

# **Promoting Understanding and Tolerance through Art: Antistigma Experience by the Means of Interactive Exhibitions**

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## Introduction

The problem of stigmatization in psychiatry, that is the negative and hostile attitude towards mental patients has been often discussed throughout the last decades (Crisp A. N. 2001; Ertugrul A., Uluz B. 2004; Finzen A. 2001; Kabanov M. M.. 1995; Mihaylova I. I. 2004, Mihaylova I. I., Sudakov S. A., Yenikolopov S. N., Myasoedov S. N. 2004; Rookavishnikov V. O. 1990; Serebriytskaya L. Y. 2005a, 2005b; Serebriyskaya L. Y., Yastrebov V. S., Yenikolopov S. N. 2002; Yastrebov V. S., Mihaylova I. I. 2005). Stigmatization of mental patients can be regarded as a particular form of intolerance towards a person or a group of people and their discrimination. It has common psychological and social roots with such phenomena as sexism, homophobia, ageism, racism etc.. The study of its determinating factors and mechanisms and finding ways to overcome stigmatization of mental patients would have a great importance with regard to other forms of discrimination.

Various programs to destigmatize the mentally ill are usually based on dissemination of certain information in different segments of the society, through mass media and educational initiatives arranged in particular by psychiatrists. However such means are often insufficient and create temporary effects, because they are aimed at cognitive factors of stigmatization and emotional and behavioral factors are not being involved.

World Psychiatric Association, its section of Art and Psychiatry (Thomashoff H.-O. 2002; Lopez-Ibor J. J. 2001) and several Russian organizations, such as "Inye" in Yaroslavl (Gavrilov V.

V. 2005), the department of dynamic psychiatry in Novgorod (Kooznetsov N. M., Tserkovny A. A. 2004), "The Different Vision" social initiative in St. Petersburg (<http://www.mental.ru>) promote new approaches to destigmatization of the mentally ill. Such approaches involve the resources of art and creative potential of mental patients in order to expand exhibitions of art of the mentally ill into "a permanent and continuously growing international presence of psychiatric art in the public as a tool to promote destigmatization by attracting a large audience..." (Thomashoff H.-O. 2002, P. v.).

Discussing the history of psychiatric art in the Preface to "Peoples' Dignity through the Cultures" Catalogue J. J. Lopez-Ibor (Lopez-Ibor J. J. 2001) claims that "at present a new phase is beginning in which the artistic productions of psychiatric patients are being used as an instrument to destigmatize the illness. Today it is not enough to contemplate the works of art of mental patients in a museum and dissect, what is sane and healthy in them, or to analyze up to which point these productions are comparable to artistic work of acclaimed artists. Nowadays the challenge is to recognize, paraphrasing Griessinger, "the same order of facts in the healthy and in the morbid manifestations... This means to accept that the creativity pertains to the person, not to the illness... Therefore in the artistic productions of the mental patients, as well in the one of individuals free of any mental disturbance, we have to see the person and not the illness, the person in its full dignity" (P. 12).

Historically, the interest in the art of the mentally ill exists for more than one hundred years. Many psychiatrists (A. Tardieu, M. Simon, M. Reja, V. Morgenthaler, M. Frey, H. Prinzhorn, P. Karpov, J. Delay, R. Volmat, V. Andreoli) and artists and art historians (M. Ernst, V. Kandinsky. P. Klee, J. Debuffet, M. Tevoz) were involved in the study of art of mental patients and arranging collections and exhibitions of their productions. It is obvious that through such activities certain politics with regard to psychiatric patients and mental illness can be

promoted and different tasks could be resolved. We'll demonstrate below, how through exposing mental patients' art to the society certain destigmatizing effects can be achieved.

First, different ways of exposing mental patients' productions according to C. de Monteflores' (de Monteflores C. 1986) idea about mechanisms of counteracting discrimination/self-discrimination will be discussed. Second, some findings of our study of people's attitude towards mental patients and their art and destigmatizing effects of interactive exhibitions and seminars will be presented.

#### Different mechanisms to counteract discrimination and self-discrimination

Exhibitions can both promote stigmatization and destigmatization. The example of an exhibition which served as an instrument of purposeful and sanctioned by the political powers discrimination of the mentally ill may be "Entartete Kunst" ("Degenerative Art") exhibition in Nazi Germany in 1937-1941, where artworks by modernist artists have been displayed together with those by mental patients.

