

**AUDIENCE OBSERVATIONS OF ART, IDENTITY AND SCHIZOPHRENIA:
POSSIBILITIES FOR IDENTITY MOVEMENT**

A thesis submitted in partial fulfilment of the
requirements for the degree of

MASTERS IN COUNSELLING PSYCHOLOGY

of

RHODES UNIVERSITY

By

KIRSTEN FARQUHARSON

January 2014

Abstract

This research situates itself in the study of stigma in mental illness. In particular, the aim is to explore the potential that art making and exhibiting has in reducing stigma for those with a diagnosis of schizophrenia. The research explores one aspect (the exhibition stage) of an “art as therapy” project. The exhibiting of one’s artwork aims to counter limiting “patient” identities by allowing those labelled as psychiatric patients to extend their self-identity to an alternative identity of the “artist”. However, this idea only stands strong if the artwork created is not discriminated against as “naïve art” and is accepted or at least considered for acceptance as legitimate nonprofessional artwork. This research explores the ways in which art created by inpatients with a diagnosis of schizophrenia is received by the general art-viewing public at the National Arts Festival in Grahamstown, South Africa. The study uses a discourse analytic framework to analyse the interviews of members of the public who attended the art exhibition of patient artwork. It will examine the ways in which the public construct the artworks and how they position the makers of this art across a continuum, from patient to artist. The results of this thesis have implications for rehabilitation practices for people with a diagnosis of schizophrenia particularly with regard to opportunities to “perform” alternative identities in public spaces.

Key words: Art, Identity, Schizophrenia, Stigma, Discourse, Public Perceptions.

Acknowledgements

In the writing of this project I was reminded of an old Japanese proverb that says “fall down seven times, get up eight”. Through each down time there were people in my life who helped me up tirelessly and to those people I am forever grateful.

Firstly, I would like to thank the participants for their time taken to partake in my research and their willingness to share their valuable opinions. Without willing participants there would have been no information to work with and thus their generosity is indispensable.

I would also like to thank my friends for their endless support and willingness to hear my complaints. Thank you for always being there to help me with whatever I needed, whether it was a shoulder to cry on, a glass of wine to celebrate with or even physically sitting with me while I worked to keep me focussed.

To my fellow classmates/colleagues with whom I stood together with for many late hours and teary phone calls trying to beat the beast that is “research”. Starting as strangers you have become my closest friends and I am so grateful for all the memories that I will hold dear to my heart.

To my family for putting up with my moments of stress and anxiety and for always being there to keep me motivated and energised. Thank you for your understanding and your endless support.

Special thanks also to Professor Maureen de Jager for her expert advice and input with regards to the artistic aspects of the project. Thank you for being willing to give up your time to help me with anything that I needed.

And finally, the person whom I am the most indebted to, I would like to give a special thanks to my supervisor Dr. Trudy Meehan. Without her this project would definitely not exist. Her generous guidance and warm heart introduced me to this project in 2011 and she has stuck with me in the laborious task from my honours project through to the expansion that is this master’s project. Thank you for putting up with me through the times of “draft droughts” to supporting me unconditionally in times of intense work. Thank you for always believing in my abilities and helping me find my potential.

Table of Contents

Abstract..... ii

Acknowledgements iii

Table of Contents iv

Chapter 1: Introduction 1

 1.1 Background to the Study 1

 1.2 Research Problem and Objectives..... 2

 1.3 Outline and Structure of the Study..... 2

Chapter 2: Literature Review..... 4

 2.1 Identity Formation and Schizophrenia 4

 2.2 Schizophrenia and its Associated Stigma..... 7

 2.3 The South African Context 9

 2.4 Effects of Stigma on Identity 9

 2.5 Decreasing Stigma..... 11

 2.6 Outsider Witnessing 12

 2.7 The Use of Art in Identity Construction..... 13

 2.8 Stigma Associated with Art done by Inpatients with a Diagnosis of Schizophrenia..... 16

 2.9 My Research Trajectory 18

Chapter 3: Research Methodology..... 19

 3.1 Research Paradigm and Framework..... 19

 3.2 Research Questions 20

 3.3 Participants 20

 3.4 Data Collection..... 21

 3.5 Data Analysis and Interpretation..... 22

 3.6 Reliability and Validity 24

 3.7 Ethics..... 26

Chapter 4: Analysis and Discussion 28

 4.1 Psychiatric Discourse 28

 4.2 Developmental Discourse 34

 4.3 Artistic Discourse..... 42

 4.4 Political Correctness..... 47

Chapter 5: Conclusion	56
5.1 Summary of Findings	56
5.2 Personal Reflection	59
5.3 Strengths and Limitations to the Study	60
5.4 Trustworthiness and Quality	62
5.5 Recommendations for Future Research	63
5.6 Practical Implications	63
5.7 Conclusion.....	64
Reference List	65
Appendix A: Letter of Ethical Approval	70
Appendix B: Final Interview Schedule	71
Appendix C: Full Transcripts	72
Participant 1: Amanda.....	72
Participant 2: Brenda.....	73
Participant 3: Carla.....	74
Participant 4: Damba.....	75
Participant 5: Edgar.....	76
Participant 6: Fred	77
Participant 7: Grace.....	79
Participant 8: Hannah.....	80
Participant 9: Ingrid.....	82
Participants 10 & 11: Jack & Katlego.....	83
Participants 12 & 13: Luke & Mpho.....	86
Participant 14: Nelson	87
Participant 15: Oscar	90
Participant 16: Patrick	91
Participant 17: Quinn	92
Participants 18 & 19: Sam & Thabisa.....	93
Participants 20, 21 &22: Ursula, Viola & Wandile.....	96
Participant 23: Xolisa.....	100
Participant 24: Yekile.....	101
Appendix D: Examples of Art Work Displayed at The Exhibition	103

Chapter 1: Introduction

This research takes place within a larger project that is investigating the use of art as a vehicle for movement in terms of the identities of individuals with a diagnosis of schizophrenia. This part of the study is focussed on audience reactions to art created by inpatients with a diagnosis of schizophrenia.

1.1 Background to the Study

The late Mark Hipper, a fine arts senior lecturer at Rhodes University posed the question “is there life after mental illness?” (Meehan, 2011, personal communication). It has been suggested by researchers (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker, Lysaker, & Lysaker, 2001) that individuals diagnosed with mental illnesses such as schizophrenia become identified only through their illness. Their stories are unheard, and rather the only subject that is of any relevance in their lives is their mental illness. It is these stories that Hipper became inspired by. He started an art group with inpatients at a psychiatric hospital. The group was open to a number of individuals diagnosed with various mental illnesses, the most common of which was schizophrenia. He believed that by offering individuals a space to make original and expressive art, and then placing it in a space where the works would be taken seriously, it could function to reduce stigma and as such emphasise that there is life after diagnosis. It was his hope that, by exhibiting the works, the individuals would be noticed rather than being hidden behind their diagnosis.

Narrative theory practitioners formulate that individuals can become subjugated by a dominant identity and discuss the possibilities of exploring alternate identities in therapy (Carr, 1998; White, 2007). Performing an alternative identity is complex and involves more than the individual’s own personal acceptance of the alternate identity (Epston, White, & Murray, 1992; White, 2003). According to social constructionist theory, we are constituted by the roles we are placed into by others in society. Therefore one’s performance of an alternative identity requires permission from witnesses within that society (White, 2007). Narrative practitioners (Freedman & Coombs, 2009; Hegarty, 2003; White, 2003) term this process “outsider witnessing”.

Mark Hipper wanted to allow inpatients access to an alternate identity and through the use of art as therapy he hoped that they could be seen as “artists” by an art-viewing public at an exhibition of the works. Hipper tragically did not live to see the group to its final objective but

the art group continued to meet every week even after his death and an exhibition of the works was held at the National Arts Festival in Grahamstown during July 2011.

1.2 Research Problem and Objectives

The exhibition of art exhibited by mental health service users becomes the backdrop for this research study, which aims to explore the ways in which art created by inpatients with a diagnosis of schizophrenia is constructed by the general art-viewing public. It is hypothesised that the appraisals of the artworks reflects the identity of the creator of the art and thus can be linked to ideas of performance and identity movement. The study investigates the possibility of audiences accepting the performance of an alternate identity of “artist” or whether the dominant identity of the “patient” has grip too firm to move.

1.3 Outline and Structure of the Study

This study is structured into four remaining chapters. Chapter 2 includes the relevant literature that pertains to this subject. In doing so the literature has been split into eight sections. The first of these sections will look at basic identity formation and the effects that a diagnosis of schizophrenia has on the formation of identity. The second section offers a description of the stigmas that exist within mental illness followed by the ways in which these perceptions influence the formation of identity. The negative perceptions of individuals diagnosed with schizophrenia have a detrimental effect on identity formation in that individuals are not granted access to an alternate identity other than that of the “patient”. It will be shown in this chapter that the negative effect that stigma around schizophrenia has on identity formation is significant, making the reduction of stigma a necessity. The fourth section details methods of decreasing stigma. Narrative therapists have used a process called “outsider witnessing” to facilitate the forming and accepting of alternate identities. This process as well as the narrative theory behind it will be explained in more detail in this chapter. The fifth part outlines how the process of outsider witnessing can be used to decrease stigma and explore a performance of alternate identities. More specifically, the use of art as a form of therapy within an outsider witnessing process is explored in the following sixth section. Art has long been used to access a deeper understanding of psychiatric patients; however, in this section it will be shown how art can also be used to create spaces for alternate identities. The effects that this has on the lives of those diagnosed with mental illness will be discussed in section seven as well as how the negative

prejudices and stigmas surrounding art created by mental health can have an effect on the performance of alternate identity. The intention of art construction and the context in which that art is exhibited has an important influence over how the work is constructed by an audience. Included in the sixth and seventh sections are discussions of art and the expectations of art according to the context in which they are presented. This opens the area of audience constructions of the art and is the space in which this research will be positioned. The end of this chapter makes clear the trajectory that this research will take within the realm of this literature.

Chapter 3 details the methods used in the research. The interviews were analysed in a discourse analytic framework so as to make clear the linguistic nuances that construct reality. However, finding accurate representations of reality is impossible as a qualitative discourse analytic study is, at its core, subjective even when every attempt is made to make it as objective as possible. Due to this a focus on reliability and validity within a discourse analysis is provided to show how such subjectivity was managed within this study. Further particulars of this discursive analysis are detailed in this chapter.

The analysis and discussion of the actual findings is provided in chapter 4. This is broken down into three main constructions that are seen in the texts namely: Psychiatric Discourse, Developmental Discourse and Artistic Discourse. These discourses are understood as the repertoires that audiences had access to in order to construct their understanding of why the art was being exhibited. It was seen in all three discourses that participants did not want to explicitly speak negatively about the art and as such a fourth section is included in this chapter to explore this aspect of the interviews.

The final chapter will conclude the findings as well as allow space to critically engage with the findings and bring to light limitations of the study and recommendations for future study.

Chapter 2: Literature Review

This chapter will explore the literature surrounding the research topic so as to position the research question within a broader body of knowledge.

As already described above, the exhibition was part of a community engagement initiative conceptualised by the late Mark Hipper, that involved a weekly art group and the exhibition. The art group and exhibition were set up to provide spaces where mental health service users could practise and be supported in the performance of the alternative identity of “artist”. The exhibition aimed to recruit the community (art-viewing public) as witnesses to the repositioning of the “patients” as “artists”. The following literature positions this aim in literature by exploring identity formation, schizophrenia, stigma and ways of reducing stigma using art as well as introducing the narrative practice of “outsider witnessing”.

2.1 Identity Formation and Schizophrenia

Many theories have formed on the process of identity formation. The basic principle is that identity is seen to be dialogical and is made up of both internal processes as well as social perceptions (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001). The argument is that there is no central core to the self but rather multiple voices which talk to each other like characters in a play. These characters negotiate their hierarchy according to different situations and produce one coherent story which makes sense of one’s life contextually and gives it meaning (Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001). The stories shape the identity in both a private and relational manner due to the roles played in the stories, (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001). For example one may be a daughter at home but a team player on the sports field. People become defined according to who they are in relation to others and internalise these thusly (Lysaker et al., 2001). This combination of internal processes as well as social perceptions creates both an inner or hidden and an outer or shared part of self-identity (Estroff, 1989). Common understanding of identity is that these processes are dynamic and multifaceted, overlapping to make an integrated whole (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001).

Focussing more on schizophrenia, Estroff (1989) highlights the detrimental effects that the presence of schizophrenia has on the way that identity is constructed. As stated in the

Diagnosics and Statistical Manual of Mental Disorders (DSM-IV) schizophrenia “is a disturbance that lasts for at least six months and includes at least one month of active-phase symptoms (i.e. two [or more] of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behaviour, negative symptoms)” (American Psychiatric Association, 1994, p. 273). Individuals diagnosed with schizophrenia are often unable to determine reality from fantasy and as such experience difficulties in identity construction as they are unable to accurately internalise social roles (Meehan & MacLachlan, 2008). Through a process of self-disruption, schizophrenia can be seen to disrupt and dominate the narrative structure of identity formation (Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001). Estroff (1989) explains this further by showing how schizophrenia is an “I am” illness and thus has the ability to overtake and redefine a person’s identity. It is not an illness that one has, it is an illness that one becomes; one becomes a “schizophrenic” (Estroff, 1989). Individuals can be seen to over-identify with the “sick role” in this way (Estroff, 1989; Lysaker et al., 2001). Individuals lose other possible identities (e.g. schoolgirl, hockey player, teacher, architect etc.) due to the power of becoming a schizophrenic (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001). Estroff (1989) argues that such role constriction is because of social and interpersonal processes and not just because of inevitable symptoms or neuro-chemical abnormalities; people diagnosed with schizophrenia gradually lose the social roles that they held before diagnosis and only become actively engaged in the role of being “schizophrenic patients”. This results in a loss of positive social roles and is conceived by Estroff (1989) as the process of chronicity. With limited positive roles, the process of chronicity leaves individuals with dominating negative roles to be used in the construction of the story of their identity (White, 2003). Narrative therapy theorists term this a “dominant problem story” or “master identity” (White, 2007; Reynolds & Priori, 2006).

According to narrative therapy theory one’s identity is fluid and subjective (Besley, 2002). The roles one holds in one’s life can be seen to shape one’s identity in that roles directly influence the narrative of one’s life (Besley, 2002). This story can change the way a person identifies themselves. Carr (1998) further clarifies this by adding that it is the stories that people tell about their lives, within the roles that they are living, that shape their experiences. The language that is used in the stories as well as the meaning that is attributed to the language can further influence a person’s identity and could become dominant in a person’s narrative. For

example, if a girl diagnosed with schizophrenia lives out the role of the schizophrenic patient then she will speak about herself in this context, which will influence her identity. If this girl were to understand her mental illness as something that makes her “sick” or “incompetent” or a “patient”, she is likely to experience this about herself. This may influence the way she acts and she may not want to leave her home because she believes that as a sick person she *should* (according to what is dictated by certain discourses) take it easy and get some rest. This means that her experience of life is influenced through the lens of her dominant problem story (that is the story of a schizophrenic patient).

Yanos, Roe, and Lysaker (2010) name this form of identity the “illness identity”. Their research proposes that recovery can be affected by shouldering the identity of the mentally ill, as well as the negative prejudices that mental illness is associated with (Yanos et al., 2010). With limited roles, an individual’s narrative can become dominated with the illness identity and one’s experience of life could become influenced through the lens of one’s dominant problem story.

Whilst there appears to be a strong relationship between the patient, schizophrenia and the society in which they live, it must be noted that having an illness does not necessarily signify negative consequences. In fact, sick role theorists argue that having an illness can result in an augmentation of an individual’s identity and can strengthen positive aspects of an individual’s identity (Reynolds & Priori, 2006; Shilling, 2002). Such positive aspects are focussed on by narrative therapists in attempting to thicken alternative ways of being for individuals. White (2007) argues that in discussing alternative ways of being one can bring to light the neglected but often potentially significant aspect of one’s identity. This can have a profound effect on one’s self-esteem and can be seen to empower individuals in their lives (White, 2007).

The possibility of exploring alternative identities is important and possible according to narrative theory practitioners and broadening the scope for discussion in therapy has been recommended in some treatments of schizophrenia (Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001; White, 2007). However, it is most commonly understood in the realm of mental health that the diagnosis of mental illness, such as schizophrenia, can take over an individual’s identity resulting in a loss of positive identity positions and therefore only being able to identify with illness as a role and its associated biases or stigmas (Estroff, 1989; Lysaker & Lysaker, 2001; Lysaker & Lysaker, 2002; Lysaker et al., 2001).

2.2 Schizophrenia and its Associated Stigma

Narrative therapy theory takes place in a social constructionist paradigm, which positions identity as being constituted within social systems (White, 2003). The view held is that “all knowledge, and therefore all meaningful reality, is contingent upon human practices being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty, 1998, p. 42). Therefore in working towards thickening an alternate identity and seeing past the preconceived ideas and judgements, it is important to understand what negative stigmas exist as these can influence the construction of identity.

Discrimination related to psychiatric disorders and people diagnosed with them is receiving increased interest and attention from researchers (Botha, Koen, & Niehaus, 2006; Estroff, Penn, & Toporek, 2004; Gaebel, Baumann, & Phil, 2003; Kondrat & Teater, 2009). Before one can begin to understand how individuals diagnosed with schizophrenia are affected by stigma, a definition of stigma must be identified. Kleim et al. (2008) outline stigma as “negative stereotypes in the community” (p. 482). They continue to say that such negative stereotypes occur when broad negative generalisations are spread about a group of individuals within the community (Kleim et al., 2008, p. 482). Kondrat & Teater (2009) further clarify that the discrimination received by an individual from other members of society is termed “public stigma” (p. 482). When a person starts to believe the negative reactions of public stigma and applies these to themselves it is termed “self-stigma” (Kondrat & Teater, 2009, p. 482).

The attitudes related to people with psychiatric disorders among persons diagnosed with serious mental illness and the public is multidimensional (Estroff et al., 2004). However, the general public view of mental illness is a negative one (Botha et al., 2006; Couture & Penn, 2006; Estroff et al., 2004; Gaebel et al., 2003; Van Hoecke, 2009; Wilson, Nairn, Coverdale, & Panapa, 1999). According to the available research people suffering from severe mental illness are seen as dangerous, unpredictable and having a poor prognosis (Botha et al., 2006; Couture & Penn, 2006). Couture and Penn (2006) in their study on the effects that interpersonal contact has on the stigma of mental illness, found that people diagnosed with a severe mental illness in the United States of America, are less likely to have apartments leased to them, receive adequate health care, have job opportunities given to them and are more likely to have a lower quality life as a result of negative attitudes towards them. This finding was also found in a study done in

Germany where 16% of participants would be uncomfortable walking next to someone diagnosed with schizophrenia, more than a third of would be concerned if a person diagnosed with schizophrenia moved into their neighbourhood, more than 40 % of participants would not be willing to share a room with a diagnosed person and over 70% of participants would not marry someone with the diagnosis of schizophrenia (Gaebel et al., 2003, p. 658). With similar findings in Canadian research (Stuart & Arboleda-Florez, 2001) it was seen that participants were more likely to want distance themselves socially from the diagnosed when the potential for intimacy increased (Gaebel et al., 2003).

Wilson et al. (1999) state that examples of negative generalisations that perpetuate stereotypes can be found in the way media constructs individuals with mental illness. The media is an important source of information and thus highly influential in terms of public perceptions of reality (Wilson et al., 1999). People engage with media stories using discursive resources such as language, images and stories (Wilson et al., 1999). Whether they are accepting, challenging or rejecting ideas given by the media they are still engaging with them at some level. Frequent exposure and engagement to these ideas can create self-validating impressions of the validity of these ideas and understandings (Wilson et al., 1999). Wilson et al. (1999) in their research, explore how the mentally ill are depicted in prime time television dramas in Australia and New Zealand. What was determined by this study was that most of the impressions depicted about mental illness were negative – showing people suffering with severe mental illnesses to be a threat to society, abnormal and confounded (Wilson et al., 1999).

According to research done by Van Hoecke (2009), a similiar idea is shown in British newspapers where people suffering from mental illness are seen to be icons of “madness and badness” (p. 35). For Van Hoecke (2009) this stigma is created by the British media to fulfil a social function of scapegoating. She argues that by othering the mentally ill it serves to make society feel whole. The truthfullness of this claim is unimportant for this study but the underlying premise of mentally ill as “bad” is still there.

Symptoms are rarely revealed in the media and as such mental illness is considered in the same light regardless of severity or type. This causes, according to Wilson et al. (1999), a generalised “mental illness” label, which can confirm prior understanding of viewers because there is no information revealing otherwise. Regardless of the nuances of the diagnosis, patients diagnosed with schizophrenia are put under that same label of schizophrenic by common

discourse. In England 600 000 people have been diagnosed with severe mental health problems, such as schizophrenia (Van Hoecke, 2009). However, only one percent of this population requires intensive care as a result of being a risk to either themselves or society at large (Van Hoecke, 2009). Such outmoded language narrows the issue and excludes many people (Estroff et al., 2004).

2.3 The South African Context

In South Africa it is estimated that 16.5% of the population suffer from a mental disorder (Bodibe, 2010). However many of these psychiatric disorders go undiagnosed in patients because of the lack of understanding about the illnesses (Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003). When confronted by symptoms of patients suffering from schizophrenia, in a study done by Botha et al. (2006), participants described the symptoms as being a lack of will-power and stress-related. Misinformation about mental illness negatively impacts on people being accepted back into their community, as symptoms are not seen as transient and treatable but rather an enduring aspect of a personal character (Botha et al., 2006). The individual becomes limited by assumptions of defectiveness and the community struggles to find ways to reconceptualise beyond their psychiatric label (Botha et al., 2006).

