Silenced: The impact of mental health themed artwork in a workplace setting

This is the Accepted Version of the final output.

Silenced: the impact of mental health themed artwork on the viewer

Come with me, look, I'll show the way. Here's the gate, this is my world. I won't come with you, I want you to look around you, not look at me, not talk to me because you will miss so much but I will wait here for you I will wait, wrapping the twilight around me, hiding, while you stand in the blinding, white winter sunlight, unable to hide what you have learnt. Terrifying but I need you to understand, so pay attention to everything but be careful not to lose yourself. I think you will be safe as long as you don't try to change anything. I will not be there, I will be waiting at the gate but you will see ghosts of me being hurt, hunted, haunted, you will feel it but you mustn't interfere, remember you are only there to experience, interference will trap you in my world and you will be hunted too. Don't be a hero, soldier, priest, doctor or friend, just experience as a human. Don't take anything for granted, be wary, it's not a safe place even for you.

These are the words of Vicki, an artist and mental health service user who died tragically three days after her 33rd birthday. She left behind explicit instructions for her artwork to be exhibited, wanting others to see, experience, and contemplate it. She knew this may be difficult for the viewer.

Exhibiting Vicki's work
A colleague of Vicki's contacted me to ask if I'd exhibit her work in the Institute of Mental Health (IMH). Vicki's art is naive and graphic in style. There is no escape from the horror of what she depicts in her work. It is not hidden, sanitised or presented symbolically. Scenes include: a female body hanging limp from a noose choking her now broken neck, blood-letting equipment here, there and everywhere, menacing oversized hands with sharpened nails hovering over prostrate female figures, a mind-map displaying instructions for 101 ways to kill yourself, a female child's face broken into fragments, a prom-queen figure carving into her arm with a knife, blood pouring from the wound. The images are brutal, haunting and disturbing. The experiences depicted will be familiar to those working with women who experience mental illness. I experienced queasiness as I first looked through Vicki's portfolio of work. This turned to unease as if I were intruding on her grief and pain. Her colleague sat distressed in front of me. 'She wants people to see it' she said. On reading Vicki's writing and poetry I felt a sense of clarity. My uncertainty turned to resolve. I felt a duty to honour her wishes. In a life that Vicki described as 'tangled' she experienced pain and torment. In her death she was free, to explain, and to share her story through the writing and artwork she left behind.

[insert image 1 here]

I selected artwork for display and had it framed. The work was exhibited in the IMH headquarters. The building houses around 200 staff, the vast majority of whom work on research, clinical and educational issues aiming to improve the lives of people with mental health problems. The organisation has a strong commitment to facilitating creative opportunities for people with mental health problems for example by hosting regular exhibitions of art by mental health service users on themes such as *voices* and *recovery*. Vicki's artwork was displayed in an exhibition area named 'the secret corridor'. This space is on the top floor of the building and is designated for mental health service users to curate and exhibit their work. Some biographical information about Vicki and a selection of her writing and poetry was provided for viewers, aiming to contextualise the work. Mindful of the subject matter, warning signs were hung to alert visitors of potential distress.

Be careful not to lose yourself

A day or two went by before the first complaints were made. Concerns were raised about the traumatising and in some case re-traumatising effect of the work on view. 'Expert' opinions were solicited. It was suggested that the workplace was an inappropriate environment to show artwork of this nature. One anonymous complainant said that displaying the work encouraged crimes against children. Some wrote in support of distressed colleagues. Emotions ran high. The artwork was removed from display after a number of staff threatened to take sick leave and to involve their Unions. Others wrote in support of the exhibition and asked for it to be re-installed. An open meeting was attended by around 15 staff members where views were shared in an often tense and heated exchange. Opinion was divided. Some suggested that the artwork reminded them of painful personal, professional or family experiences. Others suggested that the work should be exhibited but not in a workplace. Wider concerns about lack of involvement in arts programming within the organisation were voiced. Those in favour of exhibiting the work were wary of creeping censorship and some felt it ironic that the organisation shy away from depictions of self-harm and mental distress when such matters are core business in mental healthcare. Eventually a compromise was reached and the work was re-hung in another part of the same building, an area which visitors and staff can choose to visit or avoid if they wish.

