressants, these did not help her, they did not take the monsters away, or the voices, she just stopped caring about these problems. She also stopped caring about her art work, she found herself not working, she stopped taking all of her medication when she started St Lukes last year. After the psychiatrist she saw the psychologist who she felt was more interested in talking about things, but after 20 weeks with the psychologist she was told 'that's your time good bye' and then she has to go home again, alone.

"I need people like me, a place to go, then I could understand".

Irene's art work functions to take her mind away from her problems. Alison explains how Irene's work is very intricate, in the past, the more ill she has been the more intricate and involved the work." I'd make them that hard, complicated, so not to think of problems, so I could concentrate on it" Not only did doing the work take her mind off it but at the end of the work she had something that she had created, so there was satisfaction in the goal as well as the path.

"All your concentration goes into what you are doing, stop thinking about monsters and voices, you can lose your faith But then I think if I am able to do this, I can't be stupid"

Irene reports that she does not set out to make complicated things, but it evolves in that way. She explains it in terms of opening doors, which then lead on to more doors and more doors. Alison is concerned that Irene has masses of material, enough material to pass a degree at a university. She is helping Irene to create a small portable portfolio of her work as a tool to help her get commissions or sell her work. The problem here is that although starting this process excites Irene she also gets scared and starts feeling inadequate again.

Much of what St Lukes is about according to Alison Kershaw is enabling people in art. Alison sees the project as art first, and attempts to provide a safe supportive, space for people who are interested in art. She works with people on a very individual basis, enabling, encouraging and making suggestions about the way a persons work may develop in a direction. According to the individuals needs some people may be more directed than others. Alison regards all the users of St Lukes as an artist in their own right, and so work is taken very seriously and not at all as a time wasting activity that keeps people busy. Alisons wishes to offer more of this kind of environment. The art room is small and full of work, books, people. Some people may find the conditions restrictive, Alison would like to provide more privacy and space, whilst retaining the safety and intimacy of the group.

As with any ambitious project there is always room for improvement but the users of the group seem to find it beneficial. Cath as many of the users, likes the opportunity to get out of house and work in an environment with others. For her St Lukes is another activity to fill her week. Vicky an elderly lady has been coming for two years. Before St Lukes she spent ten years as an outpatient in the hospital. She is suffering from severe bereavement at the death of her husband. She told me that she likes to lose herself in her art work. Being discharged from outpatients upset her routine but she vows that she would not return, she disliked the other patient's bullying and throughout our conversation she repeatedly her dislike of the food, particularly the 'leather fish'. She comments 'the health service has gone down the drain hasn't it? Very much'. She seems to like concentrating on her art work 'Art is much better [than drugs]It does me good, that's the truth'. There are some people that Vicky likes at St Lukes, there are also some people that she does not like, she deals with these people by just ignoring them and she seems happy with this arrangement.

While I am talking with Vicky, Irene is working and talking with Alison, there is a pleasant tranquil feeling to this Monday afternoon, Simon leaves early after he has finished measuring his wood and I leave feeling privileged that everyone was happy to talk and and share their stories with me.

Tuesday Art Class

Today I decide to join in and do some art work. I have long been torn between art and psychology. I made a decision at school to follow psychology and keep art as a hobby, but as always this choice means that I do a lot less art work than I intended and I know myself that when I feel down and depressed more often than not I have not been attending to anything creative for a time. I drew one of the new gigants that is under construction in the art room. Irene was there and a funny little man with huge glasses and a beautiful waistcoat that I later discovered he had made himself. Unbelievably this man James, talked absolutely non stop. He was funny and enjoyed his little audience that seemed quite used to his chattering. Another James who I had met a few times before came in and sat down next me. Apparently he had been ill and hadn't been in to St Lukes for some time. He was not quite so patient with the other James, but Alison told James I to keep away from James II because he was still unwell and didn't need the chattering. This seemed to be accepted by James I who went off for a walk. I asked James if he would talk with me and we went next door. On the way there were lots of greetings for James and questions about his well being.