Botha et al. (2006) argue that in a South African context mental illness has more negative stigma attached to it within African communities, specifically isiXhosa speaking individuals. Schizophrenia is situated within a western psychiatric discourse and what was found by Botha et al. (2006) is that when experiencing illness the first point of contact for members of the African community is with a faith healer or traditional healer. The understanding of schizophrenia in this discourse is that it is “bewitchment” (Botha et al., 2006, p. 622). Botha et al. (2006) argue that this is possibly why such stigma exists in these communities and suggest that campaigns be introduced to address such problems of discrimination.

2.4 Effects of Stigma on Identity

In adopting the illness identity an individual is subject to difficulty during recovery; however adopting another identity is made difficult by the restrictive effects of stigma surrounding the illness (Yanos et al., 2010). Without successful reduction of stigma, it is difficult to perform alternate identities. Without the possibility of alternate identities the stigmas that are associated with schizophrenia can have a huge impact on one’s dominant identity.

ART, IDENTITY AND SCHIZOPHRENIA

The despair, anger & isolation that results from various forms of exclusion, devaluation, discrimination, and humiliation related to having a diagnosis of psychiatric disorder are persistent and debilitating in and of themselves (Estroff et al., 2004, p. 494).

In the above quotation, Estroff et al. (2004) touch on the broad effect that a diagnosis of schizophrenia has because of the stigma associated with it. Stigma not only has an effect on prognosis but it also has a significantly negative effect on the treatment of mental disorders. Such stigma has been shown to a) cause public reluctance to pay taxes towards mental health care, and b) people suffering from a severe mental illness are unwilling to seek treatment (Botha et al., 2006; Couture & Penn, 2006; Hugo et al., 2003).

Wilson et al. (1999) express their concern that when patients are confronted with uninformed ideas about their illness, the dominate depictions expressed encourage public avoidance of patients, thus leading patients to “oppose facilities that help them” (Wilson et al., 1999, p. 238). Van Hoecke (2009) argues that generalised labels that are used to describe mental illness lead to the association of individuals who are functioning in the community with cases that lead to institutionalisation. This results in all treatment of schizophrenia to be seen equivocally related to the “mad house” (Van Hoecke, 2009). Patients suffer not only from their illness but from the stigma attached to their illness, which is aggravated by the reputation of the hospitals at which they are treated (Van Hoecke, 2009). Individuals are “tattooed by their psychiatric history” (Van Hoecke, 2009, p. 29).

Botha et al. (2006) comment that in a South African context, where clinics are so clearly marked, patients undergo public scrutiny when entering, thus influencing noncompliance to treatment and clinic attendance. Misinformation negatively impacts help-seeking behaviours of patients as well as the acceptance of patients within the community as it is believed that these symptoms are not medical and rather an aspect of personal character (Botha et al., 2006).

Post treatment it becomes difficult for the patient to re-establish the roles lost during the process of chronicity outlined by Estroff (1989). In viewing individuals diagnosed with schizophrenia in such a prejudiced manner, they are less likely to be accepted. They are more likely to be “othered”, thus reducing the possibility for roles to be re-established or new one’s created. The possibility for role expansion for a person is greatly decreased when there is a negative prejudice associated with that person.

2.5 Decreasing Stigma

Looking at the effects that stigma has, highlights the importance of reducing stigma in mental illness. Gaebel et al. (2003) found in their study on public perceptions of schizophrenia that the desire for social distancing is influenced by interpersonal contact and knowledge about the illness. Other studies have shown similar findings (Couture & Penn, 2006; Estroff et al., 2004). Couture and Penn (2006) found that interpersonal contact may have proximal effects on emotional responses. It was found that if “feelings change from anger to sympathy, individuals may be more likely to engage in helping behaviours and further contact with persons with mental illness” (Couture & Penn, 2006, p. 644). Estroff et al. (2004) show that the effects of interpersonal contact on decreasing stigma is strongest when the participants meet as equals, work cooperatively and when institutional support is presented.

Couture and Penn (2006) comment that while interpersonal contact may be a necessary factor to have in moving toward a general attitude change it is not sufficient. Another method of reducing psychiatric stigma is through education. The more one understands about the illness, the more the illness becomes predictable and the less likely individuals are to fear it (Gaebel et al., 2003). Fear is often linked with a lack of understanding and this in turn promotes anger and avoidance (Estroff et al., 2004).

Even though education is not as robust a method of decreasing stigma as interpersonal contact it is still important to have knowledge of the illness and an understanding of how the illness is affected by such stigma. Estroff (1989) makes a moving argument when she says that a person suffering from schizophrenia is one who has a history, gender, kin, social roles. Simply understanding the diagnostic label is not enough. We must also be able to recognise the person over and above the diagnostic label (Estroff, 1989). It is easier to other what one does not understand than to brave the unknown. Thus a failure in treatment is a failure of understanding (Estroff, 1989).

A failure in treatment also means that diagnosed persons are limited in the roles that they are permitted to possess. Rather it can be seen that through the co-construction of identity that diagnosed persons have multiple alternative identity options that can be strengthened (Estroff, 1989). According to White (2007) once a person has discovered that there are alternative ways of experiencing their identity the probability is that the story will be accepted if there are witnesses to enhance the experience. This is termed as outsider witnessing where the individual tells their

story to a group who then reflect on the story they have heard. This process is considered extremely powerful and validating for the client. However in order for the process to work the witnesses have to accept the client without bias and judgement. Judgement will hinder the empathic connection on which the entire process rests.

2.6 Outsider Witnessing

Michael White (2007) comments that a dominant problem story blurs the existence of alternative ways of being and as such an aim in therapy is to explore unique moments in the person's narrative in which alternative ways of being exist. White (2003) writes that for people situated within problem-saturated narratives, changing the problem begins with changing the way one identifies with oneself in the narrative. However, for a person with the symptoms of schizophrenia, the inability to tell reality from fantasy disrupts the internal voices that make up that individual and thus the only method of self-construction is through subject positions (Meehan & MacLachlan, 2008). Meehan and MacLachlan (2008) argue that it is through these subject positions that a self can still be constructed and maintained post-diagnosis.

Narrative therapy practitioners (Freedman & Coombs, 2009; Hegarty, 2003; White, 2003) believe that problem saturated identities (schizophrenic patients) can be reconstituted by asking the broader community to participate as witnesses to the performance of an alternative identity position (performing as an artist by exhibiting one's work). "It is not enough to just tell a new story about ourselves; there must be a performance to a relevant audience" (Epston et al., 1992, p. 98). This performance process is called outsider witnessing and involves asking members of the public to acknowledge and accept the performance of the person's alternative identity through a set of questions and reflections (White, 2007). Outsider witnessing assumes that identity can be significantly reconstituted if significant supporters accept the alternative identity without prejudice (Guilfoyle, 2005).

White (2007) explains that, in witnessing, an audience must aim to "step back from the common ways that people respond to the stories of other people's lives" (p. 189). Should audiences not be able to see past the preconceived ideas, judgements and stigmas in place, then the alternative identity will not be legitimised as a viable reality but rather a symptom of the current dominant identity.

Carlson (1997) writes about the use of art to communicate an alternate identity. In studying the case of Misty, Carlson (1997) reviews how art can be a tangible way for clients to

form new associations with their problems as well as physically share these new ideas with audiences. This provides a platform for a simple version of an outsider witnessing process. Within an outsider witnessing practice the performing party will be present for the witnessing to gain direct validation for their performance of an alternate identity (White, 2007). With an art exhibition this is not the case as audiences are free to muse independently. With inpatients performing the identity of artist through the exhibition of their work, audiences can be invited to witness the work and thus validate the alternate identity performance but the inpatients are likely to never directly hear these validations. As such, in the exhibition focussed on in this research, an altered version of the outsider witnessing process was used with the creation of art giving patients the opportunity of performing the identity of artist (Meehan & Farquharson, 2012). Audiences were invited to reflect on the work and this information was analysed with the intention of being given to the artists at a later stage. It is hypothesised that by exhibiting the art done by inpatients, in order to perform the identity of artist, the individuals can engage in successful role expansion (Meehan & Farquharson, 2012). However, this is contingent on the audience acceptance of the alternate identity performance and therefore an acceptance of the work exhibited as artwork (Meehan & Farquharson, 2012). The process if considered altered in that the patients were not present for the process of witnessing and thus the possibilities for movement are restricted. This makes the process theoretically fitted with an outsider witnessing but practically very different.

2.7 The Use of Art in Identity Construction

Pam Bourna (1981) states that art has the ability to allow for intense self-discovery and that through the use of art one can discover more about the “mysterious, irrational, verbally inexpressible parts of our personalities” (p. 67). The aim of the art exhibition reported in this study was for the individuals previously positioned as “patients” to present to the wider community the alternative identity position of “artist”, so that the community could begin to have a broader view of the identity possibilities available to this individual and challenge the stigma associated with such a diagnosis. The relationship between art and artists is reciprocal (Taylor & Littleton, 2008). If the work is considered art then it follows that the creator will be considered an artist (Taylor & Littleton, 2008). Thus the power of this hypothesis rests on the work being viewed as art and therefore an exploration of what defines art needs to be explored as

well as the possibility of patients diagnosed with schizophrenia being able to produce art according to this definition.

Understanding a complete definition of art would open an area of literature that far exceeds the limits of this research. Ina Loewenberg (1975) attempts to answer a portion of this question by distinguishing the line that can be drawn between meaningful expressions and objects that claim to have meaning but are utterances claiming approval. Loewenberg (1975) attempts to explore this question by looking at speech and art together and whilst conclusions are difficult to draw she highlights an important aspect of “intention”.

Kemp (1964) explores this notion of intention further and outlines that the overall intention in art making is to communicate. Just as words are carefully constructed into sentences to accurately communicate a message so do artists shape visual mediums so as to communicate their intended message (Loewenberg, 1975). Kemp (1964) argues that art critics are split, with some holding the belief that you do not need to know the artists intentions in creating the work in order to review it and the opposition arguing that one cannot appreciate a work of art if one does not know the intentions of the artist who created it. The debate continues but in either situation it can be seen that the expectation given for artworks is that everything presented is consciously intended by the artist.

As previously stipulated the works in this project have been created by individuals with a diagnosis of schizophrenia. According to Freud (cited in McNiff, 1974), the difference between an artistic creativity and psychic disturbance is the ability to return to the real world. Based on this assumption, it was understood by Freudian psychoanalysts, that patients diagnosed with schizophrenia are unable to create art because of an inability to distinguish between reality and fantasy and maintain conscious awareness. McNiff (1974) challenges this idea by introducing a patient by the name of Pricilla. Pricilla suffers from schizophrenia and undergoes art therapy as part of her treatment. According to Freud, Pricilla is unable to return to reality and remains constantly in fantasy. This shows, according to McNiff (1974), an underestimation of the conscious in art. The unconscious is important for art for reasons of motivation and inspiration but the conscious is also significant in resolving problems in terms of composition perspective and other factors related to the artwork (McNiff, 1974). Rather than view the art as a product of the unconscious mind alone, McNiff (1974) argues that the art produced is a sign that the patient is making conscious decisions about their artwork (in terms of colours and textures) and is thus

functioning at a highly integrated behavioural level. Her art is therefore a manifestation of personality strength and her ability to create art is a clear sign that she is functioning on a highly integrated behavioural level.

McNiff (1974) hopes that Pricilla's case will be able to dispel the negative notions associated with art that is created by psychiatric patients. In this context the case of Pricilla can be used to show that the possibility for art making in a therapeutic environment exists. However, the intentions of art making in art therapy are slightly different to those in art making for art's sake.

"Art therapy" is the use of art for therapeutic self-expression (Linesch, 1988). Art made during art therapy is used to "gain awareness, reality testing, problem solving, revealing unconscious material, catharsis, working through conflicts, integration and/or individuation" (Landgarten, 1981, p. 3). Art made for art's sake aims to carefully construct thoughts and feelings already in the conscious mind so as to effectively communicate them to an audience (Kemp, 1964). Whereas art created in art therapy is aimed at communicating thoughts in the unconscious mind to the individual experiencing them (Case, 2006; Landgarten, 1981; Malchiodi, 2011). Thus it follows that art created in art therapy cannot be considered as art as the intention is not to communicate to audiences but to oneself.

A middle ground between the art and art therapy can be found in art made *as* therapy. According to Heenan (2006) art plays a two-fold role in therapy. It can be used as a care strategy for patients in terms of breaking down mental health problems, namely art therapy – as well as playing a key role in reintegration into the wider community, namely art *as* therapy (Heenan, 2006). Due to the link between the art and the unconscious in art therapy, interpretations of the art can be made for psychological purposes and separated from the realm of art. Whereas art made *as* therapy is different in that it is the conscious aspect of making the art that is considered therapeutic and therefore has the possibility of being considered art due the conscious link. The latter of the roles outlined by Heenan (2006) is how it has been used for the exhibition, with the aim to not only provide the inpatients with a voice but to aid in improving the way that people with mental illness are viewed through using the artwork as a method of communication (Heenan, 2006).

Intellectually this concept makes sense; however, in practice the lines are more blurry. Contextually the patients created the art in the same environment that they would have as an art

therapy group. According to a study done by Heenan (2006) patients that undergo art therapy or art *as* therapy show signs of improvement in three areas, namely: self-esteem, safe space and empowerment. Participants in the study felt an improved sense of esteem and confidence after the art sessions as they felt they could use their art as a medium for addressing negative images about their selves (Heenan, 2006). Also with this confidence and ability to address themselves the participants found strength to engage with their mental health difficulties that they felt had affected their self-esteem (Heenan, 2006). The reason that the participants felt able to address such issues is that they felt the art class was a safe place (Heenan, 2006). A group identity formed and the participants felt safe to explore issues without fear of judgement or discrimination (Heenan, 2006). This sense of unity also led to a sense of empowerment for the participants (Heenan, 2006). Thus it can be seen that the group was utilised in a very similar way to that of an art therapy group.

In a provisional analysis of patients' experiences (in a forthcoming paper) positive effects seen in the study done by Heenan (2006) were experienced by the patients through the creating and exhibiting of the art. However, patients were also able to explore the alternate identity of artist. As can be seen in Estroff's (1989) theory of chronicity a patient diagnosed with a mental illness can be in a position where the only role that they can identify with is that of their mental illness (e.g. schizophrenia). Their roles are constricted by society to a point that they feel disempowered and helpless (Estroff, 1989). It was hypothesised that by engaging in art therapy a new identity of artist can be discovered by the patients and a sense of empowerment gained through the independent decision-making processes that one has over one's artwork (Heenan, 2006). This can provisionally be seen to be true by the work done in analysing the patients' views on their art making process. They were able to see themselves with the identity of artist.

2.8 Stigma Associated with Art done by Inpatients with a Diagnosis of Schizophrenia

For successful identity acceptance to occur the audience also has to accept the performed identity. Upon review it can be argued that the identity given to artists by their work is mostly influenced by the individuals responsible for the exhibition at which their work is displayed (Karp & Lavine, 1991). The way in which the exhibition is set up can "establish or deny artistic value" (Serviddio, 2010, p. 481). By describing the exhibition as a display of artworks, it opens up the work to an array of criticisms as it is believed that every aspect of the work is intentional

and can be reviewed as such. If describing the work as art therapy then one is opening up the work to prejudiced views about art made by individuals with mental illness.

In looking at the views of art as it is used in therapy the common sense idea is that “if the mind is troubled, one must expect that it will show in the painting” (Lejsted & Nielsen, 2006, p. 510). Historically art made by people with mental health problems has been termed “outsider art” and has been the object of scrutiny by psychologists for many generations (Rosen, 2007). Rosen (2007) argues that the fascination with the human mind guided clinicians to value artistic works of people with mental illness, although not for the value of their artistic merit. Even though their intention was to benefit patients, in that they felt that their art could offer medical insight into their illness, it resulted in an othering of their art as something of medical importance and thus not allowing it to be appreciated as a piece of art in itself (Rosen, 2007). A person’s diagnosis dominated so that the art could not be viewed outside of pathology (Rosen, 2007). The conflation between the person’s illness and the art produced was such that the art could not be viewed outside of a diagnostic lens.

According to Lejsted and Nielsen (2006), the association between the mind and its artwork can be seen in one of two ways. The paintings are seen to represent the mind either because the painting is formed according to the artist’s mind or the view of the artist’s mind is formed according to whoever views the painting. If the first case is true (i.e. the mind informs the painting) then any artwork viewed will be seen as the work of a “crazed” mind and thus not taken seriously as an artwork. If the latter is true (i.e. the painting informs the mind) then any work that is slightly “bizarre” will be associated with a crazed mind and symptoms will be placed on people regardless of their relevance.

In order for the alternate identity to be fully accepted by the audiences, the art must be seen as art in itself and not as the product of their illness. However, should the work succeed in being seen as art in itself then it is subject to critique that expects each aspect of the work to be intentional. Due the context in which the work was made (a hospital setting, with limited art supplies) the likelihood that every aspect of the work was desired by the artist is doubtful. Mostly the artists used what they were given access to and completed the work in the time that they were permitted. The scope for what they could create was theirs, however, their agency in choosing the practical elements were limited and thus borders on the possibility of not being considered art.

This leaves a complex set of decisions for the way in which the exhibition is defined and explained to audiences. With too much emphasis on the artistic ability it will hold the work to an unfair standard and with too little emphasis it will not be viewed as art sufficiently to perform an alternate identity of artist. In the end the exhibition was constructed with the works being marked as work done by inpatients during art therapy group sessions in a description posted on the wall. The work was displayed as a professional exhibition and the works open for purchase. This reduces the expectation of the viewer in aligning it with art therapy but also opens up the space for the work to be seen as art as it is for sale in a professional context.

2.9 My Research Trajectory

As can be seen in the above literature the use of art as therapy can be used as a means of helping patients to both form new identities and reform old identities. Through a process of witnessing it is hypothesised that patients could be reconstituted as artists and have this identity acknowledged by the art-viewing public (Meehan & Farquharson, 2012). As McNiff (1974) attempts to debunk the idea of art made by people with schizophrenia as being different to art made by people without such a diagnosis, it is the question of this research if the general views of the public will react to this type of art as only the work of a mentally unsound individual.

The proposed research draws on narrative theory and practice, and considers the possibility of recruiting community members in the co-construction of alternative identity positions by focussing on the reactions of the people who attended the exhibition.

The research aims to investigate the preconceived values and judgements held by the audiences with the hope of determining whether they have been looked past sufficiently to allow recognition of the alternate presented identity thus allowing for identity movement. Should the work exhibited be seen through similar negative bias it is unlikely that the art will be appreciated as art in itself. Rather the function could shift towards creating more negative biases or reinforcing the biases that are already in place.

The following section describes in more detail the research question as well as the methodology with which this question will be explored.

Chapter 3: Research Methodology

The aim in this project is to explore the ways in which art created by inpatients with a diagnosis of schizophrenia is constructed by the general art-viewing public. The method of analysis chosen was discourse analysis. This fits into the realm of social constructionism, which understands reality as influenced by language and vice versa. In analysing the interviews through discourse analysis the ways in which individuals speak about the art can be made clear and used to understand how schizophrenia is constructed by the general art-viewing public. This section outlines the research aims in more detail as well the way in which these aims will be obtained.

3.1 Research Paradigm and Framework

Due to this research being based on narrative therapy theory and practice it takes place in a social constructionist paradigm. There is no single description of social constructionism. Burr (1995) defines social constructionism as any approach that has at its foundation one or more of the following key assumptions: 1) a critical stance towards taken-for-granted knowledge; 2) historical and cultural specificity; 3) knowledge sustained by social processes; and 4) knowledge and social action go together (Burr, 1995). Crotty (1998) defines the social constructionist paradigm as the view that “all knowledge, and therefore all meaningful reality as such, is contingent upon human practices being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (p. 42).

Fitting within this paradigm the study uses a discourse analytic framework to analyse the interviews of members of the public who attended the exhibition of art created by inpatients diagnosed with mental illness. The framework is based on an outline given by Potter and Wetherell (1987) and is described as “a broad theoretical framework, which focusses attention on the constructive and functional dimensions of discourse, coupled with the reader’s skill in identifying significant patterns of consistency and variation” (p.169). Potter and Wetherell (1987) emphasise that there is no one method of conducting a discourse analysis. All one has is a “broad theoretical framework concerning the nature of discourse and its role in social life, along with a set of suggestions about how discourse can best be studied and how others can be convinced findings are genuine” (Potter & Wetherell, 1987, p. 175). They describe the stages

outlined as a springboard rather than a template and it is for this reason that influences from Willig (2008) will be used to assist in the analysis.

3.2 Research Questions

This paper situates itself in the study of stigma surrounding mental illness. In particular, the aim is to explore how art, which is created by inpatients with a diagnosis of schizophrenia, is constructed by the general art-viewing public at the National Arts Festival in South Africa during July 2011. More specifically the research aims to determine how the general public constructs the art of mental health service users through discourse.

As such, the research aims to investigate how the art maker's identity is constructed along a continuum from "patient" to "artist"?

3.3 Participants

This is an archival study, which will be analysing interviews that were conducted in July 2011 at the National Arts Festival in Grahamstown, Eastern Cape, South Africa. The collection includes 24 short interviews that were gathered using convenience sampling. This is a form of non-probability sampling as it does not ensure randomness in terms of statistical principles (Durrheim & Painter, 2006). Convenience sampling entails a sample that has willingly volunteered and is available at the time of the data collection (Durrheim & Painter, 2006). All interviewees were over 18 and were able to converse in English. This was established due to the researcher being English speaking, and with the form of analysis chosen being discourse analysis, discursive meaning could become blurred if English was not a language of choice for the participant. Discourses analysis is based firmly in the realm of language and the specific words that are used can be seen to construct things in certain ways. Ensuring that the participant could comfortably communicate in English avoided complications of misunderstandings due to vocabulary and other language constraints. The choice of English was also made to avoid the complication of a correct translation. Whilst in South Africa, with eleven official languages and multiple cultures, the ability to speak English does not necessitate that the discourses spoken about by the participants will be universal in nature. However the chances of misinterpretation are much reduced by the researcher and participant being versed in the same language.