Exhibitions are complex social phenomena strongly linked to the cultural, social, political context and relationships between people in a particular society. Russian art historian Sergey Daniel (Daniel S. 2006) claims that "the existence of a work of art has a dual nature. It has its inner life carrying all the fullness of the creative intention and the depth of meaning, on the one hand,... and work of art has its "social way of life", on the other hand being presented to different audiences and in different environments. When an artist aspires to give his creative idea a material form an audience "deciphers" a piece of art actualizing, what is close to its consciousness, taste, mood and interests. Here a different degree of closeness and alienation between an audience and a piece of art is possible ranging from in-depth interpretation to reducing to banality" (P. 49).

Different ways of exposing mental patients' works of art can be considered taking into account the mechanisms of counteracting discrimination and self-discrimination: assimilation, confrontation, ghettoization and specialization (de Monteflores C. 1986). C. de Monteflores presents these mechanisms in relation to homophobia and heterosexism. They can be realized both through initiatives of representatives of discriminated groups as well as those who mediate their interaction with an aggressive social environment.

The mechanism of assimilation means hiding what makes a person or a group of people different from the rest of the society. Though assimilation enables survival it often leads to suppression or losing significant psychological and cultural qualities (way of life, values etc.).

Assimilation in relation to exhibitions that display mental patients' works of art is expressed through hiding facts about mental illness of an artist and what particular events or inner conditions stimulated his/her creative activity. Any information that can be "suspicious" with regard to mental illness of an artist is "taken out" from his/her personal history. Though hiding information about mental disorder is often determined by ethical and legal requirements accepted in mental health professions a different motivation is obvious in this case.

The mechanism of assimilation can also be expressed through patients' and their curators' attempt to hide or suppress difficult emotions and symptoms behind "beautiful pictures" and imitate qualities that are supposed to be typical in works of art created by "normal people".

Confrontation is expressed through demonstrating, what makes a person or a group of people different from others. Though society can be hostile towards those, who are different, they fight against stereotypical characteristics projected on them and defend their right to follow their own way of life. They often strive to "transform weaknesses into strengths" and even demonstrate their superiority above their opponents.

As far as art of the mentally ill is concerned such mechanism was manifested for many times through social and cultural initiatives of mental patients and advocates of their art. For example, the first public exhibition of the Society of Art Brut in 1949 was accompanied with the publication of the Catalogue titled "Art Brut is Better than Art Culturel".

Confrontation can involve open recognition on the part of an artist that he/she is mentally ill, but at the same time emphasizing the importance of personal stance in the world and that artist is not "a victim" of mental disorder, but transforms his/her mental difficulties into strengths through creative activity. He/she can also believe that mental difficulties can stimulate creativity or change ways and meaning of artistic expression.

Gettoization means living and communication within certain psychological and geographical boundaries. It helps to protect a person or a group of people from aggressive outer environment, or vice versa, protect society from those who are perceived to be dangerous. The history of psychiatry is abundant with examples of gettoization. Furthermore, psychiatry as a social institution promoted gettoization of mental patients.

With regard to art of the mentally ill gettoization is expressed through establishing "niches of psychiatric art" either by arranging specialized exhibitions, or creating art studios as a kind of closed environments, where the mentally ill can satisfy their creative needs. One of such examples may be "The House of artists" in Gugging.

Specialization means perceiving oneself as something special or exotic, having certain exclusive qualities or talents, in particular, due to some painful experience. It involves demonstrating one's belonging to a group of "the selected" or "the banished". Though specialization has certain similarity with confrontation those, who go this way don't fight for their social rights. They even see certain advantages in their existing position.

As far as art of the mentally ill is concerned specialization is expressed through emphasizing its "exotic" features and even consciously imitating them either on the part of mental patients themselves, or on the part of advocates of their art, in order to create certain effects in the audience and to sell such art in direct or metaphorical sense of this word.

Advantages of the above-described various mechanisms to counteract discrimination and self-discrimination with regard to mental patients seem to be relative. Though different ways of presenting art of mental patients in the society associated with these mechanisms can to certain degree diminish stigmatization and its psychological effects on patients destigmatization is a complex task which needs a complex means.

## Method

### *Participants*

The study of the attitude towards mental patients and their art as well as whether interactive exhibitions can lead to destigmatization has been carried in several Russian cities (St.Petersburg, Yaroslavl, Novgorod, Kaliningrad, Ekaterinburg) and in Minsk. The total number of people who attended interactive exhibitions and accompanying seminar about art of mental patients is 250. Their age varied from 20 to 50. Most of them (63%) had higher professional education (teachers, psychologists, doctors); 20% were university students; 17% were public schools or college graduates. There were 211 women and 39 men among them.