James has been doing a lot of work in Greater manchester with youth and community projects and came to help out at St Lukes. He suffers from what he says are 'certain health problems, certain habit problems'. He has been coming to St Lukes for two and a half years now and has been very involved with the Gigants. He enjoys it but complains of not being able to see a way out 'but this does not mean that there is no form of escape'. When I ask him from what he explains 'from this, when you find it hard to distinguish yourself between client and teacher'. James II also appreciates the activity to get him out of the house and the 'chance to express, have fun with paint'. He thinks it gives people

the Tuesday group revisited

Rebecca

The reason I came back today was to interview two people that I did not get to speak to last week, one being the Vicar and the other, a user named Rebecca. I had first come across Rebecca's art work when Simon had shown me the work that is going to be shown in the

exhibition. She had not been to the group before when I had been there so today was the day that we could talk.

Alison introduced us and we went into the office to chat. Rebecca told me about her work, she uses mainly pastels. Her art is about her life she does not see her work as therapy but more like a diary. She talks about art giving the opportunity to “express what you can’t say through words”, she likes to classify her work as Feminist Art.

Rebecca seems quite nervous at first about talking to me, she know that I study psychology is not at all sympathetic about the discipline and clearly she feels abused by system. Rebecca suffered tremendous abuse for the greater part of her life. Abuse that left her scarred. She is extremely angry that along with the natural guilt and self blame experienced as an abused child she also had the system reinforcing that negative self image by putting the blame on her and treating her as though she were the one with the probelm. During our conversation she repeats that she does not want to be labelled as mentally ill because she was abused. She sees this as “letting people off the hook, letting society off the hook”.

Rebecca was not actively involved with art before she joined the Art Project. Her family was quite artisitic and she reports being brought up around art but for her St Lukes Art Project was the first real attempt for her. She reports that when she first came along she did not take herself seriously, but now she does, she likes to do autobiographical work, but as she is entering into a different phase in life she does not feel that St Lukes offers the privacy that she requires to work on material that is self directed and maybe of an explicit nature, particularly if other users start to criticise art that has significant autobiographical material in it. She repeats many times how she likes St Lukes alot and likes to talk with Alison, Simona and Peter, but it appears that she feels like she needs to move on. She reports wanting to go further her work making it bigger and using more varied materials “ I want to do big abstract art using cloth and stuff”.

This is not possible at St Lukes due to the nature of the size restrictions. Although this is an issue that Alison is aware of and listed as something that she would like to change. She also talks about wanting to make her own mistakes and doing so in private. Rebecca is excited at the idea of exhibiting some of her work in the exhibition, she likes the option of getting feedback from people outside of the group. “Idon’t know if I am taken seriously” she says quite openly “thats why I want other people to see my art. Here all art is good, but it is importnat to know that some art is better than good, I want to be opened to some people who think that some art is crap”.This seemed like a fair point. There is enormous positive reinforcement at St Lukes. For some people this may seem superficial and for some of the

individuals who are becoming increasingly talented the option for capturing an audience outside of the art drop in classes is advantageous. The Art Project exhibition Time and Space has been set up for this reason and is open in the church between 8th September and 8th October 1998.

She gets on well with Simon Alison and Peter and some of the other users, but the problem that she has is when it sometimes gets too much. "its a bit like being in a family, sometimes it gets like too heavy I'm not used to being in a family". She says that when she does not feel well she does not have much patience and sometimes that can be a problem in the group.

Ideally Rebecca would like to work with teenagers, using her artist skills with teenagers, but she cannot find work for herself at the moment. She does not want to do therapy. Rebecca had a lot of therapy as a child and she does not think it is a productive activity. "Art therapy made me feel worse not better. I pined up in class, using reds, and blacks, I think people hide a lot in art therapy, hide more than they express. When once I did two real pictures they didn't take me seriously (my mum's head exploding), but they did take the joke ones seriously (I did sheep with rain clouds)". She says that she has had help in Manchester, but not from therapy. "I found that I only got help when people broke the rules for me".

"I want to be seen as an artist, I want to put it [my experience] into the art work and do something constructive".

I was two hours talking with Rebecca, her stories and attitude were incredible. When we finished, (Simon came in and saved us with a cup of tea), it was time for dinner, which tonight was home made Pizza and garlic bread. We ate with the others in the art room. I guessed that again, Peter was going to be hard to track down for talking time. I really don't know where he gets his energy from flying around the center all day everyday and being a vicar too, I remember Simon explaining it through his sarcastic sense of humour. I was thinking this when he ran into the room offering everyone jam tarts! Luckily this time I was not the only one to recognise the Alice-esque-ness of the situation and Peter commented on how perhaps St Lukes was one long mad hatters tea party.