3.4 Data Collection

This is an archival study and used transcript data from interviews that were gathered at the National Arts Festival in 2011. Twenty-four interview transcripts were available and all of the transcripts were used for the analysis. The following describes how the original interviews that the transcripts are taken from, were conducted. At the gallery that exhibited art by inpatients with a diagnosis of schizophrenia, general members of the art-viewing public were approached and a short informal interview was requested. The exhibition was set up in a professional format where paintings were on sale at the National Arts Festival in Grahamstown. The original interview schedule that was constructed was semi-structured and entailed a set of seven questions (See Appendix B). Twenty-four interviews were captured at the time of the exhibition at the National Arts Festival during the July 2011 period. Ten of the interviews were analysed as part of my psychology honours research project. The honours research acted as a pilot study as it was limited to a small number of interviews due to it being a smaller honours project. The wider scope of this thesis allows for the analysis of all 24 interviews, which is aimed at achieving a more comprehensive investigation into the nuances and complexity that was lacking in the short honours study.

In a professional context it is understood that work is created for the intention of exhibition. Thus the intention of artists in creating the work is to carefully select mediums to communicate something through their art. Examples of a few of the works on display at the exhibition are included in Appendix D. The information given is consciously and purposely chosen to further the communicative effect of the exhibition. It can thus be assumed that if one sees work at an exhibition the work is understood according to the information given. At the exhibition discussed in this research, the only information given about the work was that it was done by mental health service users at a psychiatric hospital. No further information about the artists' personal lives was given. The way in which the exhibition was constructed was removed from my control as the researcher of this study and thus the influences that the format of the exhibition had on the interviews was out of my control and can only be reflected on during analysis.

Questions were then asked of the general art-viewing public at the exhibition so as to discover how they constructed the exhibition and the work in it. The interviews were all in the form of a "vox pop" which used seven open-ended questions in a semi-structured style. Vox

pops are short interviews that do not indicate the wider public opinion, but provide many different sides of an issue to be shown through the voices of different individuals (Brookes, Lewis, & Wahl-Jorgensen, 2004). It is not the task of this research to hypothesise why participants construct the art in such ways but merely to show how the exhibition was constructed.

Whilst basic biographical information was not necessary for this research, the study belongs within a wider sphere of research and as such biographical information could become important for future investigations. The only biographical information that was recorded with the transcripts was that which could be noted by the researcher such as sex and an estimated age.

This research used already transcribed versions of the recorded interviews. The original interviews were recorded without names to ensure confidentiality. Participants were given pseudonyms to aid the ease of analysis. The original interviews were recorded and were transcribed according to the abbreviated version of the Jefferson method as described by Potter and Wetherell (1987) so as to ensure their reliability upon analysis. The transcriptions were edited so that only relevant data was stored. This means that comments such as “okay” and “mmh” made by the researcher during the asking of questions were removed as it was felt that they did not further the meaning of the data and only disrupt the fluidity of the transcript. Full archival data in the form of the transcripts are included in Appendix C.

3.5 Data Analysis and Interpretation

Typically, in using a discourse analytic framework, there are two extremes that can be used (Wetherell, 1998). Either one can employ the traditions of ethnomethodological or linguistic conversation analyses, which focus on the intricate specifics of text and talk (Wetherell, 1998), or one can utilise a broader investigation that focuses on power relations of text and talk through the writings of Foucault and post-structuralism (Wetherell, 1998). According to Wetherell (1998) it is possible to analyse text using a discourse analytic method that is positioned in the middle-ground between the two extremes and it is this form that will be used in this study. Such a position will allow for a broad view of discursive powers at play whilst still being sensitive to detailed nuances in the limited data available.

The data analysis and interpretation were done according to the analysis outlined by Potter and Wetherell (1987). Potter and Wetherell (1987) outline the process of doing discourse analysis as being “not clear sequential steps but phases which merge together in an order which

may vary considerably” (p. 160). As such, a few recommendations were taken from Willig’s writing on *Discursive Psychology* (2008).

Before proceeding Willig (2008) recommends that one should begin by reading the data repeatedly until it is made familiar to the researcher. As such the transcriptions were printed out and read over a number of times. According to Willig (2008) once the data is familiar to the researcher, it should become easier to see themes develop in the information. Once this occurs one can begin with what Potter and Wetherell (1987) describe as coding. Coding involves finding instances of similarity within the text and linking such extracts in order to prepare for more intensive analysis later on (Potter & Wetherell, 1987). According to Potter and Wetherell (1987) coding should be done as inclusively as possible and aims to “squeeze an unwieldy body of discourse into manageable chunks” (Potter & Wetherell, 1987, p. 167). Willig (2008) further defines this stage as one where sections of the data that link to the research question are highlighted. As such I highlighted sections of data that reveal constructions of the artwork and the makers of the art. This included sections with both implicit and explicit descriptions of the art, the artist and/or mental illness. Common descriptions that were noted between participant interviews were also highlighted and used to structure the analysis.

Following this was an analysis of the coded data. This stage is given little description by Potter and Wetherell (1987) as there is no exact procedure for discourse analysis. They initiate by declaring an expectation of false starts and struggles with the texts until a noticeable pattern emerges. The more inclusive the pattern is and the fewer exceptions that do not fit with it, the more comprehensive and trustworthy the analysis will be (Potter & Wetherell, 1987). This separates the analysis into two main phases; the first being where patterns are found and compared against each other to find the ones that are the most inclusive of the body of text; the second phase being where one questions the function of the text and searches for linguistic evidence (Potter & Wetherell, 1987). A pattern with more linguistic evidence will be more inclusive and thus be a better reflection of the discourses in the text (Potter & Wetherell, 1987).

Patterns that can be found in the text include interpretive repertoires, rhetorical devices, subjective positions, variability and consistency (Potter & Wetherell, 1987). Interpretive repertoires are broad groups of information which cluster to form a relatively coherent way of talking about events (Potter & Wetherell, 1987). One will use an interpretive repertoire when constructing an object, person or process in conversation or interactions (Potter, 1996). A

rhetorical device is a tool that can be seen to further the construction within that interpretive repertoire and make a fact more persuasive (Potter, 1996). An example of a rhetorical device is an extreme case formulation or a pre-emptive denial. Subjective positions are defined as “locations within the structure of rights and duties for those who use that repertoire” (Willig, 2008, p. 116). These are used to give reports more credibility or make certain differences or similarities known between the speaker and that which is being spoken about (Potter, 1996). Inconsistency, fragmentation and contradiction characterise text and talk. It is important to make special note of any variability or consistency and to ignore nothing during analysis (Potter & Wetherell, 1987). Variation and consistency function to show patterns in the data (Potter & Wetherell, 1987). Varied ways of discussing topics can reveal certain hidden but implicit meanings in the ways that the topic is spoken about (Potter & Wetherell, 1987).

Once the interpretive repertoire as well as the various tools being utilised are identified, the data can be analysed according to how the specific patterns function to construct people, objects and processes in certain ways (Potter & Wetherell, 1987). One is required to critically engage with the text and discuss the patterns in terms of their functioning within the discourse as well as the consequences this construction has on the person, object or process (Potter & Wetherell, 1987). It is vital that this takes place only using linguistic evidence from the text (Potter & Wetherell, 1987). The aim of such an analysis is not to judge the participants for their construction but is to explore which repertoires are utilised to inform the constructions and how these constructions take shape. In attempting to do the analysis using a discourse analytic framework, Potter and Wetherell (1987) outline that a part of the process is “a critical interrogation of one’s own presuppositions and unexamined techniques of sense making” (p. 168). A critical reflection throughout the interpretation is thus necessary.

3.6 Reliability and Validity

In a social constructionist paradigm discursive findings are not considered as “accurate representations of reality” (p. 90) and as such reliability and validity threats become difficult to determine (Durrheim & Van der Riet, 2006, p. 90). Reliability is described by Durrheim and Van der Riet (2006) as the degree to which results are “repeatable”. Validity is understood to exist if the results can be generalised to other situations and thus representable of the wider population (Tredoux & Smith, 2006). In a discourse analytic framework the ability to find such results is extremely difficult due to the individual constructions of the discourse made by participants.

Thus the terms dependability and trustworthiness are more appropriate descriptions of reliability and validity in this qualitative study (Durrheim & Van der Riet, 2006). To understand how to increase dependability and trustworthiness Silverman (2006) outlines two suggestions. First one should clearly understand what information is included as relevant in the interpretation. Secondly, the provided extracts are recommended to be lengthy so as to allow the reader the opportunity to find other interpretations.

To further achieve dependability and trustworthiness in research there are some guidelines that can be followed (Denzin 1989; Elliott, Fischer, & Rennie, 1999; Nightingale & Cromby, 1999; Potter & Wetherell, 1987).

Firstly, one must own one's perspective and engage in a critical interrogation of one's own presuppositions through critical self reflection (Elliott et al., 1999; Potter & Wetherell, 1987; Nightingale & Cromby, 1999). Principles of reflexivity should be adhered to so that any of one's own personal biases are apparent in the research (Nightingale & Cromby, 1999). As such, thoughts about my own influences on the research were noted throughout the process and critically reflected on in the concluding chapter. In a discourse analytic framework it is vital that each interpretation is grounded in examples from the text as this will also decrease possible bias from the interpreter (Potter & Wetherell, 1987).

Secondly, the context of the sample must be taken into account (Elliott et al., 1999). Basic biographical information can be used to hypothesise about the background of participants. The participants' context is also made clear through their orientation to the questions. Discourse analysis is not preoccupied with dictionary definitions but rather the participants' orientation towards the research question and as such has genuine consequences in people's lives (Potter & Wetherell, 1987). The participant's orientation is paramount to ensuring that the analysis is trustworthy (Potter & Wetherell, 1987). Potter and Wetherell (1987) offer a method of ensuring this by using the structure of conversation as each reply is "orientated to the previous" question or reply (p. 171).

Thirdly, credibility checks should be made through the use of peer review (Denzin, 1989; Elliott et al., 1999). As such, a person familiar with discourse analysis read over the analysis to improve the reliability of my findings.

Fourthly, one should look to see if the data fits into a coherent framework of understanding and that the explanations cover both the "broader pattern" as well as accounts for

the many “micro-sequences” (Potter & Wetherell, 1987). The more inclusive the pattern of explanation, the more it is considered a valid explanation (Potter & Wetherell, 1987).

Lastly, it is recommended that the research should open possibilities for further investigation through fruitfulness and new problems (Potter & Wetherell, 1987). Fruitfulness is described by Potter and Wetherell (1987) as the “scope of the analytic scheme to make sense of new kinds of discourse and to generate novel explanations” (p. 171). New problems refer to the ability of the research to open spaces for new questions and further research to take place and not only stand to answer one question (Potter & Wetherell, 1987).

3.7 Ethics

Ethical approval was originally applied for and obtained from the Research Procedures and Ethical Review Committee, Department of Psychology, Rhodes University. This specific study fits into the category of an archival study and as such the ethical approval has been extended to include the full collection of interviews. The research was determined to be in the yellow category on the ethics rating code in the ethical standards research protocol.

The potential risks to participants were minimal as the interviews were recorded and stored from 2011 and no further contact with the participants will be made. Also there is minimal risk of identifying the participants as all identifying information has been removed for confidentiality purposes. However, should the participants happen upon the research and recognise themselves, it could happen that the participants may feel embarrassed by what was said about their interviews. Thus it was paramount that the researcher ensured that the analysis was free of personal bias and that only information found in the text was included.

As the participants are not directly involved in the research there are no direct benefits for them. The main benefits of the study are for future researchers and adding to the increasing body of knowledge around this topic.

At the time of the interview gathering in 2011 participants were given information sheets and they offered verbal consent before participating. Participants were also given the option to remove themselves from the data should any complications arise from partaking in the research. None of these occasions arose but they were put in place as a precaution. See Appendix A for the ethical approval for this research.

ART, IDENTITY AND SCHIZOPHRENIA

It was agreed that the data would be given to Dr. Meehan as part of a larger research project. The transcripts will be stored under password protection on her desktop and in a locked filing cabinet for a period of five years.

Chapter 4: Analysis and Discussion

In the following analysis, the method outlined in the previous chapter will be utilised to analyse the 24 interviews. In looking at the ways in which the general public constructs the art of mental health service users through discourse, it was noted that most individuals spoke of the art as something that needed special notice or consideration and used language available to them at the time to construct their thoughts and explain why they believed the art was worth being exhibited. Three main ideas about why the art was being exhibited were found in the interviews and these are discussed in detail in the first three sections. The constructions are referred to as interpretive repertoires and in this research they include a psychiatric repertoire, a developmental repertoire and an artistic repertoire. Interpretive repertoires are described by Potter (1996) as “systematically related sets of terms often used with stylistic and grammatical coherence and often organised around one or more central metaphor/s” (p. 116). Within all these repertoires there is also a common theme of individuals avoiding negative talk around the mental health service users. This politically correct way of speaking is also discussed later in the fourth section of the chapter.

4.1 Psychiatric Discourse

In revisiting Talcott Parson’s sick role theory, Shilling (2002) shows that in western society when an individual becomes ill there are certain obligations that become activated for that person. Individuals are expected to remove themselves from society and get better in a private space such as the home (Estroff, 1989; Shilling, 2002). In making this point, attention is drawn to the ways in which illness is treated within a capitalistic system (Estroff, 1989; Shilling, 2002). Individuals are given the time to get better as quickly as possible so that they can get back to work, making it possible to continue to add to the economy as quickly as possible (Estroff, 1989; Shilling, 2002). If the person had to continue work whilst sick then they would take longer than usual to complete tasks. It is thus acceptable to “go home and rest” and “get better soon” so that normal work can commence as soon as possible (Estroff, 1989; Shilling, 2002). Discursively this creates a divide between a person with an illness and a “healthy” person. Estroff (1989) takes this divide further in saying that it can lead to a process of role constriction where a person loses roles not because of inevitable symptoms and neuro-chemical abnormalities but because of social and interpersonal processes. A person gradually becomes defined by their illness and not

by the previous roles that they held (e.g. lawyer, father, husband). Within the parameters of this research and with specific reference made to mental illness a similar pattern is shown in that certain participants constructed the individuals according to their illness and not according to the person who is diagnosed.

Using psychiatric terminology the individuals were constructed as “patients” in need of help and their art was constructed as the product of their illness. The work was constructed on the latter side of the division between the healthy and the sick and was found to be interesting because of its ability to convey information about the illness not about the person who made it. McNiff (1974) argues that art that is created by people with mental illness is only considered valuable when used to reveal hidden psychopathologies. He argues that this has become a common place view of such art because of the influential impact of Freudian psych-analytic theories (McNiff, 1974). A clear example is with projective techniques used for testing personality. These techniques are largely based on Freudian theories of psychoanalysis and are used in association with mental illness within the realms of clinical assessment (Kaplan & Saccuzzo, 2009). What is most interesting in the interviews is that references to such forms of psychoanalysis are made even if the participant has no formal psychological training.

Extract 1

D: I am interested in psychology and I know a few cases of various mental disorders.

(Damba, lines 8-9)

Extract 2

F: It's what I expected to see out of a mentally ill patient

(Fred, lines 28-29)

Extract 3

J: Once you told me that it was people with mental illness I immediately thought either schizophrenia or bipolar for this one, cause it's like two different personalities in one.

(Jack & Katlego, lines 117-119)

Jack is constructing the art under the premise that schizophrenia and bipolar are similar to multiple personality disorder and create two different personalities. This shows that he has no formal psychological training but is still using the art to make psychological inferences. Having access to the language of psychiatry allows one to make psychological inferences. It can be seen in this that access to a psychiatric discourse is not only permitted to those with formal experience in the field.

This was evident mainly in the responses made by Viola as can be seen in extract 4 below. Just before this extract she says that the work disturbs her because she can see that there are psychiatric issues with the artists.

Extract 4

R: Is there, does it change for you knowing that the artists are diagnosed with mental illness?

V: You can see that. I can see that.

R: You can see that, in what way?

V: Knowing a little bit about um, drawing cause I'm studying teaching. So we know a little a bit, so you can see that. Some of it you can't. Some of the people like that lady over there. Maybe the lines because they a little bit wobbly now that you say that but you can see that in some of the other drawings.

V: Ya and then sometimes they will just draw little squiggles and they don't all have mental illnesses and that type of thing so it differs but I think some of them are more prominent like you'll see some of them where the tongue is hanging out and the teeth you can see that it's that it's what they have experienced and its more and also the lines are very very dark and very um sharp. And that shows anxiety and um there's like you know almost they screaming at the page with their pencil.

(Ursula, Viola & Wandile, lines 60-69 & 104-110)

Viola's reason for being able to see signs of mental illness in the art is because she knows a "little bit about drawing" because she is studying teaching and as such could pinpoint the fact that the works were "all over the place" and that "some of the lines are a bit wobbly". Potter (1996) describes this rhetorical device as a category entitlement. According to Potter (1996) knowledge is "culturally and normatively linked to categories of actors in a variety of different ways" (p. 116). This means that certain categories of people are given more credit in their opinion because they are entitled to that knowledge (Potter, 1996). Viola places herself in the position of having experience in the field of drawing and thus aligns herself with an expert to a certain extent. This allows her the right to have an opinion and validates her claim as it is based on a form of experience within the field.

Viola's description of the art uses technical aspects, such as the pencil line curvature and darkness, to make inferences about the individual's emotional state. The phrase "screaming at the page with their pencil" functions in the text to create a form of discomfort. The process of creating art is constructed as a very intense and emotional process. The artists are constructed as being in some form of pain and are thus screaming. This particular interpretation has been inferred from the darkness of the lines on the page, which is one of the noticed features of the

Draw a Person (DAP) clinical assessment tool in which the individual is assessed on the relative size and texture of the picture as well as any omissions, spontaneous inclusions and disproportions made within the picture (Kaplan & Saccuzzo, 2009). The basic projective hypothesis is that these decisions are revealing of the inner workings of the mind and thus will determine mental illness. In the interview Viola asks whether the individual diagnosis of each artist is known and that she would like to see the correlations between the illness and the drawing. This links to the way that art has been approached by psychoanalysts (McNiff, 1974).

Potter (1996) describes how the use of detail in narrative can function rhetorically to make a claim more convincing. In extract 4 it can be seen that Viola goes into great detail in her explanation of how the technical aspects of the work relate to the mental illness of the “patient”. This functions to make her claim more convincing and that mental disturbance is present in the way the work is done.

Katlego can also be seen to construct the art using a psychiatric discourse. She starts to find patterns throughout all the works regardless of the artist. Symptoms are understood to be consistent among different individuals with the same disorder. If art is considered to be representative of the illness and each person has been diagnosed with that illness then it follows that the different artworks will be similar.

Extract 5

K: I got the same thing. And then when you told me that it's older people with um, mental illnesses I started seeing differently cause now I'm looking at them and I see all these splashes of colour and it's like a reoccurring theme with all of them. And it's not all the paintings are not completely in colour cause there is all this no white and almost all of them. They are not all covered in colour. And then that's maybe one thing that runs through all of the paintings but then they are very different. So you can see that it's done by different people. And I appreciate that. It's like a different identity in each painting. It's like someone has put their all into it. And that's in their own way how they define themselves. Outside of the whole mental illness thing. I appreciate that, it's nice.

(Jack & Katlego, lines 48-58)

She describes seeing a “reoccurring theme” within all the works. In seeing the same pattern throughout she is utilising the rhetorical device of corroboration and consensus that shows credibility due to repetition of the same phenomenon from independent witnesses (Potter, 1996). Wandile does a similar thing in extract 6. He starts to find patterns and links between all of the works, regardless of artist.

Extract 6

W: As in like certain like certain colours are very prominent certain figures are very prominent.

(Ursula, Viola & Wandile, lines 83-84)

Even though the consensus is not in the form of multiple witnesses, the repetition of the same pattern throughout all the works increases the credibility of the claim that mental illness would be shown through the artwork.

This links to what Wilson et al. (1999) describe as a generalised “mental illness” label where mental illness is considered in the same light regardless of severity or type. Even though the artists are all different people from different backgrounds, with different diagnoses, Katlego and Wandile connect the artworks through their use of colour. This removes individual identities and gives each patient a generalised “mental illness” label. This aligns itself with a psychiatric discourse as symptoms are considered to be stable, with syndromes having a collection of the same or similar symptoms regardless of the person who has it.

By constructing the individuals as patients they become, to a certain extent, separate from the person they once were and rather a collection of symptoms. The need to understand the art in terms of the symptoms creates an ideological dilemma for Wandile. He begins by looking at the work according to how much he dislikes it aesthetically and then upon being informed that it has been made by individuals diagnosed with schizophrenia he immediately changes his construction. Initially Wandile describes the art to be “terrible” due to its lack of “accuracy”. Later in the interview the variation is seen in the way he speaks about the work as more accurate now that he understands that the artists have been diagnosed with mental illness.

Extract 7

W: Well what changed for me was like uh instead of it now looking like scribbings and you know like ah like you know just child drawings and that actually seems more accurate. Even in its obscurity you know.

(Ursula, Viola & Wandile, lines 19-81)

Previously Wandile uses the idea of obscurity to rationalise why the work was “terrible”. Now the same idea is being used to make sense of its accuracy. The desire to rationalise the works seems to be so great that he changes his construction to match up with a rational understanding of what mental illness would look like. The need for meaning is important in that it functions to show that the choices made by the patients in making the art are not random but as a symptom of the disorder.

Extract 8

Y: I was quite interested to see what illnesses they had. To see if there was any sort of connection or if I could draw any sort of patterns or something like that.

(Yekile, lines 14-16)

For Wandile and Yekile, art is representative of the human mind and the art in this case is directly linked to the mental illness and cannot be separated from the artist. Like others, these participants refer to the mental health service users as patients rather than as artists. They seem to continuously attempt to find meaning in the work, showing that for these participants seeing the art for its own sake is not sufficient. This is echoed by other participants in the extracts below.

Extract 9

D: Once I knew that it was perhaps from people of mental disorder, I... was looking for something that was perhaps ...not necessarily coherent or um...ya that wasn't necessarily coherent.

...

The[re's] one where he I presume he was thereafter on medication. Where his... everything is very orderly.