### *Instrumentation*

120 persons have been interviewed with the questionnaire ("Myths and facts about people who are ill with schizophrenia"), which was developed by World Psychiatric Association to assess stigmatizing attitude towards patients. The questionnaire includes such questions as "Have you heard or read something about schizophrenia in the last 6 months?", "Are you somehow concerned with problems associated with schizophrenia?", "To

what a degree the following statements about people who are ill with schizophrenia are correct?" (the list of possible answers was presented in the questionnaire).

130 persons attended interactive exhibitions and seminars about art of mental patients. They were given another two questionnaires. One of them was "Myths and facts about people who are mentally ill and their art" developed on the basis of the previous questionnaire and supplemented with several questions in order to assess people's opinion about art of the mentally ill and their creative abilities. The questionnaire included in particular such statements as "Mentally ill people can be interesting, creative, outstanding persons", "Creative productions (works of art, poetry, music etc.) by mental patients may be harmful to emotional condition of the audience", "Creative productions (works of art, poetry, music etc.) by mental patients can evoke positive feelings, inspire, enrich the inner world of the audience" and some others. Respondents must indicate whether they agree, or disagree with these statements.

Another questionnaire administered to the same group of respondents was "How I perceive works of art my mental patients". It helped to additionally assess respondents' reactions to those works of art that were displayed at the exhibition. They were asked to evaluate artistic and aesthetical value of the artworks; to indicate, what emotional response they evoked in them; whether the meaning of the artworks displayed is valid and understandable for them; and what was most interesting and important for them in the artworks.

Finally, respondents were asked to choose one of the art pieces displayed at the exhibition, possibly which evoked most powerful response in them and to create or choose a narrative (up to one page) to express their associations and feelings as a response to a chosen artwork.

Creating narratives took place in groups that consisted of 15-20 persons and was a part of the seminar about art of mental patients. Comparatively small size of the groups helped to achieve trust, focus on a chosen artwork and involve in creative

activity as well as provided enough space for feedback and discussion. Such groups had certain similarity with expressive arts therapies groups, while the task of creating or selecting a narrative was similar to certain degree to the Jungian Active Imagination. The narrative part of the seminar was considered to be very important: it stimulated creative interaction with the works of art and self-disclosure for participants. Reading narratives in the group was not obligatory. However people were invited to share their responses if they were comfortable enough.

"Myths and facts about people who are mentally ill and their art" questionnaire was administered to respondents two times, before and after the interactive exhibition and the seminar, in order to assess their destigmatizing effects.

### Results

Results of "Myths and facts about people who are ill with schizophrenia" questionnaire showed that the main source of information about people who are ill with schizophrenia for most respondents was television (37%) and newspapers and magazines (25%) (Respondents were asked to indicate up to three sources of information). According to information presented in such sources people who are ill with schizophrenia were characterized as "those who need better treatment and social support" (45%), "those who hear voices or speaking to themselves" (35%), "those who are depressed or having suicidal feelings" (35%), "those who are committed criminal acts or able to do that" (22,5%), "those who can break law" (13%). (Respondents could choose up to three statements).

When answering the question, to what a degree problems associated with schizophrenia concern them 70% of respondents answered "concern to some degree"; 18% indicated "don't concern at all" and 12,5% indicated "concern to a considerable degree".

When answering the question, what according to what they know about schizophrenia is a cause of this illness 87% of respondents answered that the cause of schizophrenia is genetic

factors; 35% indicated "brain dysfunction", 12,5% indicated "chemical dysfunction in the brain" and 25% answered that "the real cause of this disease is unknown".

A considerable number of respondents indicated psychological factors as a cause of schizophrenia: 35% believed that its cause is "psychological trauma or violence"; 10% believed that its cause is "acute psychological trauma"; 10% indicated "crisis in the value system" (Respondents could choose up to three statements). Metaphysical, spiritual or magic factors were indicated as a cause of schizophrenia only by two persons ("god's punishment", "possession with evil spirits" etc.).

As most typical characteristics of people who are ill with schizophrenia respondents indicated the following: "hear voices that say them what they must do" (75%), "suffer from splitting of their personality or multiple personality" (80%), "can work as other people" (55%), "can break the public order, or create discomfort to others due to their helplessness, dirtiness or strange behavior" (50%), "can be successfully treated at a hospital" (50%), "speak to themselves or shout on a street" (30%), "can be successfully treated without medication, through psychotherapy or social interventions" (20%), "mentally retarded or having low mental capacities" (22,5%).