You will feel it but you mustn't interfere

The furore surrounding the exhibition of Vicki's work raises a number of issues about mental health, censorship and autobiographical art. Recovery is a watchword in mental healthcare, incorporating concepts of control, acceptance and hope. It is widely promoted yet in reality some like Vicki do not recover. In 2010 more than 5700 people died by suicide (Samaritans, 2012). Vicki's death therefore represents a discomforting truth to those working in the mental health field. Self-harm is often associated with experiences of abuse and feelings of worthlessness. It is the single most common reason for admission to hospital in women aged under 65 (Lunn and Day, 2011).

Stigma about mental illness remains high and many with mental health problems feel disempowered. Those who are stigmatised experience social exclusion and discrimination. This reinforces disempowerment and leads people to become voiceless. Silenced. Exhibiting the creative outputs of people with mental illness is one way of acknowledging their experiences however painful and tangled. It also allows the opportunity to showcasing ability rather than pathology thus can have an empowering function. The IMH supports the involvement of mental health service users and advocates displaying their artwork as a mode of social inclusion, a stimulus for raising awareness of mental illness, and as a way to enhance the aesthetic environment in the building.

Disentangling the reactions

Vicki warned us not to interfere. Yet we did. We lost ourselves, we responded to our own emotions, complaints flooded in. Vicki's work was censored; the work removed from display. '*Interference will trap you in my world and you will be hunted too'.* Those haunting words now seem prophetic. After all we have choices whether to look or not. What does this reveal about our tolerance for images of pain? In a wider context, we live in a society where we are bombarded by shocking images for example of casualties of war, terrorist attacks, and graphically sexual advertisements. Such images can act as triggers for stress responses even when we are not directly impacted by the content (e.g. Ivy et al, 2011).

Mental illness is common. It is multifaceted and idiosyncratic and can raise a gamut of emotions; sadness, pain, agony, frustration and sometimes there is (black) humour. Some of those viewing the work may have had similar experiences to Vicki. This raises the possibility of retraumatisation. Autobiographical art may evoke empathy in the viewer. Notably the viewer feels *for* the other but does not feel *as* the other, the latter suggesting a lack of empathy. Artwork dealing in trauma can have a vicarious impact on the viewer, acting as a trigger for personal and perhaps repressed memories (Bennett, 2001). This may also be termed 'secondary trauma' (Hartman, 2002) and explains the distress experienced by viewers. Those working in the mental health field may be more sensitised to the content of Vicki's artwork and therefore respond more intensely. Her work deals with suicidal ideation and death, invoking a sense of one's own mortality, so called empathic identification (Smith, 2012). Such affective responses can also have a contagion effect, and could explain the concerns raised amongst colleagues. This may also be explained by the psychological phenomenon of groupthink where a desire for group conformity can lead to insufficient critical evaluation of alternative viewpoints.

It is well documented that staff working in the mental health field experience stress and burnout (e.g. Edwards et al, 2000; Evans et al, 2006). This can sometimes be due to vicarious traumatization that is, the transformative negative impact of empathizing with their clients' traumatic experiences (Pearlman and Mac Ian, 1995). Vicki's artwork does not deal in recovery and redemption. She knew that the work was distressing: '*it's not a safe place*'. In her creative catharsis she made visible a form for the unbearable and the unspeakable. Imagine hating yourself and your body so much that you cut it, bleed, and want to die. This is the reality of mental distress for some and those working in mental healthcare will encounter this routinely. Why then don't we wish to see depictions of mental distress? Perhaps because it is too painful, too close to home, too depressing. Maybe it exposes our powerlessness as we are unable to help. Vicki refers to her own autonomy and speaks directly to those who helped her '*don't try to change anything*'. For some death is the only escape, despite all the help, treatment and expertise that can be provided. For those who have professional status as a 'recovery enabler' and an investment in the mental health system this may serve up unpalatable truths. That what we are offering may be ineffective, unhelpful or worse. Ultimately we are powerless over other peoples' lives and choices.

In closing I return to Vicki's words. She requested we put aside our professional roles to look and learn '*Don't be a hero, soldier, priest, doctor or friend, just experience as a human*'. There are many treatments on offer in contemporary mental healthcare such as cognitive behavioural therapy, anti-psychotics, anti-depressives, hospitalisation, and outpatient care. Sometimes however the best we can do is simply to be present.

Vicki asked for us to witness as fellow humans, nothing more. In that we have let her down.

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