(Damba, lines 12-14 and 20 - 21)

Extract 10

S: Some of the artwork actually freaked me out a bit because um like I looked and I sort of read into the paintings and I didn't see it as a painting, a form of art anymore I saw it as sort of a sort of like taking a look inside like a person's like mind and sort of like what they are going through cause you sort of ya like their internal anguish is sort of being placed on to like paper.

(Sam & Thabisa, lines 23-28)

Extract 11

T: Wondering how like what's going on in people's minds that kind of like produces the art. So I stop looking at it as aesthetic and entirely looking at it as kind of like the output of some like a mental process and that the mental process is somehow like messed or horrible like deviant.

(Sam & Thabisa, lines 34-38)

Sam and Thabisa highlight another important aspect about the way that people speak about patients with mental illness in that people are spoken about in an objective manner. Objectification as a rhetorical device functions to further justify psychiatric opinion as a practitioner's reliability can be seen to be directly proportional to their objectivity. Subjective views are seen to skew opinions according to individual biases. Participants seeing mental illness as an objective collection of symptoms legitimises the illness and further justifies their opinion as

well possibly justifies any negative stigma that is seen. One is not being prejudicial if one is being honest about empirical facts. Potter (1996) speaks about this as stake inoculation where one will attempt to counter any potential criticism of one's opinion. If the participants were to be seen as having an opinion based on negative bias then it may stand to decrease their credibility. By aligning themselves with objectivity they are inoculating themselves against any criticisms of subjective bias.

Extract 12

O: But you can see to some of the pictures here I mean their artwork you see with this um the the the person here. You can see she is sticking a long tongue out as if it's a dog's tongue. So that tells me something, you know.

(Oscar, lines 22-25)

In constructing the art as a product of their illness, proof of the person's illness was looked at and sought for especially after being told that the individual had been diagnosed with mental illness. The illness is present in the art based on proof found in the work itself. For Oscar this proof was the "long tongue as if it's a dog's tongue".

In doing this, participants also open up a discussion around treatment. The art becomes a product of psychiatric treatment as art therapy rather than art in itself.

Extract 13

E: It kind of validates the, the claim that, that art is a useful form of therapy.

(Edgar, lines 14-15)

Extract 14

Q: I think what first came out for me is that art is a form of therapy.

(Quinn, line 10)

Even though the intention of art as therapy is seen to benefit patients it results in an othering of their art as something of psychiatric importance and thus not allowing it to be appreciated as a piece of art in itself.

4.2 Developmental Discourse

Before being informed that the work at the exhibition was created by mental health service users, a large portion of participants thought that the work was done by children.

Extract 15

K: I thought that it was a child's painting.

(Jack & Katlego 10 & 11, lines 5-6)

ART, IDENTITY AND SCHIZOPHRENIA

Extract 16

L: We thought that they were done by children.

...

L: Yes.

(Luke & Mpho lines 9, 13)

Extract 17

P: I thought this was done by kids

(Patrick, line 15)

Extract 18

Q: My first response was thinking it was children's art

(Quinn, line 8)

Some participants at first did not approve of the exhibition and questioned why the work was being exhibited. Jack and Sam both initially expressed that the art was not worth being displayed. However, upon learning that the work was done by adults with mental illness both participants became more interested in understanding the work.

Extract 19

J: Ummm, I wouldn't view it as art though. Honestly. Um, I just thought that because I am not an artist myself and I looked at the drawings as like, mmh I could do better than that.

(Jack & Katlego, lines 9-21)

Extract 20

S: When I first saw it I didn't know it was um, people from a mental institution so I pretty much thought that it was children's um, artwork and I, you know and thought it for like sort of like a good cause type thing from for little kids. I actually had no idea why were they actually here.

(Sam & Thabisa, lines 11-14)

Extract 21

R: Before I told you about the history of the exhibition what did you think of the art honestly?

X: Uh child's art to be honest.

R: Why was it child's art for you?

X: Um I just looked at the level of you know, the essentially the standard and then I thought about back at school you know when I was busy in the arts and as well as you know seeing you know kids art and for me it's just that what it immediately looked like. I looked at it and I thought okay this is probably kids like school or art projects or something.

(Xolisa, lines 7-15)

In extract 21, Xolisa immediately states that he considers the work to be "child's art". He mentions that he thought the work to be a "school art project". He says that his reason for this is based on the standard. By using the word "child" Xolisa brings to light important ideas about

children and the standard that one would expect from them compared to an adult. Michael White (2000) draws on the work of Derrida (1978) discussing what is termed as the “absent but implicit” meanings in speech. Referring to the work of Derrida (1978), White comments that “it is not possible to talk about anything without drawing out what it is not, every expression of life is in relation to something else” (cited in Carey, Russell, & Walther, 2011, p. 1). By making reference to one aspect implicitly brings to light the existence of its opposite. For example by making reference to hate, the absent but implicit reference is made to the ability to love. Xolisa constructs his ideas about children based on the level or standard of the work they would produce. A child is a younger version of an adult so the absent but implicit meaning is that the art is not at a standard expected of an adult. The construction of the art as a “school art project” removes the credibility of the art and the artist as professional. By including the word “school” he places the work in an institution of learning. Learning implies that one’s skills are still in progress as new skills are being learnt. Also by referring to going “back” to school he shows the direction of the progress to be forward. In comparing the work to a school project could imply that the work is still improving and has not yet reached its full potential.

After being informed that the artists were in fact adult patients who had been diagnosed with a mental illness, Xolisa states that he is more “impressed” as can be seen in the extract below.

Extract 22

X: Oh, I thought well after you told me I found some of the painting some of the art a whole more impressive that I originally did to be honest. As first I was like okay and then when I realised I was like okay I can understand this, this is pretty cool. This is quite sweet.

(Xolisa, lines 19-22)

To be impressed would imply that the artist created something that exceeded the expectations of the viewer. This creates what Potter and Wetherell (1987) define as variation within the text. Xolisa’s first reaction is that the standard of the work is lower than what one would consider for an adult’s work and for this reason he assumes the work to be done by children. This logically means that an adult’s art would be expected to have a higher level of skill than a child’s. However upon learning that the art was created by adults his reaction is that he is more “impressed”. One would expect less approval as the skill has not increased with the expected age as one would expect. The only other piece of information given to Xolisa is that the

artists have been diagnosed with mental illness and it is this information that must influence his opinion.

Grace is also impressed by the standard at the exhibition but for different reasons to Xolisa.

Extract 23

G: When we we at um Fort England we like cause we go there every Tuesday and with the people, the men in Ward F, um, they also a lot of them have schizophrenia and that sort of thing and um they we asked them one day to um draw people. You know? And a lot of them couldn't sort of put the eyes in the circle of the face and they had hands coming from the head and like some of them like were able to draw quite well but a lot of them were like very very very um, it was at a very low level. So I was expecting that. And then when I saw the really high standard of a lot of these pictures I was surprised.

(Grace, lines 11-18)

Grace's experience with patients diagnosed with schizophrenia has informed her expectations that the work will be poor, hence her surprise at the perceived high standard at the exhibition. Grace inoculates against being seen with a sympathetic stake in using details about her previous experience with drawings done by patients at Fort England hospital. Being seen to have a sympathetic stake could lead to her claim being excused as merely accepting the work out of pity. This phenomenon is highlighted by Fred.

Extract 24

F: Like if it was like just an exhibition and these were just normal people, people would berate it think. Because they are schizophrenic, people are like oh there is meaning behind it. So therefore I can accept like a house that is just drawn in crayon as art or something.

(Fred, lines 47-51)

Fred speaks about how the expectations of the mental health service users are lessened because of their current circumstance. Their work is accepted as art regardless of the standard shown. Developmentally the patients are constructed by these participants as lesser than a healthy adult and therefore participants are more impressed.

Xolisa also inoculates himself against having a sympathetic stake as he claims it is not sympathy for the work but rather an element of understanding.

Extract 25

X: I can understand the context better and you know kind of reconcile the fact that it's not kid's art

(Xolisa, line 27)

One could argue that Xolisa still believes that the work lacks skill but just in the way that such level of skill could be rationalised through the idea of children so he rationalises it through the mental illness. This rationalisation or reconciliation of the fact points to the idea that Xolisa possibly places people who are mentally ill within a similar category as he would a child. Wilson et al. (1999) in their exploration of the way mentally ill patients are depicted in prime time television dramas identified that patients were perceived as a threat to society, abnormal and confounded. The term ‘confounded’ used by Wilson et al. (1999) is highlighted by Xolisa in extract 22 in his construction of the patients as unskilled making them sound more feeble-minded than a ‘healthy’ adult.

For Xolisa and other participants the childlike aspects of the works became the point of interest and the art is constructed according to a developmental understanding of why it was being exhibited. The standard of the work was used to construct the art in certain ways.

Extract 26

U: A lot of it is very childlike which is interesting.

(Ursula, Viola & Wandile, line 23)

Ursula is interested by the childlike aspects and explains that her interest is related to the image of the artist as less capable than a ‘healthy’ adult appears in her discussion about the art.

Extract 27

U: Well ya it is just interesting cause there is such a range like a lot of it really looks like stuff my my little cousin does. Um, very simple like like that one over there where you have a bicycle, the sun, a necklace and it’s all very simple like objects how you would view them, like two dimensional and that kind of thing. But then some of them are really complex like this guy we saw one of his upstairs and they are actually really complex and it’s not just like his sketch stuff like that is also quite complex. It’s interesting and then ya some of them are like different like there those two of there that are like um, they look like architectural drawings and then there’s some that are copies of like some like I mean there’s a Van Gogh self-portrait over there and ya its just interesting. And different subject matter and stuff.

(Ursula, Viola & Wandile, lines 47-59)

Ursula describes the work of a young child, simplistic and two-dimensional. This work would be considered to be lacking in skill and value (apart from sentimental value).

Extract 28

U: Well ya then some of them then are very simple. And then look like they should be on someone’s fridge and not like at an art gallery. Uh, but um I suppose I mean you don’t know how, what level of skill that shows for them like it might be really difficult for them to do that.

(Ursula, Viola & Wandile, lines 94-99)

In making reference to some of the work looking like it should be on someone's fridge, one can understand that the art that is kept on the fridge is put there not out of admiration for the work but out of love and kindness. A parent will put their child's work on the fridge to validate the child and make them feel special. Using the absent but implicit view there is an implication that the artists are feeble-minded in that work that should be done by children and placed on the fridge could be considered "really difficult for them". This image stands to devalue the patients' work as it appears tolerated out of kindness to the challenges that come with a diagnosis of mental illness.

The presence of mental illness seems to impact on the way that the art is viewed for Ursula. Even though she places it in the same category as children's art on a fridge she claims that somehow a diagnosis makes the work more symbolic. A meaning is read into the work based on the diagnosis of the artist. This changes what is initially perceived as two-dimensional work to that which is perceived as more complex, has different subject matter and a higher level of skill and/or functioning with a greater value attached to it. Ursula has constructed a space on this continuum for each of the works at the exhibition. Some have been considered worth a high regard and placed on the complex side and others are considered less impressive and placed on the lower simplistic side.

Wandile also speaks about the effects of mental illness on the mental health service users and sees the challenges in the artwork when he expresses that "children need hugs". Later upon learning that the patients are not children he says that "adults need hugs".

Extract 29

R: What were your first reactions to the art?

W: Children need hugs.

(Ursula, Viola & Wandile, lines 6-7)

Wandile's initial reaction quickly sets up the art as disturbing in the way that one would hug a child that is upset or in pain. The phrase not only shows that he has viewed the work as the work of children but that he perceives the children to be troubled in some way. This is interesting as for previous participants the work only becomes troubling after learning that the artists are adults.

Extract 30

T: I'm concerned like here prior to knowing that it was a mental patient who created it, I would be ah look it's a child did this and there is a happy thing now I focus on oh look the trees are black the windows are black like there is suddenly this negative reading into the thing.

(Sam & Thabisa, lines 38-41)

This is different to Wandile, whose response to the work remains consistent upon being informed that the artists were actually adults. The fact that the artists are adults does not change the troubling nature of the work for Wandile. To him the adults need comfort just as much as a child would in that they still need "hugs".

Extract 31

U: A lot of it is very like childlike which is interesting //like the colours and the...//

W: //Aren't they all children?//

R: No they are not. They are all adults.

W: Ah, ooh. A lot of adults need hugs.

R: Does it change that for you knowing these are adults?

W: Yes, because it looks terrible.

U: No::

W: Okay okay.

R: No that's okay you can be completely honest.

W: Um, they are terrible at the fact aspect not because it's badly it seems that they have difficulty, uh communicating what they actually trying to say. That's why like that's, it's not symmetrical but sometimes you know like I'm guessing there's a point to that. But a lot of the time I'm like oh it should like because of the limitation that they might not be sure of what exactly they are feeling so they not exactly how which colour which line or how to portray it.

R: So linked to like a skill thing for you?

W: For me it's linked to an awareness thing. So um, if they know exactly what they wanna say they will be precise about it. If you are not really sure or if you don't really know how are you supposed to say it or how you supposed to feel about it. Everything else will be a bit obscure also.

(Ursula, Viola & Wandile, lines 23-43)

When asked how the work changed for him after being given more information his response was that there was a big change because the art is "terrible". This implies that if the work was done by a child one could forgive the unskilled nature of the work, but since the work has been done by adults one would expect a higher level of skill. However, for Wandile it is not linked to skill but rather linked to an "awareness thing". He believes that if you know exactly

what you want to say then you will be precise about it. However if you are not sure or are obscured from clear thinking then your work will be obscure also. It seems that for Wandile the concept of a skill is not linked to the ability to draw or paint but rather the ability to communicate one's thoughts and feelings in an accurate way. The illness is seen to reduce the ability to communicate effectively and thus developmentally equal to a child.

This puts a great deal of emphasis on the conscious role in making an artwork. McNiff (1974) uses the idea of the conscious to prove that a person with mental illness still has the capacity for creativity and to communicate their thoughts through art. However, Wandile is using the same concept to counter McNiff's (1974) argument in saying that if the conscious was more aware, the precision of the work would be greater and thus be considered as more skilled.

In using a developmental discourse Ursula, Wandile and Xolisa construct the mental health service users in a negative light. However, this is not the only possible construction seen in the interviews. Hannah uses a similar developmental understanding but has a more positive opinion in her construction.

Extract 32

H: But that might just be a, a take on my own judgement of people who have mental illness. For me, it kind of strikes me as juvenile. Well juvenile is as a bit harsh. Young! Maybe young is a better word, young.

R: Inexperienced in a way?

H: Uh, the the the artists strike me as being young people, as opposed to older people if that makes sense?

R: That is very interesting.

H: And I don't mean juvenile delinquent type people I'm talking I would say that these were done by young people. Younger people maybe even students. That would be my take on it.

R: So in your mind if you picture the artists is that what would strike you first, their //youth?//

H: //Ya, young//. Youth. Mmhmmh.

(Hannah, lines 36-49)

Hannah describes the art as "more juvenile" and then clarifies her statement by saying that she does not mean "juvenile delinquent" but rather people that are young as opposed to older people. She makes specific reference to students. This is different from Xolisa who makes reference to children. Children are a much younger image than juvenile students. Not quite an adult but yet no longer a child. The words "young", "youth" and "student" all possess a form of energy in their implication. The image created is care-free and inspired. This creates a more

positive construction in comparison with what has been said by other participants as well what is recorded in previous studies, which show negatively skewed images of those with mental illness (Botha et al., 2006; Couture & Penn, 2006; Estroff et al., 2004; Van Hoecke, 2009; Wilson et al., 1999).

However, even with the positive imagery by constructing the art as youthful she is still reducing the age of the artists to a point of learning. The mental health service users are constructed within an institutional environment of learning and development, which implies that they lack the development of a fully grown adult. One could possibly argue that the link made to institutions of learning is due to the link made to a hospital institution in which the patient's live. However there is insufficient evidence to support this claim.

4.3 Artistic Discourse

So far the two subject positions explored have understood the artwork as something separate from art, where the value of the work is not the work itself but rather the revelations about mental illness that it permits. Mark Hipper's aim in creating a space for the exhibition was to have the art viewed as art in itself with the hope that the patients would be constructed as artists and not only as patients. A few of the participants did construct the work as art and the patients as artists; however, this was the least accessed of all the interpretive repertoires seen in the interviews.

Extract 33

B: Who is the artist?

(Brenda, line 16)

Extract 34

L: Now we understand what goes on in the minds of the artists

(Luke & Mpho, line 15)

The use of the word artist constructs the mental health service users differently to "patients" or even the ordinary person. Defining the term artist is a complex task; however, Karttunen (1998) attempts to operationalise the concept as a "person who for a start paints, dances or sings, either as a job or as a hobby, or even to someone who is simply very skilled at some activity" (p. 3). For the participants utilising the artistic discourse, the skill of the work connects with that of an artist and not of a child or ill person as was seen by some other participants. For these participants the perceived artistic skill correlates with an appreciation of the work.

Extract 35

H: Well as a I said I kind of like view art and um if I, to enjoy it or like it if something strikes me then I want to know more about it otherwise I am going to move on.

(Hannah, lines 15-16)

By Hannah stating that she will “move on” if the work does not “strike” her implies that the work is worth her attention and thus worthy of praise. Hannah opens the interview with a clear subjective position. Davies & Harré (1990, cited in Willig, 2008) defines a subjective position as “a location for persons within the structure of rights and duties for those who use that repertoire” (p. 116). Hannah claims that she is a frequent art viewer and thus immediately sets herself up as somewhat of an expert in the field. An expert is one with the rights to speak or have an opinion as they have experience and knowledge in that area. This adds credit to any statement she will make as she has been positioned as having a right and duty to voice her opinions. This is done by a number of participants and validates the construction of the mental health service users as artists.

Extract 36

N: I'll also as an artist have worked with...

(Nelson, line 44)

In using the word “also”, Nelson, like Hannah, aligns himself with an expert position within the realm of the arts. As an artist he is more reliable in his opinion of who is and is not an artist. Where othering was used to justify opinions about the exhibition within a psychiatric discourse, the opposite becomes visible within the artistic discourse. Subjectivity is used here in the same way as objectivity was within the psychiatric repertoire. First Nelson declares himself an artist and then speaks about the artwork as something that he can relate to personally which furthers his credibility in his claim that the work is art.

Extract 37

N: Raymond Mbenga. I was attracted to it because I make art myself and I work with naming and imaging. So the fact that he was naming and the imaging, uh in the work by writing what the image represents is something that I am interested in. I am interested in the fact that uh, the artwork becomes like a diary and maybe for him it becomes I dunno like a sort of a way of trying to educate himself. I mean it looks almost like he's trying to teach himself or discipline himself in some way. So that's why I'm interested in it.

(Nelson, lines 22-28)

The work is considered art for Nelson, and he describes the specific aspect of the work, the naming and imaging, that is similar to his own art. This places both the mental health service

users and himself within the same subject position and thus constructs both as artists. For Nelson, the preconceived ideas that exist about the artists, relate to their education level and goals in life. He seems to construct the artists as uneducated and in need of discipline. This is slightly different to the way that mental health service users were constructed by those who saw the art to be children's art. However, it does contain common threads in that both are seen to be underdeveloped. This conflicts with another part of his interview when he says that he is not influenced by the artist and only by the work he sees.

Extract 38

N: Firstly I looked at the work without knowing any of the background to the project cause I'm a great believer in just taking the arts on first before you know anything about who's behind it.

(Nelson, lines 16-18)

An ideological dilemma occurs when variability and consistency can be seen within the text. Nelson seems to come into conflict over his pre-conceived ideas about the art. For the work to be considered as art there is a degree of separation that must occur from the artist's diagnosis. The work needs to be seen as valuable standing alone as well as standing with the artist's name. Should the work be seen as valuable only with the artist's background then the art becomes a product of the diagnosis. In saying that he is a great believer in taking the art on first before knowing anything about the artist, Nelson inoculates against being seen as one who is only finding the work interesting because of the background. However, in mentioning the artist as possibly trying to educate himself he brings to light certain constructions about the artist which contradicts his previous statement. With such an ideological dilemma, Nelson can be seen moving onto a focus that is purely on the work. Even when asked if he has any images about the artist he describes the characteristics of the artist as only seen by the work on the page and not from any possible historical background.

Extract 39

N: Well I think he has great, uh look firstly he is painting directly, so he is working directly with paint. So he is not working with a pencil or when he draws the object. So they can't be corrected so they coming direct from his physical ability and his his mental desire. So he works directly and when you work directly things become can become awkward and sort of inaccurate so it works away from realism towards a sort of expressiveness. So the manner in which he draws is bold. You know? That's the images are very boldly drawn each thing you can see the man, you can see the skilpad, you can see the pig. The pig has a pigginess about it and the man has a manliness about him you know. And uh his playfulness in his technique the fact that he ya he uses

a bold line and then a broken line is is a kind of a playful approach you know. It's somebody who is enjoying the act of making. So um, that's that's I I enjoy his enjoyment and his spontaneity I mean that's quick. You know if you look at Chinese artists who do calligraphic frogs it's like a calligraphic radio you know cause it's just alive. And that's and so is the car to a certain extent it has its calligraphic quality as opposed to these where he really has tried to go for a greater kinda realism, a naturalism, I mean that tortoise is absolutely beautifully rendered um so...

(Nelson, lines 53-69)

Potter (1996) describes the use of detail in narrative as a rhetoric device in making one's claim credible. Nelson uses detail in his narrative as a rhetoric device to make his claim credible. He goes into great detail about the work and the possible links between the artist and the work. In giving so much detail one is more likely to accept his claim that the work can be considered as art.

Another way that participants were seen to add credibility to their claims about the work being art is through the use of normalising and generalisation. To generalise is to apply an aspect seen in one part to the remaining whole. In using this tool, participants justify why individuals diagnosed with mental illness can still be appreciated as artists by associating them with already recognised artists who have been seen to have possible diagnoses of mental illness.

Extract 40

B: Aren't all artists a little schizophrenic really?