Most informative with regard to the stigmatizing attitude towards schizophrenic patients were the following statements: 72% respondents answered that they "would definitely not marry a person who is ill with schizophrenia", 72% indicated that they "would be afraid or feel discomfort living in an apartment or a room (in a hotel in particular) together with a person who is ill with schizophrenia", 40% indicated that they "would be afraid or feel discomfort to speak with a person, who is ill with schizophrenia", 20% indicated that they "would be ashamed if others knew that some member of their family is ill with schizophrenia", 15% indicated that they "would not be friends of a person if they get to know that he/she is ill with schizophrenia".

Results of administering "Myths and facts about people who are mentally ill and their art" questionnaire before and after an interactive exhibition and a seminar are presented in the Table.

Table

Answers to the questions of "Myths and facts about people who are mentally ill and their art" questionnaire before and after an interactive exhibition and a seminar (N=130)

Statements and answers	% of respondents			
	Before	After	Z	Difference
1. "I would be afraid or feel discomfort to speak with a person, who is mentally ill" Yes Don't know No	25 18 56	7 11 82	3,47	P<0,001
2. "I would be afraid or feel discomfort to be in one group of students or to work together with a person who is mentally ill" Yes Don't know No	35 28 37	23 18 59	1,15	Ns
3. "I could become a friend of a mentally ill person" Yes Don't know No	40 32 28	59 29 12	2,04	P<0,05
4. "Mentally ill people can be interesting, creative, outstanding persons" Yes Don't know No	93 5 2	100		Ns
5. "I would be ashamed or feel discomfort, if my friends or acquaintances get to know that someone from my family is mentally ill (was treated by a psychiatrist)" Yes Don't know No	28 23 49	27 21 52		Ns
6. "Creative productions (works of art, poetry, music etc.) by mental patients may be harmful to			2,75	P<0,005

emotional condition of the audience" Yes Don't know No	15 18 67	10 12 78		
7. "Creative productions (works of art, poetry, music etc.) by mental patients can evoke positive feelings, inspire, enrich the inner world of the audience" Yes Don't know No	67 17 16	82 12 6	2,85	P<0,005
8. "Creative productions (works of art, poetry, music etc.) by mental patients can help to overcome psychological difficulties, heal people in the audience" Yes Don't know No	47 28 25	76 12 12	4,36	P<0,001
9. "Experience (feelings, ideas) expressed in creative productions by mental patients is valid and understandable to me" Yes Don't know No	50 33 17	64 35 1	4,36	P<0,001

Results of "Myths and facts about people who are mentally ill and their art" questionnaire administered before destigmatizing events indicate that the social distance from mentally ill people is combined with recognizing that they can be creative, interesting, outstanding persons by a considerable number of respondents (93%). Many respondents also believed that creative productions by mental patients can evoke some positive effect in the audience (stimulate positive feelings, inspire, enrich inner world, help to overcome psychological difficulties, heal). 50% of respondents confirmed that experience (feelings, ideas) expressed in creative productions by mental patients is valid and understandable to them. Thus the social distance from creative productions by mental patients and their experience expressed through it was considerably less than from patients themselves. It appears that artistic, aesthetically attractive

form of presenting mental patients' feelings and ideas is less frustrating and "dangerous" to the audience comparing to what they believe to feel while being in a direct contact with the mentally ill.

Coefficients of linear correlation between responses to the fourth statement (which assess respondents' idea about creative potential of mental patients) and the last three statements (7, 8 and 9) that assess positive perception of creative productions by mental patients and validity of their experience expressed through such productions to the audience were statistically significant ( $r$  varied from 0,31 to 0,44). At the same time, positive responses to these statements negatively correlated with positive responses to statements 1, 2, 5 and 6 that indicate on the negative attitude towards the mentally ill and their art.

Results of administering the questionnaire after an interactive exhibition and a seminar show that certain destigmatizing effects have been achieved: a degree of social distance from mental patients diminished and positive perception of their creative capacities and their art and its effects on the audience increased. Comparison of the responses to the questionnaire administered before and after the destigmatizing events with the use of criterion of signs ( $Z$ ) indicates the statistically significant difference ( $P$  varied from 0,05 to 0,001).

The results of "How I perceive works of art by mental patients" questionnaire showed that the mean score according to 10 score scale which assesses artistic and aesthetic value of artworks is 6,6. 83% of respondents indicated that artworks by mental patients evoked moderately strong emotions in them; 71% of respondents experienced both positive and negative moderately strong emotions, 7% of them experienced positive and 5% negative moderately strong emotions. 3% of respondents indicated that artworks didn't evoke any emotional response in them, while 14% of respondents indicated that emotional response was weak.