It was another hour or so until I had Peter's undivided attention. When I did he told me the story of St Lukes.

Peter moved to St Lukes twelve years ago. He had the use of the church and the building that went with it, but he was unsure at first what the building should be used for. The area of

longsight in which St Lukes is placed is an inner city area with many of the associated social and economical problems. There were two incidents that helped Peter decide to sue the building for people with mental health needs. The first was when a young man came to see Peter on day, he asked to talk and to Peter this usually meant that he needed money. When Peter took him into a private room to talk this man broke down. He cried for sometime until he could start talking. He told Peter how he was so lonely that he did not know what to do with himself. He had been diagnosed as manic depressive and placed in a flat over the precinct. He had a social worker come to see him once every two weeks and that was his only contact with the outside world. The next day Peter went to see him at his flat and was appalled at the conditions in which this man was living. Peter considered that if he was to live in such lonely, isolated conditions, even without a diagnosis of manic depression he would go insane.

The second story concerned a woman who lived near by Sara, she had a long history of mental health problems and had significant reactions to coming off her medication. At these times she would stand in the precinct late at night and howl and scream for hours. Peter would lie a while at night and hear the torment that this woman was suffering

It was these incidents that made Peter talk to Rover about the possibility of using the building to help these people and open up a drop in class for people to use. Alison who was at the time working with Rover offered to run an art drop in class. This was agreed and the project grew until Alison was working full time as artist in residence and running projects with the art group and members of the local community. Peter tells me that his goal is to open the building twenty four hours a day and seven days a week.

Much of the work done by Alison has significant impact in the local community, from the visual profile of the Gigants to the breaking down of barriers between local people with mental health needs and other people in the community. Peter remembers a time when they were going on holiday to Lindens Farm when Sara wanted to go. Another church member went to Peter and said that she didn't want to go if Sara was going as she remembered the howling and other anti-social behaviour exhibited. Peter managed to convince her that everything would be fine and that he would take personal responsibility over Sara's behaviour. Alison went on this holiday too and helped Sara with her art work. The other woman who had spoken to Peter at the beginning went to Peter and thanked him for convincing her to go as she had bumped into Sara one day on the beach and spoke to her, and saw her art work. She thought that Sara was really talented and a warm and sincere person. She said that whereas before she used to cross the road to avoid Sara now she felt as if she could say hello to her.

Overall it is Peters view that St Lukes enables the church to challenge its assumptions through the work and the centre and the work done there affects the interface between St Lukes and the community. So although nothing international is going to be changed by St Lukes the small ripple effects are spreading out over the community from one building and work done there.

DISCUSSION

It seems that according to this research into affective well-being, employment per se is an important constituent to mental health. Employment provides individuals to a greater or lesser extent with goals, activity, status, social contact, time structures and various opportunities. There is an obvious continuum which spans relative propensity toward affective well being depending on how challenging the employment is relative to the individuals skills etc, but the consensus is that the negative function of unemployment outweighs the negative function of poor employment. This has severe consequences for individuals suffering from 'mental illness'.

Psychiatry in the West runs on the Medical Model. This is designed to classify people into syndromes and disease types on the basis of their 'symptoms', in order to then treat the disease entities with the current drugs, therapies and possible incarceration in an institution. What this classification or 'label' does in reality is to severely restrict an individual's freedom within our society. The consequences of a label for example of Schizophrenia is as follows; The individual can no longer vote, the individual can no longer hold a driving license, the individual can no longer stand up in court, sign a contract and often these things in addition to the symptoms themselves prevent employment. So, if we keep in mind the above research into employment and well being, we can see that in the process of trying to help an individual who is already unhappy and suffering we are in fact reducing their possibility of reclaiming their mental health.