(Brenda, line 46)

Extract 41

E: I think that you can look at... you can think of a lot of so called main stream artists who are also probably on the edge of being diagnosed or were diagnosed with schizophrenia and many of them ended up in mental hospitals.

(Edgar, line 41-44)

Extract 42

F: The way it is executed, is like on a professional level.

(Fred, lines 27-28)

Extract 43

N: I have no idea. You know I've worked in the arts my whole life and taught and I remember dealing an arts student in Port Elizabeth actually on one of our visits. And the guy in his painting, in his painting he had kettles of blood boiling, boiling kettles of blood in these environments and I looked at the stuff um on the expectation that the guy didn't have schizophrenia or any condition. I didn't know that about him I was just looking at the paintings and then he told me that he'd that his therapist had suggested that he should go do art and I remember just feeling sort of immensely

ART, IDENTITY AND SCHIZOPHRENIA

disempowered because I had taken him to just be an ordinary man I hadn't taken him to be a condition. And so instantly the painting flips because artists do do strange things as well you know artists are capable of painting boiled blood but this guy you know you start saying well why what is that about what what is he thinking about what is he remembering about and does it represent a severe trauma to him. You know so suddenly you are being compelled to empathise um, with the artist behind the work in a different way to the way in which you would empathise with an artist so, but clearly you you need that information but always need information. Whenever you looking at art so we all look at it at the just for what we see and then we interrogate and we question and in interrogating and questioning we find other kinds of meaning and then I don't think that I would tell anybody anything about Raymond. I wouldn't tell them that oh this is from an exhibition of people who were kind of suffering from different problems. I would never say that because I don't think that people need to know that. There is lots of art where you don't know a thing about the artist and so many the artists are a bit nuts as well.

(Nelson, lines 72-94)

Participants can be seen here focussing on the practical elements of the way the work is executed. In focussing purely on the work, participants are inoculated from having a sympathetic as well as a judgmental stake. The proof for their appeal is grounded in the work therefore increasing credibility. This also separates their opinion from the artist's history itself which further removes the possibility of being seen as liking the art purely because of the artist's background.

Another rhetorical device utilised in constructing the work as art was by grouping the art as part of a genre such as expressionistic or communist era art. This validates the art as part of a wider genre and thus art in itself.

Extract 44

I: It's more expressionistic I suppose.

(Ingrid, lines 48-49)

Extract 45

T: I mean I like the square lines on the back of the jaw and that, it reminds me of that kind of communist era art. Where you have like the impressionistic people figures that are like sharp lines that sort of thing um, which I think is quite cool.

(Sam & Thabisa, lines 72-75)

Extract 46

V: I think it depends because there's different type of arts that you get. Some people will you know um can't remember, tip of my tongue, like um, if you think you get some of those paintings where they just put paint all over the place.

W: Abstract.

V: Ya.

(Ursula, Viola & Wandile, lines 100-105)

In understanding the art within a specific genre, it is excused for any discrepancies that it may contain. The description given by Viola initially shows a level of dislike for the art. The haphazard way that the paint is described on the page implies a lack of skill. However, in aligning the work within the genre of abstract art she excuses her dislike as a product of the genre and not as a prejudice against the artist. It also serves as an explanation for why the haphazard painting is considered art.

In constructing the art as art in itself participants can be focussed entirely on the work in their review and ignore the aspect of mental illness in the artist's history.

4.4 Political Correctness

Art appreciation is a subjective matter and thus to be viewed as art it needs permission to be discussed from both sides of the spectrum between love and hate. In most of the interviews and present in all three constructions, participants can be seen to position themselves away from negative stigma. Very few participants outright admitted to hating the work.

Extract 47

B: A viewer coming in not knowing that they were done by schizophrenic patients would probably have a different impression of what the work was. But neither one being better or worse than the other I think.

(Brenda, lines 51-54)

As can be seen in Brenda's interview the expectation of acceptance is shown. The work is not considered worse or better, it is merely accepted as different.

Extract 48

X: I don't want to say stereotype but I mean like you know people who are challenged, you know there's there's this certain of I suppose you would want to say respect or just kind of awareness that you wanna show towards them and um and their situation and you don't wanna be shitty about it I mean like there is nothing that they can really do about it so you just wanna be you know mindful of that.

(Xolisa, lines 31-36)

In extract 11 above Xolisa speaks of "respect". He comments that there is a certain element of respect that limits people from speaking negatively about people with mental illness. Literature reveals that the general public view of mental illness is a negative one (Botha et al., 2006; Couture & Penn, 2006; Estroff et al., 2004; Van Hoecke, 2009; Wilson et al., 1999). It

would seem that Xolisa is aware of this negative view and positions himself away from saying any negative comment against the art. Even so he does not say any positive remarks about the works and thus absently implies a negative impression of the artists without explicitly stating as much.

He also refers to the mental health service users as “them” in many instances in extract 48. Phrases such as “their situation”, “nothing they can do about it”, “show towards them” include the use of the word “them” or “their” and functions to distance the patients from the speaker. This occurs again later in the text.

Extract 49

R: Do you think the works would have been different if the patients hadn't been diagnosed with schizophrenia?

X: And they were just kind of an average you and I person?

(Xolisa, lines 62-64)

When asked if he thought the art would have been different if the patients had not been diagnosed with mental illness, he makes the claim “and they were just kind of an average you and I person?”. This implies that the patients are not like “you and I” or “average” citizens in society. The patients thus get constructed as not average and therefore abnormal in comparison with “you and I”. By separating himself from the artists he makes the point that there is an important difference between one who has a mental illness and one who has not.

Even though Xolisa positions himself away from negative prejudice against the patients he has still constructed a very negative image in his absent but implicit statement that the patients are not normal. He treats the patients differently to an “average” adult. Hannah appears to be in direct contradiction in this regard as seen in the extract below.

Extract 50

H: Whether it has been done by someone who is mentally ill or someone who is perfectly okay in the head or whatever you want to say um, it makes no difference to me. It's just a case of whatever appeals to me then I want to know more about it and who did it and what story is behind it. Um, there was one in particular that I did like and it was the woman over there. I like her, that one. But that's just, I liked it. It had nothing to do with who had done it or what condition they were.

(Hannah, lines 17-23)

Hannah claims that it makes no difference to her whether or not a person has a mental illness; the only reason that she will be drawn to an exhibition is if the work appeals to her on a

purely artist level. It is only if the art appeals to her that she claims she wants to know more about it. By stating that it does not make a difference to her, Hannah is implying an absent meaning that it does make a difference to some people. She is separating herself from the people for whom the diagnosis of the patient would make an impact on their views of the art. This removes her from a position of having negative prejudice against the patients.

However, in the above statement Hannah ‘others’ the artists in that she calls them “they”. She also separates the patients from an artist with no mental illness by making reference to mental illness versus those who are “okay in the head”. By creating a divide between the two types of artists she is implying that a difference does exist even though she claims that “it makes no difference to her”.

Hannah claims that she considers art to be representative of the human mind. However she adamantly claims that the art would be no different if the artists had not been diagnosed with mental illness. This creates an ideological dilemma in that mental illness is a part of the mind and if art is representative of the human mind then one would expect the mind to reflect the mental illness in the work. This is the second time she has attempted to appear neutral to mental illness but shows it influencing her opinions.

Hannah later reveals that she “had a brother-in-law” who was diagnosed with schizophrenia.

Extract 51

R: Do you know anything about schizophrenia and what it is?

H: I do. Um, I think a lot of people and probably myself had the misconception that it is um the person with so many personalities. Um and I don’t think that is the case. Um, I had a brother-in-law who was diagnosed with schizophrenic, schizophrenia. And he was treated with a very harsh government drug but that was all they could afford. And as I understand it is more a case of um... I don’t think they have a complete diagnosis of what schizophrenia is if I have read correctly. [R: Okay] There isn’t something that actually says what it is. But my experience of him, he was manipulative; um he couldn’t um hold down a job. Um, not through lack of ability because when he was fine he could, he was perfect. But he’d just loose the plot. Um, there were times when he was institutionalised when he heard the voices in his head. Um, you know he thought that as he was going through a supermarket he wanted to scan his own wrist. You know um and I always think that there is a religious thing there in schizophrenia. I dunno. I dunno what it is, but there is some religious link, but ya. I dunno what it is. But do I know what schizophrenia is? No, not really. Doesn’t sound like it. [Laughter]

(Hannah, lines 60-76)

In the above extract her recall functions to show that she has knowledge about schizophrenia. Hugo et al. (2003) comments that in South Africa many psychiatric disorders go undiagnosed in patients because of the lack of understanding about the illnesses. Hannah begins by positioning herself as having more knowledge about schizophrenia than “a lot of people” as she explains the misconception that many have of it being “the person with so many personalities”. She claims that once she too laboured under this false understanding by placing the statement in the past tense. Using detail in her narrative she positions herself as a person who previously laboured under this false understanding but now has learnt that this is “not the case”.

Hannah uses her brother-in-law as proof that she knows something about the illness. Her brother-in-law functions to show that she has a personal connection with the illness. Couture and Penn (2006) found that interpersonal contact may have proximal effects on emotional responses in that feelings change towards sympathy. Throughout Hannah’s interview she has positioned herself away from a biased view of schizophrenia. However she does not seem to connect with her brother-in-law in any way. She speaks of him in the past tense when she says “I had a brother-in-law”. This removes him from her current life and possibly reveals that he is no longer a part of her current experience. Estroff et al. (2004) show that the effects of interpersonal contact on decreasing stigma is strongest when the participants meet as equals, work cooperatively and when institutional support is presented. Hannah does not seem to consider her brother-in-law as an equal; whilst she does not make direct references to any negative prejudice against mental illness her experience of mental illness is expressed in a very clinical way. She does not reveal any aspect of her brother-in-law that is not related to his illness. In this way she implicitly removes his identity leaving him with the identity of “the schizophrenic”. He is not connected with her on a personal level and thus cannot logically be considered an equal. Similarly this process can be seen in Nelson’s interview.

Extract 52

N: No I know that I had, my wife had an aunt who suffered from schizophrenia and I know that she was a deeply deeply distressed person. So I have seen the effect you know on people, um I also have a mentally handicapped sister so I have worked in the environments of mental care and physical care my whole life. So and my I just, all I do is is treat them as people treat everyone as people in fact I make no I make no adjustment um I try to just be as I am to whomever I interact with, including you.

(Nelson, lines104-110)

Like Hannah, Nelson also has a personal connection with mental illness and like Hannah this was a distant connection. He begins by saying “I had” which is in past tense and is already distanced from current personal relations and then moves to “my wife had an aunt” which further separates himself from the person. Potter (1996) speaks about this as the friend of a friend scenario. In this scenario one’s own opinion remains unblemished as it is the distant person whose claim you are reporting. However, the claim is credible because the connection is via friendship which is considered a trustworthy chain. Later in the interview he moves to a more personal connection when he mentions his sister who he described as “mentally handicapped”. In using multiple examples he is adding to the credibility of his claim that he is not judgmental. He ends off with explicitly stating his claim in trying “to be just as I am to whomever I interact with”. In adding the “including you” he inoculates against his accepting those with mental illness as an act of sympathy and shows a presentation of unbiased behaviour.

Quinn also uses personal interaction to show her acceptance in the below extract as she lists everyday chores that influence one’s personal development.

Extract 53

Q: To me art is art especially if one puts it onto the realm of this is a...I suppose just as much as one does so many other things in your life like cleaning your house, like playing sport, like reading or writing, something you do for you because it’s part of your life, part of your journey part of really I suppose developing like who you are. Um, so but putting it in terms of mental health, someone who is battling, you know who has got a challenge in that area, it does put it into a different spectrum because that is extremely it’s a very it’s a very strong and it’s a very intense place that those people are in. So, if anything can assist them in sorting that out I think that’s really really important.

(Quinn, lines 29-38)

Quinn is arguing that mental illness will have an impact on the art in the same way that anything would have an impact on one’s art. Her reasoning is that most things have an impact on the person one becomes, even mundane everyday tasks. This normalises the mental health service users and positions them in the same group as the average person. There is a variation, however, in the way that she speaks about a person’s development with regard to mental health. When speaking of mental health she begins to use othering words such as “those people” and “someone”. It could be argued that a negative bias underlies this shift; however, the main point of interest is the function of intimate connection in the first half of the extract. This seems to

function as a disclaimer that inoculates against being seen as biased as she has shown that anything can have an effect on a person, even herself.

A disclaimer is described by Willig (2008) as a “verbal device that anticipates, and rejects, potentially negative attributes” (Willig, 2008, p. 103). Another example of disclaimer can be found in two instances with Hannah’s interview. In the beginning of the interview Hannah sets herself up as an expert art viewer who regularly views art. At the end of the interview she removes this by claiming that she is not a professional as can be seen in the extracts below.

Extract 54

H: And well I can be honest. And this is probably a judgement against myself then I kind of have viewed it as being more juvenile. [R-Okay] Isn’t that interesting?

(Hannah, lines 31-34)

Extract 55

H: But I am NOT a professional. Only in my own mental illness. [Laughter]

(Hannah, line 86)

She admits to viewing the art as more “juvenile” but hedges away from making a prejudicial remark by first using a disclaimer that “this is probably a judgement against myself” and then continuing to say “but kind of viewed it as being more juvenile”. It seems as though she understands that what she has said could be seen in a negative way and uses the rhetorical device to make a judgment on herself before anyone else can. She is asking forgiveness for her remark by pleading guilty. Straight after this she makes a comment “isn’t that interesting?” which further separates her from responsibility by situating herself in the researcher’s position whose duty is to search for knowledge. It seems as though she is purposely attempting to offer analytically rich information in her interview for the sake of my research. This removes her agency in the interview as she is offering me, as the researcher, what I am looking for and not her own thoughts.

Reading into my expectations as a researcher was also seen in Nelson’s interview.

Extract 56

N: ...and you will reverse the experience in which you are doing to me.

(Nelson, line 37)

Nelson seems to imply a form of manipulation in that the interview is an experience being done to him. This highlights the artificial nature of the interview process and raises concerns around the validity and reliability of the interview structure as participants could have expected me to be looking for stigma and thus answered accordingly with answers that hid any possible biases.

Originally Hannah attempts to show an unbiased opinion of the work through her talk, but as she begins to reveal more prejudice she begins to use rhetorical devices to unhinge the blame and invalidate her claims. Although her comment “only in my own mental illness” whilst intended as a comic statement, as determined by her laughter, functions to show that mental illness can be associated with everybody. She reverses the distancing effect produced earlier through her use of the word “them” by incorporating herself in the group of those diagnosed with mental illness. She thus begins to remove the separation between artists with mental illness and artists without mental illness thus reducing the effects of stigma on the work.

Ursula also avoids revealing any negative biases against the art as she comments on the negative comments made by Wandile.

Extract 57

R: Does it change for you knowing these are adults?

W: Yes, because it looks terrible.

U: No::

W: Okay okay

(Ursula, Viola & Wandile, lines 28-31)

During the interview Ursula appears to scold Wandile for saying that the art “looks terrible” when she says “no::”. She appears to soften Wandile’s harsh comment which starts him on a path of more polite statements that attempt to show positive aspects of the work. He continues to say that he believes that the art would have been different if the patients had not been diagnosed with mental illness as it has influenced their ability to communicate. He reports that he would not call this exhibition a showing of art but rather one of perceptions.

Extract 58

W: I think it will be a display of perception. Ya.

(Ursula, Viola & Wandile, line 131)

The term perception comes up a number of times in the interviews.

Extract 59

E: Their kind of perception of life.

(Edgar, line 48)

Perceptions are more accepted as everyone has access to perceptions regardless of their mental state. Absent but implicit in this description is an admission to loving or hating the work. It is merely acknowledged as a matter of perception and therefore existing with no opinion placed on

it. This neutral position could function to avoid any negative bias and could leave the work in a safe place without criticism.

Some participants initially do not attempt to soften any negative comments made towards the artworks. Mostly their response is softened once it is made clear that the work is made by mental health service users.

Extract 60

J: Ummm, I wouldn't view it as art though. Honestly. Um, I just thought that because I am not an artist myself and I looked at the drawings as like, mmh I could do better than that. You know that's how I thought it was. But definitely after you've given me the information and actually told me more about the artists. You know I found a deeper appreciation for actually what they are and what they going for and stuff like that. So most definitely.

(Jack & Katlego, lines 19-26)

Extract 61

K: It did! That's what I'm saying like at first I thought it was just children's paintings and I probably wouldn't have paid much attention to them. Cause I was walking by actually and now it just makes me stop and look. It's good.

(Jack & Katlego, lines 69-71)

Extract 62

P: Well, at first I didn't know this was this was done by by by people from the mental institution but when I found out it, I really got interested and it's so beautiful ah. And I mean knowing that a person uh with a mental illness is something like this it's it's very extraordinary. It's wonderful. It's beautiful actually. The art it's it's very unique.

(Patrick, lines 9-13)

For Jack a “deeper appreciation” of the works is developed when it is learnt that the patients have mental illness. An appreciation implies that the work has special features from which the value arises. These features are not the work itself as he has just stated that “he could do better”. Thus the special feature is connected with the only other piece of information given to Jack, the link made with mental illness. Even though Jack attempts to cover the negative remarks he has made by stating that the art is now more “appreciated “ by him, the underlying stigma become evident in the “special treatment” given to the work due to the diagnosis of mental illness for the artists. Likewise for Jack and Patrick special consideration is given to the work because of the diagnosis of the artist. The previous criticism of it being “not viewed as art” or “children's paintings” falls away and Katlego “pays more attention” to the works. Patrick can be

seen using many details in his description of why the art is appealing. This could be seen as compensation for his previous disinterest.

The main function of polite speech is to avoid being a vessel of hurt especially to those considered less fortunate than oneself. This positions the artist with a status of less power as there is a need to protect them from harm and promote wellbeing as can be seen below.

Extract 63

E: I think it is very heartening to see this here and also to know to hear that it's uh something which is gonna benefit the and not only the artist and that the production is also gonna benefit them in that their future lives as well, that's great. I think it's really nice that it's here.

(Edgar, lines 57-60)

Edgar argues that the exhibition is “great” because it will “benefit” the mental health service users. She separates the term “artist” from the phrase “their future”, arguably showing her view that the mental health service users will not be artists indefinitely and that their future is separate from their career as artists. The term “benefit” alludes to the perceived need for improved social standing and is connected to a form of emotional charity. For most participants, in speaking with a softened tone and attitude they disguise negative beliefs underneath more socially acceptable terminology.

Chapter 5: Conclusion

This chapter will provide a summary of the research, providing a critical reflection of its efficacy as well as open up pathways for future research. Firstly this section will provide a summary of the findings from the previous chapter and attempt to position these within the literature presented in chapter 2. It will also investigate the strengths and possible limitations of this study; as well as examine the potential reliability and validity threats. The practical implications of the study will also be investigated in this section. Research can never show an entire picture of any field and thus recommendations for future research will also be brought to light in this chapter.

5.1 Summary of Findings

This discourse analysis proposes that the ways in which the art created by mental health service users is constructed is both challenging and complex in its process. The majority of responses made by the participants show an unwillingness to accept the work as art and instead speak about the art as a product of the illness. This is seen as a negative shift in the way the art is perceived. Even without many direct negative comments, the lack of positive comments implies this as a negative shift in terms of Derrida's theory of the absent but implicit (White, 2000).

The majority of the participants constructed the work as a product of psychiatric pathology or as developmentally atypical. Few participants were able to access an artistic construction. But for most of the participants this was not possible. In drawing focus onto this negative shift, this research is not intended to construct the participants as mean spirited. Rather it is to look at the difficulty in changing the ways that psychiatric patients are constituted.

There was an expectation from a number of the participants that the works should have a significant meaning that could be interpreted. As such many searched for meaning and understanding. This significance was either read into or it was commented on that there was disappointment because of the lack of significance. This element of significance parallels with the Freudian psychoanalytic theories that McNiff (1974) attempts to debunk. An interesting link is shown in the discourse in that the idea of children and psycho-analytical use of pictures go hand in hand. The use of clinical tools, often used by therapists, can provide better access to the psyche of a younger client as it is understood that a child lacks the vocabulary and maturity in understanding to properly communicate their inner feelings. The view of the work as the product

of a child and the need for significance can be seen to group the artists in this same realm. This joint view implies that the artists cannot properly communicate their inner turmoil due to a restriction from their illness. So the only method of accessing their psyche is through their artworks.

However, in looking for the meaning it could be argued that the lack of overt “craziness” stood as a disappointment for these participants and could have debunked the idea that art created by people with mental illness will be different to any other art. It is possible that individuals hoped to see a romanticised version of mental health in coming to the exhibition, hoping to see work similar to that of other great artists diagnosed with mental illness. The image of a misunderstood genius was not present at the exhibition as the makers of the art were ordinary individuals with no particular interest or skill in art making. There is insufficient evidence to definitively support this claim; however, what can be seen is that many of the participants read disproportionate meaning from the work to satisfy a presumed need for significance. The lack of “craziness” in the art serves the patients in a completely new way in that whilst they did not succeed in being seen as artists they perhaps succeeded in being seen as “not crazy”.

The construction of inpatients as confounded and developmentally lacking is stubborn in its assignment. The firmness of this construction is linked to the availability of knowledge within that topic. The only way that the work can be discussed as artwork is if the viewer has access to a fine arts discourse. From the literature it can be seen that a dominant access point to knowledge about mental illness is through the media, as this has the most prominent influence in modern western cultures (Couture & Penn, 2006, Wilson et al., 1999). With more examples of mental illness being displayed on screen and in text it is probable to rationalise this as an origin for some of the constructions shown.