Correlation between how respondents assess the artistic and aesthetic value of the artworks and intensity of feelings evoked by them was moderately strong ( $r=0,48$ ), while correlation between these parameters of assessment, on the one hand, and validity of experience expressed in mental patients' artworks to the audience, on the other hand, was statistically insignificant.

While answering the question, what was most impressive in the artworks by the mentally ill respondents indicated the following: "extraordinary, expressive colors, childish naturalness", "very imaginary, unusual expression", "intense emotions, many meanings", "multifaceted, complex images, the vision both from inside and outside", "very impressive combination of colors, shadow and light, real and unreal", "perception of the world from a different angle, unusual accents".

As a result of the analysis of literary-poetic narratives ( $N=130$ ) that express people's emotional and associative responses to the artworks of mental patients the following three thematic clusters have been revealed.

1. "Existential" cluster includes the narratives connected to such themes as life and death, love (meeting and separation of two persons), loneliness, one's life meaning etc. Narratives of this kind express feelings and ideas evoked by one's confrontation with reality and life choices. There is no appeal to supernatural forces in such texts. One of the examples may be the following text: "The two lotuses. The two trees. The two hearts that strive to meet each other. There is my temple of hope and love somewhere. He is beside me. I must turn to him and come through that delicate bridge to meet him, my long-awaited Hero". (The narrative has been created by 40 year old woman, an artist). There were 54% of such texts among literary-poetic responses.

2. "Religious-mystical and mythological" cluster includes the narratives that express ideas and feelings associated with one's relation to supernatural, heavenly forces or mythological figures. Such narratives sometimes either reflect religious beliefs or mystical personal experience or can be indicative to the use of mythological symbols as metaphors and activity of imagination. There is usually some religious or metaphysical vision of reality rendered in such texts. The examples may be the following narratives.

"At that cold, early morning the horse rider appeared in the city. Nobody seen him, but sounds of the hoofs on the roadway were heard. Only young princess claimed that he was not a horse rider, but the real centaur". (The narrative has been created by 39 year old man, a designer).

"Changes that shake not only the world, but human beings' spiritual essence as well are coming soon. Some people professed about that for long, but it become obvious to wise people recently. They went with their presents to that place, which the star indicated.. They were very close to it already, when the fetus started to come out from the womb of his mother and he saw a light..." (The text has been created by 23 year old woman, a school psychologist). There were 20% of such texts among literary-poetic responses.

3. "Fantastic-demonic" cluster includes narratives that depict imaginary or literary figures. The authors of such texts could perceive themselves in fantastic situations and often interacting with dark, evil personages. There is often a sense of mystery play, grotesque or a masquerade expressed in such texts. The examples may be the following texts. "We are pirates. We captured all of you. We took your possessions and kingdoms, your souls and throw them

away to the ground". (The narrative has been created by 23 year old woman, a school psychologist).

"What a parade! What a fantastic show!

The crazy thoughts, the carnival of reason!

Strange, dark stage play.

The smile of death and shaking silence..

There is the cross wrapped in the shabby clothes

Or staff, or stick, or hook in here.

The blind, strange figure -

Who is she? The queen or Baba-Yaga witch?"

(The text has been created by the 38 year old woman, a teacher).

There were 26% of such texts among literary-poetic responses.

Taking into account the symbolical nature of most artworks displayed at the exhibition and many potential meanings implied in them the task of creating a narrative as a response to pictures seems to be projective and revealing needs and feelings of the audience. Narratives can be regarded as "interpretations" of visual stimuli rather than direct expression of artists' inner worlds. At the same time, certain congruence to artists' inner reality is also possible. It is important however with regard to the task of destigmatizing mental patients that the above-described clusters of themes and experiences revealed in the narratives created by the audience served as a bridge connecting artists' inner worlds with those of people from the audience. Furthermore, through the acquainting and creatively interacting with the mental patients' art people from the audience could actualize and express in their narratives certain aspects of their own experience. This makes possible to recognize mental patients' art as one of the facets of mankind's culture.

### Conclusion

The results of the study are indicative not only to the social distance from mental patients, but a considerable potential of

their art to make this distance smaller and thus destigmatize them. The results confirm in particular that exhibitions and seminars that involve creative interaction of people from the audience with mental patients' art help to reveal those realms of human experience that seem to be universal and valid both for people without psychiatric disorders and those suffering from mental illness. It should be emphasized however that effects of such events can to a considerable degree be determined by the qualities of artworks and information about artists presented. Different mechanisms to counteract discrimination and self-discrimination with regard to mental patients must be taken into consideration.

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