There is an interesting coincidence occurring here that we can see if take a historical view for a moment. The medical model causes the reduction of employment potential in people with mental health needs. Thus on top of the suffering inherent in their 'symptoms' individuals also have to contend with the problems inherent with unemployment. The symptoms that we identify today with 'madness' and 'schizophrenia' have a strange origin. Before the move from a religious ideology to a scientific one, the 'different' people in society were viewed as witches and treated pretty much in the way that today people suffering from mental illnesses

are treated (Szasz). After the inquisition, across Europe there was a huge clean up operation that pushed all of societies reprobates, prostitutes, unemployed into the houses of the inquisition, That is the Irrena#house in Germany, L'hopital General in Paris and the Assylums in Britain. These individuals were then labelled 'mad' and kept out of sight of society. It was these people who were later studied by Bleular and **** who logged the symptoms of mental illness that are still in operation today. This ofcourse raises the question of what is madness? When we classify someone as mentally ill are we not just transposing the symptoms of depression, inadequacy and low esteem that manifest through being at the bottom of societies ladder? In turn are we not then consolidating these symptoms by ensuring an impossibility of employment for these individuals?

*****8

In the West we have a strong sense of self. We refer to self-esteem, self-knowledge, self-concept, self-awareness, self control, etc. It is difficult to postulate whether we have always upheld self so strongly. Individualism thus seems to be the ideal. What we strive for. Individualism is defined in the Oxford Modern Dictionary as the principle feeling of being self-reliant, autonomy as the right of self government and personal freedom and self sufficiency as needing nothing (a person, nation etc). This correlates highly with Maslows las stage of personal development, self actualisation. So the definitions affirm the synonymy of individualism with self sufficiency and autnomoy.

In the west this emphasis of individuality draws us away from the integrated, co-existing co-operating society that exists in many places in the world. Here group identity functions over and above that of the individual. The breakdown of the community as seen in post industrialisation saw the demise of the family networks, local identity, religious identity and in many cases working communities. Isolation, feelings of inadequacy, detachment constitute much of what is described in the west as depression.

Insanity is then part of the price we pay for civilisation. The causes of one increase with the developments and the results of the other (Jarvis 1851 in Rosen 1969:21)

Clinical depression is an example of the individuated and unindividuated manifestations of the same illness. In many non-western people, depression is manifest primarily in somatic symptoms and not psychological (Marsella 1985). In non western systems, the person remains part of the larger network of people and does not manifest feelings of isolation and detachment. According to Octovio Paz, the group is the only source of health and the society

is in fact endangered if one of its constituent parts becomes ill. It is the ongoing religious rituals, rules, prohibitions and constant presence of death that protects the group from dispersing and the individual from solitude.

In the Mexican highlands of Chiapas, not only is the person still a part of a larger group, but the aetiology and consequences of her 'mental illness', resides not only in her self; which here encompasses the emotional, the mental, the physical and the spiritual self, but also in her external relations. Her 'symptoms' are seen as an 'inseparable part of the individual and her family and group, and are matters of their doing and for which they are responsible (Fabrefa et al 1973). This fully integrated theory of disease is in contrast to the factionation of modern western psychiatry.

Conclusions

Implications

Refs

Jahoda's 1979

Maslow 1962

Bleular,

Herzberg's 1989

Maslow's 1943-1973

Csikszentmihalyi, 1975

Warr's 1986

Privette 1964

Privette (1983

Szasz

Alison's Statement:

AS PART OF MY WORK WITH THE ROVERS I WAS INVOLVED IN SETTING UP FACILITIES IN LOCAL NEIGHBOURHOODS WHERE ART COULD BE PRACTISED, THIS INCLUDED THE ZION ART PAINTBOX IN HULME, WHICH NOW EMPLOYS 3 ARTISTS, AND ALSO THE ST. LUKES ART PROJECT AT A CHURCH/COMMUNITY

CENTRE IN LONGSIGHT. IN 1993 I WAS INVITED BY THE RECTOR AT ST. LUKES TO BECOME ARTIST IN RESIDENCE. This suited my own progression towards a more whole approach as well as which I was becoming increasingly sceptical about the creeping changes in the NHS. I wanted to focus on one particular neighbourhood rather than the huge and disparate area of central Manchester. It is an area of high deprivation with a broad ethnic mix and all the usual social problems. In the work I try to involve the local community to work with people who use the Art Project most of whom have had psychiatric treatment in hospitals. My aim is that this may help the community to recognise the positive aspects of this often misunderstood group. It also creates a bridge for users of the project by which they can interact with the wider community in a positive way. Projects include an open art workshop, photographic work, writing, installations, murals, carnival giants book production and tenant participation.