Couture and Penn (2006) explore in their research how personal interaction with individuals diagnosed with mental illness can significantly decrease negative biases towards the diagnosed. This can be argued to create a new dialogue of emotional intimacy that comes with personal interactions and can be utilised in interactions. The presence of psychiatric and development constructions in the responses could also link to this possible lack of personal interaction with mental health service users. Previous studies express that public perceptions of mental illness are predominately negative (Botha et al., 2006; Couture & Penn, 2006; Estroff et

al., 2004; Kondrat & Teater, 2009; Van Hoecke, 2009; Wilson et al., 1999). Researchers determined that people diagnosed with severe mental illness are seen as dangerous, unpredictable and having a poor prognosis (Botha et al., 2006; Couture & Penn, 2006). However, Couture and Penn (2006) state that interpersonal contact can greatly decrease this and open up a space for sympathy. Whilst sympathy does not equate with acceptance, there is evidence to suggest that individuals who utilise construction of sympathy were more likely to offer their help and be accepting. This was seen in the interviews with participants who have had personal interaction with individuals diagnosed with mental illness and were found to utilise a form of sympathy in the way they spoke about the mental health service users and their artwork. This is especially relevant in the use of politically correct speech.

McNiff (1974) argues that unless the art is viewed in itself the exercise of art therapy is futile for the patients. One can see that for some of the participants, the art at the exhibition is not seen as art in itself. The presence of politically correct speech could be seen as an awareness of the effects of negative bias. However participants were unable to speak about the work without bias because they did not have access to an artistic discourse. Furthermore it is possible that even if individuals have access to an artistic discourse the way the exhibition was constructed limited the ways in which individuals could speak about it. Karp and Lavine (1991) as well as Serviddio (2010) theorise that exhibitions have the power to create identity in the way they are constructed. In exhibiting the work as products of people in an art group from a psychiatric hospital, without any other information given about the person, the possibilities for constructing the inpatients as more than just patients is unlikely.

There were, however, a few participants who did use artistic terminology to construct the work as art. These participants made it clear that they were evaluating the work on its own merit and without influence from the background of the artist. In using artistic terminology to describe the works at the exhibition, the mental health service users occupy a different space from position of the patient and are allowed to explore aspects of talent and competence that they were previously not permitted to occupy. However, it is only by ignoring the history of mental illness present at the exhibition that these participants were able to show that they saw the individuals as artists. Ignoring an aspect of identity shows that this particular aspect is not fully accepted and thus is omitted from interpretation. In doing this the participants allow the mental health service users to perform the identity of “artist” but it appears false in its intention. The individual is

removed from the performance and thus not a true identity. This seems insufficient to allow patients passage towards reintegration into society.

With this said drawing finite conclusions about general opinions within a discourse analytic framework is not the aim of the enquiry. What can be said is that the constructions of inpatients with a diagnosis of schizophrenia fell midway on a continuum between acceptance and disregard. While some interviews construct the inpatients as artists others still view them as patients and their work as a therapeutic activity. The latter is seen to dominate the collection of interviews and thus leaves an overall impression of the inquiry that performing an alternative identity is difficult and mostly unsuccessful. In addition to this, it is of note that these biases were not explicitly stated but rather implied through a lack of positive talk about the patients. This could allude to a general feeling of awareness around the effects of negative talk. However this awareness is not enough to change the talk but only limits the overt occurrences of it.

5.2 Personal Reflection

As a South African, English speaking, white female studying towards a masters in Counselling Psychology I hold a certain position in this research that can be seen to have influence in multiple areas. Looking back I can see that I was very defensive in my questioning. This could stand as a flaw but also as an asset of my research. Consciously I attempted to be as unbiased in my interpretations as possible but my own ideologies and beliefs are always present. As a psychologist my aim in doing a research study is to provide information that will hopefully add to a body of knowledge that can one day decrease stigma and better the lives of those diagnosed with schizophrenia. The exhibition held a contradiction between subjective maker and objective artworks as without any personal information given about the artists the work was looked at only through the lens of mental health as this was all the information given. Before the exhibition occurred I was given the chance to attend one of the art group sessions and meet the artists in person. Spending this time with the artists meant that when reading the transcripts I became aware of my temptation to defend the patients who were not there to defend themselves especially when I read instances of biased ideology with regards to mental illness. When reading the transcripts I was aware of the people behind the paintings whereas the audience was not and this created an internal conflict for me. I constantly had to remain aware of my own biases against the participants in my analysis of the transcripts. The presence of this defensive feeling can be seen to further validate the presence of negative stigma in the conceptualisations and

constructions of the art as viewed by the public. Although it could be argued that my defensive stance skewed my interpretation of the interviews and thus my conclusions drawn, it is thus important that all my analyses are grounded in examples and that credibility checks were used. The use of supervision stands as a peer review in that she is aware of my prejudices and has sufficient experiences with the texts to offer a reliable appraisal.

5.3 Strengths and Limitations to the Study

The limitations in this paper are vast. One limitation, as has been previously mentioned, is the way in which the exhibition was constructed, which limited the ways in which the audience could speak about the work. On the one hand the exhibition presented the work in a professional format so as to promote the performance of artist and allow the work to be appreciated as art for art's sake. On the other hand the work was created for the purposes of art as therapy and described as such in the explanation posted on the wall at the exhibition. This creates a conflict in that art as therapy places emphasis on the wellbeing of the producer and art for art's sake places emphasis purely on the work itself. This can be seen to limit the responses made by participants as it could have become unclear to the audiences where to place their emphasis for reflection. The way in which the exhibition was constructed was out of the control of the researcher and thus could not be avoided. However, had there been a transparent discussion with the participants, around the way in which the exhibition was constructed, richer discussion could have been presented.

Due to the language of the researcher being English, only English speaking participants were included in this research. This decision was made due to the language specific nature of discourse analysis. Important information is often misunderstood or lost through translation. This restricted the conclusions drawn as only the views of English speaking audiences were accessed. Views may have been different for individuals from other cultures speaking other languages. In using English speaking participants only, the research has taken up the assumption that language is a sufficient variable for ensuring meaning is understood. However, in South Africa where there are eleven national languages and a multitude of cultures the same language can be misinterpreted and misrepresented without inside knowledge of that specific cultural group. This was overlooked in this study due to the magnanimous proportion of data that would be extracted if one were to look at cultural understandings individually. This creates a large limitation on the results as they are shown as a western English cultural understanding and interpretation.

The interviews from which the archival transcripts were drawn were conducted in a semi-structured format so as to make the information discussed comparable and thus aid in finding patterns between them, although having a semi-structured interview schedule stood to limit the study in that the participants were only able to discuss their opinions according to the questions that were asked.

The short nature of the interview limits the study as there is limited time for depth of speech in the conversation. In questioning individuals present and walking around at the exhibition a full in-depth interview would have been impossible and individuals were only willing to give up about ten minutes of their time. As such more interviews were collected to compensate for the brevity of the individual interviews. In total 24 interviews were conducted. Potter and Wetherell (1987) comment that the success of discourse analysis is not directly related to a larger sample size and that often a few interviews will offer as much information as many interviews will. However, as a novice to discourse analysis it stood in my favour to have many interviews as there were more interviews to repeat the procedures of analysis and to improve my confidence in doing so.

In using discourse analysis, the study was limited by the subjective nature of the conclusions that are drawn. However, the strength of using discourse analysis is that it can effectively portray the ways in which people construct people or objects in the world (Potter, 1996). In trying to understand the possibility of audiences accepting the performance of an alternate identity by inpatients, there needs to be exploration of the ways in which the inpatients were constructed. The use of discourse analysis stands to strengthen the study as it is an effective tool for the purpose of exploring social constructions.

Another aspect that stood to strengthen the study was that participants were given access to actual artwork done by the mental health service users. The rare timeous nature in which the art group flowed into the exhibition at the National Arts Festival allowed for the interviews to be conducted with the artwork present while being discussed. Participants were able to explain themselves using examples from the works on display as opposed to speaking about hypothetical situations. The scarcity of this scenario strengthens the study in that it captured a moment in time that if wasted could not be repeated.

Even though limited in some of the way it was executed, the use of consistent and thorough reflection make this study a trustworthy report of the ways in which an audience

constructed the work at the specific exhibition stipulated in this study. The aim of this study was not to successfully reintegrate inpatients back into society but rather to inquire as to what constructions were available to audiences at that time. Such a research aim was achieved.

5.4 Trustworthiness and Quality

Even though reliability and validity threats are difficult to determine within qualitative research, every effort must be made to ensure that the analysis is trustworthy. The main limitation to using a discourse analysis is the subjective nature of the conclusions drawn. Thus it is vital that one's own perspective is made apparent by engaging in a critical interrogation of one's own presuppositions through critical self reflection (Elliott et al., 1999; Potter & Wetherell, 1987; Nightingale & Cromby, 1999). The use of peer review through close supervision also helped to ensure that my findings were credible and offered a space to reflect on my own perspectives.

Potter and Wetherell (1987) outline that all patterns must be grounded in examples from the text. Not only does this assist with avoiding bias from the researcher but also with ensuring that the patterns are consistent throughout all the interviews. Potter and Wetherell (1987) outline that the more inclusive the pattern of explanation is, the more it is considered a trustworthy explanation. Using many extracts to show this in the analysis it was seen in the interviews that there were three main constructions that all the interviews could be placed into and thus the overall conclusions are considered to be more trustworthy. Sticking within the parameters of my semi-structured interview schedule helped to ensure this as I was able to see the patterns develop across the set topic discussed.

Within a semi-structured interview style there were many avenues left unexplored as the participants were limited in their discussion to a certain extent by the questions being asked. This is compounded by the archival analysis which happened almost one/two years after the interviews were conducted. There was no way to go back and ask additional questions. This opens many doors for future researchers to explore, and space for what Potter and Wetherell (1987) term as new problems. The presence of new problems serves to increase the trustworthiness of the discourses being investigated in that it shows that the topics can be extended further into the broader body of knowledge thus corroborating their existence.

5.5 Recommendations for Future Research

According to Estroff (1989) the problem that arises within the process of chronicity occurs when the individual is tasked with reintegration into their original roles in society. This study could be used to assist understandings and research into streamlining this process. A possible practical use of the information found in this study is for it to be taken back to the mental health service users who created the art and to conduct interviews on the effect that this has for them. According to this research it can be seen that participants constructed the mental health service users on a continuum between patient and artist. More research is needed into the tolerance for difference when integration occurs and whether the level of acceptance seen in this study is enough for successful role expansion.

Linked to this is the topic of curation and the way the exhibition itself was constructed. One of the limitations mentioned is the way in which the identity of the artists was limited by the way in which the exhibition was constructed. This opens an avenue for further investigation into how exhibitions can construct identity.

It would also be important to extend the study across languages and cultures. This study only looked at the perceptions of an English art-viewing public present at the National Arts Festival in Grahamstown. This is only a small portion of the South African public and as was shown in the literature, culture plays a huge role in the way that mental illness is perceived.

5.6 Practical Implications

One of the criticisms of discourse analysis is that it critically engages and critiques the functions and implications of text but does not offer many practical implications of the research. Whilst the research that I have presented has no direct link to any immediate practical use, it does offer more data to the wealth of knowledge that exists around stigma and schizophrenia. By adding a link to art the research begins an exploration of a topic that is only beginning to be explored by researchers. This has implications for the way that exhibitions are created and organised to ensure that the aims of reducing stigma are actually achieved.

Also through the process of this study being done, the inpatients were indirectly benefited in that attention was drawn to the exhibition and this would increase the chances of them selling the work they exhibited. Participants could also be argued to have benefited from contributing to the research in that they were offered a chance to reflect on their opinions about the art and perhaps confront their own perceptions and ideologies about mental illness. It is unlikely that

these will have any marked changes on the way that the participants view individuals with mental illness; however, it may raise their awareness to the topic in future.

5.7 Conclusion

In conclusion, this study aimed to investigate how art created by inpatients with a diagnosis of schizophrenia was constructed by the general art-viewing public at the National Arts Festival in Grahamstown, so as to provide a platform for identity movement. It was found that there were three main constructions used by the participants. The discourses used in these constructions include a psychiatric discourse, developmental discourse and an artistic discourse.

In order for the patients to engage in more substantial identity movement the audiences must witness the preferred identity being performed and accept it as such. The exhibition hoped for audiences to view the work as art for art's sake, and thus view the inpatients as artists in their own right. Whilst the patients were able to accept their identity as artists this was more difficult for the general art-viewing public (Meehan & Farquharson, 2012). With most of the inpatients having little natural artistic skill, the standard of the work mostly left participants unwilling to accept the work as art for art's sake. Also, in aligning the work with an art group held at a psychiatric hospital in the description on the wall, the lines became blurred between patient and artist. As such the majority of participants constructed the inpatients midway on a continuum from patient to artist.

The need for research into reintegration of mental health service users back into society is vital as without it a vast portion of the world's population loses the chance for a full life. So far this study shows that prejudiced beliefs are complex and relatively stable; however they are not fixed and can be changed with more work in the area. Movement is difficult but ultimately possible. The space for growth is vast for this study as on its own it stands as a necessary but small pin prick in the beginning stages of collecting knowledge in the areas of art, identity and schizophrenia.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV*. Washington, DC: American Psychiatric Association
- Besley, A. C. (2002). Foucault and the turn to narrative therapy. *British Journal of Guidance & Counselling*, 30(2), 125-143. doi:10.1080/03069880220128010
- Bodibe, K. (2010). *South Africa: The link between mental health and HIV*. Retrieved March 13, 2011, from <http://allaafrica.com/stories/201009090505.html>
- Botha, U. A., Koen, L., & Niehaus, D. J. (2006). Perceptions of a South African schizophrenia population with regard to community attitudes towards their illness. *Social Psychiatry and Psychiatric Epidemiology*, 41, 619-623. doi:10.1007/s00127-006-0071-1
- Bourna, P. (1981). Self actualization through art. *Social Alternatives*, 2(1), 67-71.
- Brookes, R., Lewis, J., & Wahl-Jorgensen, K. (2004). The media representations of public opinion: British television news coverage of the 2001 general election. *Media, Culture & Society*, 26(1), 63-80. doi:10.1177/0163443704039493
- Burr, V. (1995). *An introduction to social constructionism*. London, England: Routledge.
- Carey, M., Russell, S., & Walther, S. (2011, August 28). *The absent but implicit: A map to support therapeutic enquiry*. Retrieved October 19, 2011, from Narrative Practices: <http://www.pratiquesnarratives.com/-TheAbsentbutImplicitAMaptoSupportTherapeuticEnquiry.html>
- Carlson, T. D. (1997) Using art in narrative therapy: Enhancing therapeutic possibilities. *American Journal of Family Therapy*, 25(3), 271-283.
- Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, 20(4), 485-503.
- Case, C. (2006). *The handbook of art therapy*. East Sussex, England: Routledge.
- Couture, S. M., & Penn, D. L. (2006). The effects of prospective naturalistic contact on the stigma of mental illness. *Journal of Community Psychology*, 35(5), 635-645.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London, England: Sage.
- Denzin, N. K. (1989). *The research act (3rd ed.)*. New Jersey, NY: Prentice Hall.
- Derrida, J. (1978). *Writing and Difference*. Chicago, IL: University of Chicago Press.
- Durrheim, K., & Painter, D. (2006). Collecting qualitative data: Sampling and measuring. In M. Terreblanche, K. Durrheim, & D. Painter, *Research in Practice (2nd ed.)* (pp. 131-159). Cape Town, South Africa: UCT Press.

- Durrheim, K., & Van der Riet, M. (2006). Putting design into practice: writing and evaluating research proposals. In K. Durrheim, D. Painter, & M. Terreblanche, *Research in Practice* (pp. 80-111). Cape Town, South Africa: UCT Press.
- Elliott, H. R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229. doi:10.1348/014466599162782
- Epston, D., White, M., & Murray, K. (1992). A proposal for a re-authoring therapy: Rose's revisioning of her life and a commentary. *Therapy as Social Construction*, 10, 96.
- Estroff, S. E. (1989). Self, identity and subjective experiences of schizophrenia: In search of the subject. *Schizophrenia Bulletin*, 15(2), 189-196.
- Estroff, S. E., Penn, D. L., & Toporek, J. (2004). From stigma to discrimination: An analysis of community efforts to reduce the negative consequences of having a psychiatric disorder and label. *Schizophrenia Bulletin*, 30(3), 493-509.
- Freedman, J., & Coombs, G. (2009). Narrative ideas for consulting with communities and organisations: Ripples from the gathering. *Family Process*, 48(3), 347-362. doi:10.1111/j.1545-5300.2009.01287.x
- Gaebel, W., Baumann, A. E., & Phil, M. A. (2003). Interventions to reduce the stigma associated with severe mental illness: Experiences from the Open Doors program in Germany. *Canadian Journal of Psychiatry*, 48, 657-662.
- Guilfoyle, M. (2005). From the therapeutic power to resistance: Therapy as cultural hegemony. *Theory and Psychology*, 15(1), 101-12. doi:10.1177/0959354305049748
- Heenan, D. (2006). Art as therapy: an effective way of promoting positive mental health. *Disability & Society*, 21(2), 179-191. doi:10.1080/09687590500498143
- Hegarty, T. (2003). Songs as re-telling. *The International Journal of Narrative Therapy and Community Work*, 3, 44-54.
- Hugo, C. J., Boshoff, D. E., Traut, A., Zungu-Dirwayi, N., & Stein, D. J. (2003). Community attitudes toward and knowledge of mental illness in South Africa. *Social Psychiatry and Psychiatric Epidemiology*, 38, 715-719. doi:10.1007/s00127-003-0695.3
- Kaplan, R. M., & Saccuzzo, D. (2009). *Psychological Testing: Principles, Application and Issues*. Belmont, CA: Wadsworth Learning.
- Karp, I. and Lavine, S. D. (1991). *Exhibiting Cultures: The Poetics and Politics of Museum Display*. Washington, DC: Smithsonian Institution Press.
- Karttunen, S. (1998). How to identify artists? Defining the population for 'status-of-the-artist' studies. *Poetics*, 26(1), 1-19. doi:10.1016/S0304-422X(98)00007-2

- Kemp, J. (1964). The work of art and the artist's intentions. *The British Journal of Aesthetics*, 4(2), 146-154. doi:10.1093/bjaesthetics/4.2.146
- Kleim, B., Vauth, R., Adam, G., Stieglitz, R., Hayward, P., & Corrigan, P. (2008). Perceived stigma predicts low self-efficacy and poor coping in schizophrenia. *Journal of Medical Health*, 17, 482-491. doi:10.1080/09638230701506283
- Kondrat, D. C., & Teater, B. (2009). An anti-stigma approach to working with persons with severe mental disability: Seeking real change through narrative change. *Journal of Social Work Practice*, 23(1), 35-47. doi:10.1080/02650530902723308
- Landgarten, H. B. (1981). *Clinical art therapy: A comprehensive guide*. New York, NY: Brunner/Mazel.
- Lejsted, M., & Nielsen, J. (2006). Essay art created by psychiatric patients. *Medicine and Creativity*, 368, 510-511. doi:10.1016/S0140-6736(06)69906-6
- Linesch, D. (1988). *Adolescent art therapy*. New York, NY: Brunner/Mazel.
- Loewenberg, I. (1975). Intentions: The speaker and the artist. *The British Journal of Aesthetics*, 15(1), 40-49. doi:10.1093/bjaesthetics/15.1.40
- Lysaker, P. H., & Lysaker, J. T. (2001). Psychosis and the disintegration of dialogical self-structure: Problems posed by schizophrenia for the maintenance of dialogue. *British Journal of Medical Psychology*, 74, 23 – 33.
- Lysaker, P. H., & Lysaker, J. T. (2002). Narrative structure in psychosis: Schizophrenia and disruptions in the dialogical self. *Theory and Psychology*, 12(2), 207 - 220. doi:10.1177/0959354302012002630
- Lysaker, P. H., Lysaker, J. T., & Lysaker, J. T. (2001). Schizophrenia and the collapse of the dialogical self: Recovery, narrative and psychotherapy. *Psychotherapy*, 38(3), 252 - 261. doi:10.1037/0033-3204.38.3.252
- Malchiodi, C. A. (Ed.). (2011). *Handbook of art therapy (2nd ed.)*. New York, NY: Guilford Press.
- McNiff, S. A. (1974). The myth of schizophrenia. *Schizophrenia Bulletin*, 9 (Summer), 12-13.
- Meehan, T., & Farquharson, K. L. (2012). Community as outsider witness: Utilising community members in the reconstruction of problem-saturated identities. *Journal of Psychology in Africa*, 22(4), 567-574.
- Meehan, T., & MacLachlan, M. (2008). Self construction in schizophrenia. *Psychology and Psychotherapy: Theory, Research and Practice*, 81, 131-142. doi:10.1348/147608307X256777
- Nightingale, D. J., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. Buckingham, England: Open University Press.

- Potter, J. (1996). *Representing reality: Discourse, rhetoric & social construction*. London, England: Sage.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London, England: Sage.
- Reynolds, F., & Priori, S. (2006). The role of art-making in identity maintenance: case studies of people living with cancer. *European Journal of Cancer Care*, 15, 333-341. doi:10.1111/j.1365-2354.2006.00663.x
- Rosen, A. (2007). Return from the vanishing point: a clinician's perspective on art and mental illness, and particularly schizophrenia. *Social Psychiatry and Psychiatric Epidemiology*, 162(2), 126-132.
- Serviddio, F. (2010). Exhibiting identity: Latin America between the imaginary and the real. *Journal of Social History*, 44(2), 481-498.
- Shilling, C. (2002). Culture, the 'sick role' and the consumption of health. *The British Journal of Sociology*, 53(4), 621-638. doi:10.1080/0007131022000021515
- Silverman, D. (2006). *Interpreting qualitative research (3rd ed.)*. London, England: Sage.
- Stuart, H., & Arboleda-Florez, J. (2001). Community attitudes toward people with schizophrenia. *Canadian Journal of Psychiatry*, 46(3), 245-252.
- Taylor, S., & Littleton, K. (2008). Artwork or money: Conflicts in the construction of a creative identity. *The Sociological Review*, 56(2), 275-292. doi:10.1111/j.1467-954X.2008.00788.x
- Tredoux, C., & Smith, M. (2006). Evaluating research design. In M. Terreblanche, K. Durrheim, & D. Painter, *Research in Practice (2nd ed)* (pp. 160-187). Cape Town, South Africa: UCT Press.
- Van Hoecke, E. (2009). Icons in exile: the representation of mentally ill patients in British newspapers. *International Journal of Culture and Mental Health*, 2(1), 29-37. doi:10.1080/17542860802560371
- Wetherell, M. (1998). Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse and Society*, 9(3), 387-412. doi:10.1177/0957926598009003005
- White, M. (2000). Re-engaging with history: The absent but implicit. In M. White, *Reflections on narrative practice* (pp. 35-58). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2003). Narrative practice and community assignments. *The International Journal of Narrative Therapy*, 2, 17-55.
- White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.

ART, IDENTITY AND SCHIZOPHRENIA

Willig, C. (2008). *Introducing qualitative research in psychology (2nd ed)*. Berkshire, England: Open University Press.

Wilson, C., Nairn, R., Coverdale, J., & Panapa, A. (1999). Mental illness depictions in prime time drama: Identifying the discursive resources. *Australian and New Zealand Journal of Psychiatry*, 33, 232-239.

Yanos, P. T., Roe, D., & Lysaker, P. H. (2010). The impact of illness identity on recovery from severe mental illness. *American Journal of Psychiatric Rehabilitation*, 13(2), 73-93.
doi:10.1080/15487761003756860

Appendix A: Letter of Ethical Approval



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

DEPARTMENT OF PSYCHOLOGY

Tel: +27 (0)46 603 8500 • Fax: +27 (0)46 622 4032 • Website: <http://www.rhodes.ac.za/academic/department/psychology>

RESEARCH PROJECTS AND ETHICS REVIEW COMMITTEE

21 May 2013

Kirsten Farquharson
Department of Psychology
RHODES UNIVERSITY
6140

Dear Kirsten

ETHICAL CLEARANCE OF PROJECT PSY2013/18

This letter confirms your research proposal with tracking number PSY2013/18 and title, 'Art, Identity and Schizophrenia: Possibilities for Movement', served at the Research Projects and Ethics Review Committee (RPERC) of the Psychology Department of Rhodes University on 21 May 2013. The project has been given ethics clearance.

Please ensure that the RPERC is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators.

Yours sincerely

A stylized, handwritten signature in black ink, consisting of a long horizontal stroke with a curved end.

CHAIRPERSON OF THE RPERC

Appendix B: Final Interview Schedule

- 1) What was your first reaction to the exhibition?
- 2) Did these opinions change after the explanation about the background of the exhibition?
- 3) Is there any particular piece that stands out for you?
 - a. If yes, in what way does it impact on you?
 - b. In no, in what ways does the exhibition as a whole impact on you?
- 4) Looking at these works, what images do you have of the people who made them? Do you have an idea about who they are as people?
- 5) Do you think that art is representative of the human mind?
- 6) How would the art be different if the artists had not been diagnosed with schizophrenia?
- 7) What do you know about schizophrenia?

Appendix C: Full Transcripts

Participant 1:

Amanda

- Researcher:** Have you received an information sheet?
- Amanda:** Yes.
- Researcher:** Do you mind being recorded?
- Amanda:** Not at all.
- Researcher:** And do you mind your...um...information being used for research purposes?
- Amanda:** No.
- Researcher:** Okay, why did you come to the exhibition today?
- Amanda:** Um, because well I know someone who knew Mark. And um...(pause) like we we were there when like when he died like he was he was interesting, um...like this this is what he was working on before he before he passed on, like he didn't show up to the exhibition which was this one I think. Ya, And then I dunno, it's part of like, also a little bit of closure I think. Um, I dunno ya we just wanted to see what he what he had been doing before he...
- Researcher:** Okay so it was a personal connection with Mark.
- Amanda:** Uh...Not really on my... but with um with Taz and with Carol. They um ya, they knew him personally.
- Researcher:** Um did you have any expectations of what the art was going to look like before you came here?
- Amanda:** Um... no I didn't know what to expect honestly.
- Researcher:** Okay.
- Amanda:** Like I didn't know like the project a lot. I just wanted like to see what he had been doing.
- Researcher:** Okay.
- Amanda:** Ya.
- Researcher:** Um, does any particular piece stand out for you?
- Amanda:** Ya there was that one there which kind of looked like um like sort of image of the self. It was very like abstract and um very well drawn actually. And um like he did another piece and it was dated on the same day and I dunno like I thought that it looked like cause the one kind of looked like Jesus. And I dunno if he was like drawing himself and then like drawing like maybe his hope in the other one I dunno. It was just the contrast was quite cool.
- Researcher:** Was it... Why why does it impact on you so much is it just something like
- Amanda:** Oh no it's just something...
- Researcher:** ... When you see it...
- Amanda:** It's just something I noticed when I saw, when I looked at it, um...
- Researcher:** Um, looking at the works what images do you have of the people that created them?
- Amanda:** I find a lot of them just like there lots of things that are labelled, like from previously like you know in school like when like in biology when you label stuff. There's like kind of things like it looks like its most of them are drawing what they remember from like school or and then like some look like they have architectural background but a lot of them are just like images of the self. Ya that's what I think, and some are very mixed. Like you can't really make out what they are trying to say. Like its sorta is like what they are thinking at the time and they just like putting it onto paper.

ART, IDENTITY AND SCHIZOPHRENIA

- Researcher:** That's that's pretty cool. Um, do you think that art is representative of the human mind?
- Amanda:** Ya. Very much so.
- Researcher:** Okay.
- Amanda:** Ya.
- Researcher:** How would the art be different if the artists hadn't been diagnosed with schizophrenia?
- Amanda:** I dunno.
- Researcher:** Do you think it would be different?
- Amanda:** Um, ya. Ya I think it would because like you, it's just you one of you. You know. And drawing what what your mind thinks at that time. And I think like if they drew in their different states, it would be very different art that would come out.
- Researcher:** What do you know about schizophrenia? Just off the top of your head?
- Amanda:** Like just like two, I think it's two or could be multiple like different personalities that come out. I dunno how if they triggered or what. I just know that like different, the person has different states that they go through. That are....ya.

Participant 2: Brenda

- Researcher:** Have you received the information sheet?
- Brenda:** I have received the information sheet.
- Researcher:** Are you alright to be recorded?
- Brenda:** I am alright to be recorded.
- Researcher:** Are you alright for this information is used for research purposes?
- Brenda:** Yes.
- Researcher:** Okay. Thank you. Why did you come to this exhibition today?
- Brenda:** Um, I am currently working with the community engagement centre at Rhodes University and we got the invite when, I got the invite about a week ago. And it sounded so interesting and novel that I had to come and check it out. Ya.
- Researcher:** Okay wow. Um did you have any expectations of the art before you came here?
- Brenda:** No. No, to be perfectly honest I didn't. Um, I am conditioned to being surprised to people's efforts when it comes to trying new things. So ya, no expectations of any kind.
- Researcher:** Um, is there particular piece that stands out for you?
- Brenda:** Um, the one's of the faces over there I can't um who is the artist. The ones by, that one over there.
- Researcher:** Oh those one's.
- Brenda:** Ya.
- Researcher:** It's Mohammed.
- Brenda:** Mohammed yes. Most of his work I I have really liked the most most of the ones I see with his name on it I have really liked.
- Researcher:** Okay cool. Um is there any particular reason?
- Brenda:** The faces are just so interesting, I think. He really has a way of seeing depicting a face of some kind. It's intriguing.
- Researcher:** Um, looking at these works what images do you have of the people who created them? I know you have met some of them today but did you have any images of the people that created them when you looked at the art?

ART, IDENTITY AND SCHIZOPHRENIA

- Brenda:** Um. Images in what way like...
- Researcher:** Like did you...
- Brenda:** ...expectations of what people they were?
- Researcher:** People they would be and what they would be like or look like or anything like that.
- Brenda:** No and I think that they fulfil their expectation. I mean there's. They fulfil their expectation of having no expectation. There doesn't seem to be any, um box that any of them fit into which is always very interesting.
- Researcher:** Um, did you, do you think that art is representative of the human mind?
- Brenda:** Phew! (laughter) I think that art is one of the vehicles in which um human beings use to express the things we can't express in other ways. Um and it's an important part of that kind of expression because it it it's it's a vehicle for other things that can't be said or done.
- Researcher:** Okay.
- Brenda:** So...ya. No definitely. But it's not the only way.
- Researcher:** Okay. Um, how would the art be different, if it would be, if the patients hadn't been diagnosed with schizophrenia?
- Brenda:** Aren't all artists a little schizophrenic really? [laughter] Um I'm I'm not sure. Um...
- Researcher:** Do you think it would be different?
- Brenda:** The art, I think probably would be different. I think that there would be a different significance to what was depicted. Um and I think that there would be a different reasoning for producing this kind of art. Which would obviously put a different interpretation on the viewer. A viewer coming in not knowing that they were done by schizophrenic patient or patients that had been diagnosed with schizophrenia. I would probably have a different impression of what the work was. But neither one being better or worse than the other I think.
- Researcher:** Okay, that's interesting. Um, what do you know about schizophrenia just off the top of your head?
- Brenda:** Um very little. Um, I know that it is a mental illness of some kind um where people battle with personal identification but that's pretty much the details I don't know.

Participant 3: **Carla**

- Researcher:** Just for the record please state if you have received an information sheet?
- Carla:** Yes.
- Researcher:** Are you alright to be recorded?
- Carla:** Yes.
- Researcher:** Is it alright if this information is used for research purposes?
- Carla:** Yes.
- Researcher:** Thank you very much.
- Carla:** It's a pleasure.
- Researcher:** What was your first reaction to the art?
- Carla:** It was kind of fascinating.
- Researcher:** Why?
- Carla:** Because I wanted to work out what was wrong with the people who did the art.
- Researcher:** Okay.
- Carla:** I couldn't though.
- Researcher:** Do you think, do you consider it to be art?

ART, IDENTITY AND SCHIZOPHRENIA

- Carla:** Yes. It's like an expression of people's individualism and what not.
- Researcher:** Does it change for you knowing that they have mental illness?
- Carla:** Yes.
- Researcher:** In what way?
- Carla:** It's more fascinating.
- Researcher:** Why is it fascinating?
- Carla:** Cause you are seeing something that is coming out of a mind of that's not normal that is not the same as yours. So you actually won't be able to understand it cause it's coming out of a different kind of mind
- Researcher:** Do you think the art would've been different if the patients hadn't been diagnosed with schizophrenia or other illnesses?
- Carla:** Are you saying if they didn't have schizophrenia or...
- Researcher:** Ya.
- Carla:** If they didn't, yes I think it would.
- Researcher:** How would it be different?
- Carla:** Cause arts like is an expression of your personality and your soul and with schizophrenia for example you, from what I gather, you have two different personalities so it would be, its expression of different personality.
- Researcher:** Um, do you get any particular about the artists when you see the art?
- Carla:** No. I don't. I don't know really at all. I I assumed when I started reading them that they were all young but then you like, kind of childlike but obviously they not.
- Researcher:** Um, do you think that art is representative of the human mind?
- Carla:** Yes.

Participant 4: Damba

- Researcher:** Are you alright to be tape recorded?
- Damba:** Yes.
- Researcher:** Have you received an information sheet?
- Damba:** Yes.
- Researcher:** Are you alright if your information is used for research purposes?
- Damba:** Yes.
- Researcher:** Um, why did you come to this exhibition today?
- Damba:** Uh...I...happened to be passing and uh I am interested in psychology and I... know a few cases of various mental disorders.
- Researcher:** Okay. Um, did you have any expectations of the art as you were viewing it...? Or before?
- Damba:** Once I knew that it was perhaps from people of mental disorder, I... was looking for something that was perhaps ...not necessarily coherent or um...ya that wasn't necessarily coherent... that's a word I can't find the art word.
- Researcher:** That makes sense. Um, is there any particular piece that stands out for you?
- Damba:** The one with the person sticking out their tongue but that's simply because it looks a bit bizarre. Yes.
- Researcher:** Is there any...
- Damba:** And the one and the one where the guy was diagnosed bec... And the one where he I

ART, IDENTITY AND SCHIZOPHRENIA

- presume he was thereafter on medication. Where his... everything is very orderly.
- Researcher:** Okay. Um, is looking at the works do you have any images of what the artists look like as people... Or what... who they are?
- Damba:** Well the guy who drew himself that must be a little bit of what he looks like but I'm sure he is far far more beautiful than that.
- Researcher:** Um, do you think that art is representative of the human mind?
- Damba:** Yes I do, definitely. Some people can express their minds better because they're better artists than others but I do feel it expresses the emotions.
- Researcher:** Um, do you think the art would be different if the artists hadn't been diagnosed with schizophrenia?
- Damba:** [pause] It might influence how they express themselves because they might have this um...they might have this feeling of inferiority? And if they didn't know maybe they could express themselves with more confidence. As in their person maybe in their art. Ya.
- Researcher:** Okay. Um, do you know, what do you know about schizophrenia just off the top of your head?
- [pause]
- Researcher:** Anything?
- Damba:** Its uh...you have a split personality. And you are obsessive about certain areas maybe.

Participant 5: Edgar

- Researcher:** Have you received the information sheet?
- Edgar:** Yes I have.
- Researcher:** Are you alright to be recorded?
- Edgar:** Yup.
- Researcher:** Are you alright if this information is used for research purposes?
- Edgar:** Yup.
- Researcher:** Thank you. Um, why did you come to the exhibition today?
- Edgar:** Um, just, I was passing by. So I didn't actually choose to come, now it's here I thought I would have a look at it.
- Researcher:** Um, did you, knowing that the art had been painted by mental health, mental health users...
- Edgar:** Mmh.
- Researcher:** Service users, does it change your perception of it?
- Edgar:** Uh, it doesn't change perception of it as art, but it's just it um, it kind've validates the, the claim that, that art is a useful form of therapy.
- Researcher:** Okay. Um, is there any particular piece that stands out for you?
- Edgar:** I've only just walked around it once, so I haven't, I haven't actually seen all the pieces yet. So I can't quite honestly answer that question... Um. [Pause] there's one round there which I remember thinking that was that was quite fun so lets go and have a look, see if I can remember which one it was...Um...I, well it was just, just this, this was actually rather amazing you know this kind of testimonial stuff, yeah, particularly this guy here who...
- Researcher:** Mfundo's
- Edgar:** Ya, ya.
- Researcher:** Ya.
- Edgar:** Ya. Um...it is a very moving testimony of where he has come from what he has done where he has been. And then you see that he has actually created some art afterwards and then you see this first and I know that there was art by him until later. It's it's really impressive yeah.
- Researcher:** Um, Looking at the works do you have any images about the artists?

ART, IDENTITY AND SCHIZOPHRENIA

- Edgar:** I can't say I do at this stage, No.
- Researcher:** Okay. Do you think that art is representative of the human mind?
- Edgar:** What is the human mind? That's kind of, um yeah, kind of start with Aristotle and and go back and come forwards. Um, of course everything is representative of the human mind. Humans do, yeah? Um, so art is one way of expression of the capacities that everybody has within them. More important thing that is it is it, uh an expression of something that enables people to articulate themselves more fully. I always thought it is. Um, so yes.
- Researcher:** Um, how would the art be, be different or would it be different if the patients had not been diagnosed with illnesses such as schizophrenia?
- Edgar:** I don't think it would have been that different, no. I think that you can look at you can think of a lot of so called main stream artists who are also probably on the edge of being diagnosed or were diagnosed with schizophrenia and many of them ended up in mental hospitals. Um, you know, so if you look at Van Gogh uh, you know uh, and more in my field and if you look at people like Artaud, uh... you know lot of them were actually excluded from society because of the, at that stage people didn't understand where they were coming from and why they got the intensity and their kind of perception of life.
- Researcher:** Okay. Do you know anything about the illness schizophrenia, of what it is?
- Edgar:** A little bit yes, yeah, not a fantastic amount but I mean I know the basis, the basis of kind of the the the the...
- Researcher:** What what do you..
- Edgar:** ...the this split this spit in personality. And the different differences the difficulties of reconciling the two halves of one oneself.
- Researcher:** Are there any other comments that you'd like to make about the exhibition or anything that stood out for you and that you'll leave with?
- Edgar:** I think is very heartening to see this here and also to know to hear that it's uh something which is gonna benefit the and not only the the artist and that the production it is also gonna benefit them in that their their future lives as well, that's great. I think it's really nice that it's here.
- Researcher:** Thank you so much.
- Edgar:** It an actual good part of of the festival.
- Researcher:** Thank you I really appreciate your time. Thank you very much.

Participant 6: Fred

- Researcher:** Have you received an information sheet?
- Fred:** Yes
- Researcher:** Are you alright to be recorded?
- Fred:** Yes
- Researcher:** Are you alright if this information is used for research purposes?
- Fred:** Yes.
- Researcher:** Thank you very much.
- Fred:** Okay.
- Researcher:** Why did you come to this exhibition today?
- Fred:** Because I work here.
- Researcher:** Okay, um. Did you have any expectations of the art before viewing it?
- Fred:** Yes. Before I saw it I thought it was going to be crazy but actually it's quite normal. In the normal sense.
- Researcher:** What do you mean by crazy?

ART, IDENTITY AND SCHIZOPHRENIA

- Fred:** Like overtly disturbing artwork I guess.
- Researcher:** Okay. So what sort of things did you expect to see?
- Fred:** I expected to see the same as that Johan Boshoff's painting. The crazy face.
- Researcher:** Okay, mental anguish?
- Fred:** The scary face...
- Researcher:** Yes. Okay.
- Fred:** I expected to see all the work looking like that.
- Researcher:** Um, is there any particular piece that stands out for you?
- Fred:** Yes. That Johan Boshoff's one.
- Researcher:** Mental anguish?
- Fred:** Yes, Mental Anguish. It's my favourite.
- Researcher:** Why does it stand out for you?
- Fred:** Um, because it's so well done, firstly. Like the way it's executed, is like on a professional level and also it's what I expected to see out of like a mentally ill patient.
- Researcher:** Okay. So it met up to your expectations?
- Fred:** Yes.
- Researcher:** Looking at the works, do you have any images of what the artists look like? Or are as people?
- Fred:** No... Well, I might have before but I have seen the patients already. So I was shocked to see how they are so normal and that it becomes normal compared to like their artwork or compared to like what you would think a schizophrenic patient is like.
- Researcher:** Would be like?
- Fred:** Ya.
- Researcher:** Do you think that art is representative of the human mind?
- Fred:** Um, in a sense ya but I don't think that you can like look at this art and say like this is what defines this person. It's not like this is what this person was thinking at that point of time. Rather than like this is who they are. That's how I feel. Ya.
- Researcher:** Um, how would the art be different if, or would it be different if the artists had not been diagnosed with schizophrenia?
- Fred:** Um, I think that like the the the level of art here is like looked at in a different way because of the fact that they're schizophrenic. Like if they were, like if it was like just an exhibition and these were just normal people, people would berate it I think. Because they are schizophrenic, people are like oh there is meaning behind it. So therefore I can accept like a house that is just drawn in crayon as art or something.
- Researcher:** Okay. Do you know anything about schizophrenia?
- Fred:** Yes.
- Researcher:** What do you know about it? As an illness? Off the top of your head.
- Fred:** Uh, what uh, like, I dunno.
- Researcher:** What, what is it.
- Fred:** It's a mental illness?
- Researcher:** Anything else?
- Fred:** Characterised by like hearing voices and believing what not there depending on whether it is paranoid schizophrenia or normal schizophrenia.
- Researcher:** Thank you very much.

Participant 7: Grace

- Researcher:** Have you received an information sheet?
- Grace:** Yes.
- Researcher:** Are you alright to be recorded?
- Grace:** I am.
- Researcher:** Is it alright if this information is used for research purposes?
- Grace:** Yes.
- Researcher:** Why did you come to this exhibition today?
- Grace:** Um, I'm working here.
- Researcher:** Okay. Um, have, did you have any expectations of the art that you were going to view today?
- Grace:** Um, ya. When we we at um Fort England we like cause we go there every Tuesday and with the people, the men in Ward F, um, they also a lot of them have schizophrenia and that sort of thing and um they we asked them one day to um draw people. You know? And a lot of them couldn't sort of put the eyes in the circle of the face and they had hands coming from the head and like some of them like were able to draw quite well but a lot of them were like very very very um, it was at a very low level. So I was expecting that. And then when I saw the really high standard of a lot of these pictures I was surprised.
- Researcher:** Is there any particular piece that stands out for you?
- Grace:** Um, yeah. I think that that writing one I dunno what who it was by...?
- Researcher:** Mfundo?
- Grace:** Mfundo. Ya. That really stands out to me um, the the the fact that like I dunno there's uh how it gets more sort of like loose and like it starts writing like very like tiredly and everything and like as the person talking about like how things have sort of deteriorated in his life in it just like it's so its represented in the handwriting which is interesting.
- Researcher:** Um, looking at these works what images do you have of the people who made them?
- Grace:** Um, I've also seen a couple of photos of the people so I suppose my that my images are kind of based on that also those photos and I really like the fact that the people sort of dressed up to be smart to come and see it. And, ya.
- Researcher:** Okay. Do you think that art is representative of the human mind?
- Grace:** Yes. I think that um it can show how you perceive a lot of things um, and so that ya. So that represents better than maybe better than words. Um, cause you putting your picture and your mind out there.
- Researcher:** Do you, would the art be different if the patient had not been, the artists had not been diagnosed with schizophrenia?
- Grace:** Would the art be different? Or would my perception of the art would have been different?
- Researcher:** Do you think the art would have been different?
- Grace:** The art? Um, I think some of the pictures would have been different. Um, maybe maybe with schizophrenia if you are on a specific medication or something it might change your perception. So might, so that might have changed the art.
- Researcher:** Okay. Do you know anything about schizophrenia?
- Grace:** A little bit.
- Researcher:** What do you know about it?
- Grace:** Um, I know that there are different types of schizophrenia. Like dissociative schizophrenia and that sort of thing and that it's not I don't think it's all hearing voices and that sort of thing. Um, so there's a whole lot of different um, experiences that are very different from

ART, IDENTITY AND SCHIZOPHRENIA

like that maybe the average understandings of schizophrenia like as just like hallucinating and hearing voices. So I know that is it very intricate and and like I dunno complete different, I dunno.

Researcher: Okay. Thank you so much I really appreciate your time.

Participant 8: Hannah

Researcher: Please state if you have received an information sheet?

Hannah: I have, I have received an information sheet.

Researcher: Are you alright to be recorded?

Hannah: God no! I told you I need to be checked in. *[Laughter]*

Researcher: Um, are you alright if this information is used for research purposes?

Hannah: Yes sure. No problem.

Researcher: Thank you very much. Um, is there any particular reason you're at the exhibition today?

Hannah: I am. I am here with a friend who is a publisher from University Press and she is here attending a couple of book launches.

Researcher: Okay.

Hannah: Um so I'm really kind of like tagging along with a work colleague, ya.

Researcher: Before um, I told you about the exhibition what were your reactions to the art works?

Hannah: Well as a I said I kind of like view art and um if I, to to enjoy it or like it if something strikes me then I want to know more about it otherwise I am going to move on. Whether it has been done by someone who is mentally ill or someone who is perfectly ok in the head or whatever you want to say um, ya. It actually makes no difference to me. It's just a case of whatever appeals to me then I want to know more about it and who did it and what the story is behind it. Um, there was one in particular that I did like and it was the woman over there. I like her, that one. But that's, I just liked it. It had nothing to do to with who had done it or what condition they were.

Researcher: After after being told about the...

Hannah: Yes.

Researcher: ...history and the the pro, the the exhibition itself...

Hannah: Yes.

Researcher: ...did it change your perceptions of the art in anyway?

Hannah: If I'm honest?

Researcher: Mmh please.

Hannah: And well I can be honest. And this is probably a judgement against myself then I kind of have viewed it as being more juvenile.

Researcher: Okay.

Hannah: Isn't that interesting?

Researcher: Ya, that is very interesting.

Hannah: But that might just be a, a take on my own judgement of people who've have mental illness. For me, it kind of strikes me as juvenile. Well juvenile is as a bit harsh. Young! Maybe young is a better word, young.

Researcher: Inexperienced in a way?

Hannah: Uh, the the the artists strike me as being young people, as opposed to older people if that makes sense?

Researcher: That is very interesting.

ART, IDENTITY AND SCHIZOPHRENIA

- Hannah:** And I don't mean juvenile delinquent type people I'm talking I would say that these were done by young people. Younger people maybe even students. That would be my take on it.
- Researcher:** So in your mind if you, picture the artists, is that what would strike you first? Their...
- Hannah:** Ya, young.
- Researcher:** Their youth?
- Hannah:** Youth. Mmh Mmh.
- Researcher:** Thank you that is very interesting. Do you think that art is representative of the human mind?
- Hannah:** Very much so. God if I could paint...If only I could paint and draw. I see wonderful things and I can't tell anybody I can try and vocalise it but I can't. Because I need to draw and I can't. Very very much so.
- Researcher:** Okay.
- Hannah:** Very much so. Ya.
- Researcher:** Do you think the art would have been different if the patients hadn't been diagnosed with mental illness?
- Hannah:** No. No I don't think it would be any different. No.
- Researcher:** Um, do you know anything about schizophrenia and what it is?
- Hannah:** I do. Um, I think a lot of people and probably myself had the misconception that it is um the person with so many personalities. Um and I don't think that is the case. Um, I had a brother in law who was diagnosed with schizophrenic, schizophrenia. And he was treated with a very harsh government drug but that was all they could afford. And as I understand it is more a case of um... I don't think they have a complete diagnosis of what schizophrenia is if I have read correctly.
- Researcher:** Okay.
- Hannah:** There isn't something that actually says what it is. But my experience of him, he was manipulative; um he couldn't um hold down a job. Um, not through lack of ability because when he was fine he could, he was perfect. But he'd just loose the plot. Um, there were times when he was institutionalised when he heard the voices in his head. Um, you know he thought that as he was going through a supermarket he wanted to scan his own wrist. You know um and I always think that there is a religious thing there in schizophrenia. I dunno. I dunno what it is, but there is some religious link, but ya. I dunno what it is. But do I know what schizophrenia is? No, not really. Doesn't sound like it. *[Laughter]*
- Researcher:** Thank you very much. I have just one last question. Knowing what you know about schizophrenia, do you think that, do those sort of things come out at you when you look at the art?
- Hannah:** No not at all.
- Researcher:** Not at all?
- Hannah:** No no no not at all. I wouldn't know if I had to look at this art and say what have they got schizophrenia, um manic depressive or anything else? I wouldn't know the difference.
- Researcher:** Okay, thank you so for your participation.
- Hannah:** But I am NOT a professional. Only in my own mental illness. *[Laughter]*
- Researcher:** Thank you so much I really appreciate your time.

Participant 9: Ingrid

- Researcher:** Just for the record have you received an information sheet?
- Ingrid:** Yes I have.
- Researcher:** Are you alright to be recorded?
- Ingrid:** Yes.
- Researcher:** Is it alright if this information is used for research purposes?
- Ingrid:** Ya, no problem.
- Researcher:** Um, is...You're working at the exhibition?
- Ingrid:** Yes.
- Researcher:** Um, bef...when you first viewed the art what did you... what was your initial reaction towards it?
- Ingrid:** Well, I thought it was very interesting. Like most of the paintings have, you know they are own meaning and that shows each of the artist's you know they, they have specific interests and, like most of it is quite childish but some of it is very complex.
- Researcher:** Okay.
- Ingrid:** And, you know I think it's very interesting like its one guy, I dunno if he is a schizophrenic or not but you know that one there where the hand writing changes but the story continues. So it's not a change in thought it's just a change in handwriting. And then is this one artist everything he draws he labels. That is quite interesting like he is trying to organise what is going on in his head and then label the world basically. And then there's the some quite deep writing on some of them. Like it's not just off the top of their heads nonsense like it's actually really thought about.
- Researcher:** Okay, are there any um, you mentioned a couple. Are there any others that really stand out for you? In terms of the pictures? Are there any individual pictures?
- Ingrid:** Yes there's one. But I don't know if it's upstairs or here. But I'll show you which one it is.
- Researcher:** What what, describe it to me.
- Ingrid:** Its um...Like basically north south east and west. Okay so the east is focussed on, you know they value education and the mind and the spirit and then west is interesting in diamonds and diamond s and money. That sort of thing material wealth and then the artist wrote on the one side of the paper, the one that god loves and then the artist wrote her name there. And then the other side it was like these are the ones that Satan likes. And then the indecisive and those that can't make their mind something like that. And I thought that was really insightful it was really interesting.
- Researcher:** Is that, why does it why does it um stand out to you? Because of the insightfulness of it?
- Ingrid:** Ya. I dunno it is just really interesting to know that this will be that that person is thinking about and trying to come to terms with in their mind.
- Researcher:** Do you think that the art would have been different if they hadn't been diagnosed with mental illness?
- Ingrid:** I don't think it would have been as interesting.
- Researcher:** Okay. Without the, without knowing that it, the history behind the exhibition what would you have thought about the pictures?
- Ingrid:** Um, well depends which because some are actually very good and technically well done and some of them are a bit more not that well done. But um, ya it it doesn't really show through the art that these people are mentally troubled. It's just more expressionistic I suppose.
- Researcher:** Okay. Um, um, do do you think that art is representative of the human mind?

ART, IDENTITY AND SCHIZOPHRENIA

- Ingrid:** Of course if do. Otherwise why would we make art?
- Researcher:** Um, do you... looking at the works do you get any images about who the people are that have created them?
- Ingrid:** Well, some of them like this one in the folder, is, there is a drawing of a woman and she is sitting on a chair and she is drinking and she is smoking and then there's another of there's a woman in the middle and there are two men fighting and they have knives and sticks and they are beating each other up and I think it's just they express what they understand basically and what they think.
- Researcher:** Okay. Um do you know what schizophrenia is? Just off the top of your head.
- Ingrid:** Yes.
- Researcher:** Can you tell me anything about it? Quickly.
- Ingrid:** It's just, well I know that it's not multiple personality disorder. It's just their personality changes.
- Researcher:** Okay. Thank you very much I appreciate it.

Participants 10 & 11:

Jack & Katlego

- Researcher:** Please state if you've received an information sheet
- Jack:** Yes, I have.
- Researcher:** Are you alright to be recorded?
- Jack:** Perfectly.
- Researcher:** Would you be alright if this information is used for research purposes?
- Jack:** No problem at all.
- Researcher:** Thank you. Um, before I told you about the history behind the exhibition what did you think of the art?
- Jack:** I really thought that like this like I'm not an artist myself so really thought that it was like an abstract sort of piece of art where like I had no idea what was going on like I just, like I had no idea why these images or or or paintings or drawing were even exhibited. Um, when you told me the background to this story and actually who the artists were, I found more appreciative of of the certain arts displayed. Yeah.
- Researcher:** Okay. So what did you, honestly what was your first reaction to it? What was the first thing that went through your head?
- Jack:** Okaaaaaayy.
- Researcher:** You can be as honest as you like.
- Jack:** Umm, I wouldn't view it as art though. Honestly. Um, I just thought that because I am not an artist myself and I looked at the drawings as like, mmh I could do better than that.
- Katlego:** *[laughter]*
- Jack:** You know that's how I thought it was. But definitely after you've given me the information and actually told me more about the artists. You know I found a deeper appreciation for actually what they are and what they going for and stuff like that. So most definitely
- Researcher:** Do you think that um, the art would have been different if the artists hadn't been diagnosed with mental illness?
- Jack:** Mmh. Depending on their ages
- Researcher:** Okay, in what way?

ART, IDENTITY AND SCHIZOPHRENIA

- Jack:** Um, how old are these the the artists exhibiting here?
- Researcher:** They range, they range, mostly in their early 30s late 20s. Some of them are older but they generally around that age. Ya.
- Jack:** Okaaaay. That's an interesting fact.
- Researcher:** Why is it interesting for you?
- Jack:** Cause I thought that this wasn't exhibited by adults you know I thought they would be much younger. Um.
- Katlego:** Ya, ya.
- Researcher:** What was the image of the artist that you got?
- Jack:** Um, young, um, round about 7 to round about 13 years? Um, as you said that they suffered from schizophrenia um so then like or like mental illness and bipolar disorders so like I wouldn't, that wouldn't be my first guess that's why I was like taken a back when you told me that they like a whole lot older than I they're actually thought I was, than I thought they were.
- Katlego:** My general reaction was also that they were, I thought it was child painting.
- Jack:** Exactly.
- Katlego:** I got the same thing. And then when you told me that it's older people with um, mental illnesses I started seeing differently cause now I'm looking at them and I see all these splashes of colour and it's like a reoccurring theme with all of them. And it's not all the paintings are not completely in colour cause there is all this no white and almost all of them. They are not all covered in colour. And then that's maybe one thing that runs through all of the paintings but then they are very different. So you can see that it's done by different people. And I appreciate that. It's like a different identity in each painting. It's like someone has put their all into it. And that's in their own way how they define themselves. Outside of the whole mental illness thing. I appreciate that, it's nice.
- Researcher:** Do you think that it's an important thing that the artist that the, that people are told that this is art done by mental health service users?
- Katlego:** I mean at first no. I I I actually like for them to just view the paintings and then interpret them in their own ways and then maybe like later like five minutes after they've started um looking at the paintings and then you can tell them and see how much their opinions of the paintings and their reactions to the paintings have changed.
- Jack:** Mmh.
- Katlego:** Cause I'm I'm pretty sure that they are bound to change.
- Researcher:** Did yours change?
- Katlego:** It did! That's what I'm saying like at first I thought it was just children's paintings and I probably wouldn't have paid much attention to them. Cause I was walking by actually and now it just makes me stop and look. It's good.
- Researcher:** Um, do you think that art is representative of the human mind?
- Katlego:** Oh yes I do.
- Jack:** Most definitely.
- Katlego:** I definitely do.
- Researcher:** You as well?
- Jack:** Definitely
- Researcher:** Do you, um, I forgot my next question.
- Katlego:** You know you can actually say that art is the human mind it's not just representative of what, it's what it is. And through painting or whatever form of art you decide to use

ART, IDENTITY AND SCHIZOPHRENIA

- you're just giving a piece of your mind to the world type thing.
- Researcher:** Is the art different because its, your perceptions of it changed...?
- Katlego:** Mmh.
- Researcher:** Um, a lot of psychologists use art and art therapy to make further diagnoses. Do you think that this art can be used to analyse the patients or should it be viewed in itself? In your opinion.
- Jack:** I think it could be used as um, psychologist you know, their basis on basically the evaluation of the person. In a in a sense...
- Katlego:** Mmh.
- Jack:** ...I think that um at the end of the day for me art, in any in any which way platform it comes it has to tell a story you know there's meaning to a story. Um, and I might my meaning and the way I represent it and the way I see it is very much different to the way you'll see it. Um so therefore I really do think that you know that that there is that ambiguity where you actually don't know um, which or how or how you chose to to see or how you'd view a particular um, piece.
- Katlego:** Mmh.
- Researcher:** And for you?
- Katlego:** It's really nice. No I'm just... I'm sorry I'm in a zone right now. Cause I'm looking these paintings and it's it's most of them are so simple. You know?
- Researcher:** Mmh.
- Katlego:** And it's just again with the colours it's just the colours that make them so special cause if this was like if most of them were just in pencil black and white I would not give them a minute. A minute's attention but now cause there's all these splashes of colour it just makes you want to stand and look.
- Researcher:** Is there...I know you haven't seen the exhibition too much, you haven't looked around it quite a bit but is there anything so far that stood out for you any of the paintings?
- Katlego:** This one.
- Researcher:** The one with the half coloured...?
- Katlego:** Yes.
- Jack:** Mohaamed?
- Katlego:** Yes, that is amazing.
- Researcher:** Why does it stand out for you?
- Jack:** Because once you told me that it was people with mental illness I immediately thought either schizophrenia or bipolar for this one. Cause it's like two different identities in one painting.
- Katlego:** Mmh.
- Researcher:** And for you anything that stood out for you?
- Jack:** Not really. I'd like to know though like, obviously you tell the patients to draw something right? But was that the question?
- Researcher:** They have just been given paper pens, colour and the rest is up to them. They can do anything that they like.
- Katlego:** I really like this. I really do.
- Jack:** I could relate to that one the most I find.
- Researcher:** There are also some interesting ones on the other side. Just one last question before I let you go. Thank you so much for your time. What do you know about schizophrenia just

ART, IDENTITY AND SCHIZOPHRENIA

- what what...?
- Katlego:** Um.
- Researcher:** What do you know about schizophrenia?
- Jack:** Well...
- Katlego:** It's people with different personalities and people who um I think maybe when it's at its most extreme people will believe that they are two different people like they have two different like extreme personalities. That's more or less what I understand about it.
- Researcher:** Same for you?
- Jack:** Definitely but mostly a mental disorder.
- Katlego:** Mmh it's mental.
- Jack:** Like it's something medical it's not something that you can you know avoid in a sense like that its more psychological as well.
- Katlego:** Mmh.
- Jack:** Um definitely like a more split personality. Um, they don't know... Confusion. That's the best way to
- Researcher:** Confusion.
- Jack:** That's the best way to sum it up.
- Researcher:** Thank you so much I really appreciate your time.
- Katlego:** It's a pleasure.
- Researcher:** Enjoy the exhibition
- Jack:** No problem

Participants 12 & 13:

Luke & Mpho

- Researcher:** For the record please state if you have received and information sheet?
- Luke:** Yes we have received it.
- Researcher:** Are you alright to be recorded?
- Luke:** Yes.
- Researcher:** Is it alright if I use this information for research purposes?
- Luke:** Definitely.
- Researcher:** Um, what. Before I told that the art was um, exhibited by mental health service users what was your opinion of it?
- Luke:** We thought that they were done by children.
- Researcher:** Children?
- Luke:** Ya.
- Researcher:** And same for you?
- Mpho:** Yes.
- Researcher:** Um, if... After I explained it to you how did it change for you?
- Luke:** I think now we understand what goes on in the minds of the artists. Because...
- Mpho:** Saw it at a different angle.
- Luke:** ...just looking at the Abrahams at the Mohammed Abrahams for example. It's two different, it's it's the same artist but it's like he was two different people when he when he created this.
- Researcher:** Okay, so is it an important thing to be told about the mental illness factor? Do you think

ART, IDENTITY AND SCHIZOPHRENIA

- that it's important that people know that when viewing the art?
- Luke:** Yes it helps us understand it better. We won't just say it's it's it's children's children's art. If you haven't told us then we would have said it was children's art but now we can understand it. We can try and appreciate it better.
- Researcher:** What, um, what images did you get of the artists? Both...After being told who they were, did you get any particular images about them? Who they were as people?
- Luke:** One... Ya.... I can see them as as artists trying to express themselves. Ya. And and and it's it's very difficult obviously seeing that they they come from this place it's it's very difficult for them to express themselves but through art they at least they getting it right somehow.
- Researcher:** Mmh. Okay and for you?
- Mpho:** No, I agree.
- Researcher:** Is there anything that stood out for you that you want to add?
- Mpho:** Its especially the fact that it does seem like children's art but that people have like different like they develop differently so like they won't all have the same thing like that's going on in their heads. So seeing it from a different angle, ya.
- Researcher:** Did you know...? What do you know by, um, in terms of schizophrenia do you anything about it as an illness?
- Luke:** Not much.
- Researcher:** What do you know about it?
- Luke:** Not much. We just. I know that a schizophrenic person has a has a split personality basically. And and and he doesn't quite, he can't control who he is. That's basically it.
- Researcher:** And anything that you know about it?
- Mpho:** That's basically it.
- Researcher:** Okay, thank you. Thank you so much. Oh last question sorry. Do you think that art is representative if the human mind?
- Luke:** Ya, definitely. When I look at this guy's examples. The Mohammed Abrahams, and is definite that I can see that his mind was in a different place in each one of these art works.
- Researcher:** Mmh. Thank you so much for you time I really really appreciate it.
- Luke:** Thanks.
- Researcher:** Enjoy the exhibition.
- Luke:** Thanks.

Participant 14:

Nelson

- Researcher:** For the record please state if you have received an information sheet.
- Nelson:** Yes, I have.
- Researcher:** Are you alright to be recorded?
- Nelson:** I'm fine to be recorded.
- Researcher:** Is it alright if this information is used for research purposes?
- Nelson:** Yes it may be used for research purposes. I'm not sure if you are gonna directly quote if you are gonna directly quote then maybe you need to send it to me to check but...
- Researcher:** There will be no direct quotes.
- Nelson:** Okay then.
- Researcher:** Um, is there was there any particular reason you came to this exhibition?
- Nelson:** Well I came to the word fest, I came to cause I was interested in seeing what kind of

ART, IDENTITY AND SCHIZOPHRENIA

discussions and debates were going on. That's why I came here and then I came upon the exhibition and I was uh delighted to see it.

Researcher: Why, what um, what drew you in particular? To this particular painting if...

Nelson: Well, I, firstly I looked at the work without knowing any of the background to the project cause I'm a great believer in just taking the arts on first before you know anything about who's behind it. So my first response was just looking at the images and uh seeing which of the images sort of took me into a world that I relate to and so this work of Raymond Benga.

Researcher: Yes Mbenga.

Nelson: Raymond Mbenga. I was attracted to it because I make art myself and I work with naming and imaging. So the fact that he was naming and the imaging, uh in the work by writing what the image represents is something that I am interested in. I am interested in the fact that uh, the art work becomes like a diary and maybe for him it becomes I dunno like a sort of a way of trying to educate himself. I mean it looks almost like he's trying to teach himself or discipline himself in some way. So that's why I'm interested in it.

Researcher: Okay. Did the art work change in any way after you learnt the history behind the the artists?

Nelson: It changed when I went to see, well it changed twice. It changed when I went to see the comic art exhibition. Cause there's some very interesting links because what's everyone who is looking to put his work into an art market environment should go look at the comic art exhibition. You should go and look at it without asking any questions about who any of the artists are. And then go and ask some questions and you will reverse the experience in which you are doing to me.

Researcher: Alright.

Nelson: Okay?

Researcher: Okay.

Nelson: And you will find out some interesting things about so you know now if you think of him as an artist within all the different genres of art, his work would belong in that comic art environment and because its people working with text and image and tryna tell stories. I'll also as an artist have worked with the image of a house and my father's an architect and my brother's is an architect so that's what draws me to it as well.

Researcher: Um, do you, do you get any particular images of the artist when you view this painting or any of the other drawings and paintings that are here.

Nelson: Ya, I think I get.

Researcher: What sort of images comes, stand out string for you?

Nelson: What I think the artist would look like? Or be?

Researcher: Ya anything that really strikes you about the artist.

Nelson: Well I think he has great, uh look firstly he is painting directly, so he is working directly with paint. So he is not working with a pencil or when he draws the object. So they can't be corrected so they coming direct from his physical ability and his his mental desire. So he works directly and when you work directly things become can become awkward and sort of inaccurate so it works away from realism towards a sort of expressiveness. So the manner in which he draws is bold. You know? That's the images are very boldly drawn each thing you can see the man, you can the skilpad, you can see the pig. The pig has a piggyness about it and the man has a manliness about him you know. And uh he's playfulness in his technique the fact that he ya he uses a bold line and then a broken line is is a kind of a playful approach you know. It's somebody who is enjoying the act of making. So um,

ART, IDENTITY AND SCHIZOPHRENIA

that's that's I I enjoy his enjoyment and his spontaneity I mean that's quick. You know if you look at Chinese artists who do calligraphic frogs it's like a calligraphic radio you know cause it's just alive. And that's and so is the car to a certain extent it has its calligraphic quality as opposed to these where he really has tried to go for a greater kinda realism, a naturalism, I mean that tortoise is absolutely beautifully rendered um so...

Researcher: Do you, um would the art do you think, would it have been different if the patient had not been diagnosed with schizophrenia?

Nelson: I have no idea. You know I've a worked in the arts my whole life and taught and I remember dealing an arts student in Port Elizabeth actually on one of our visits. And the guy in his painting, in his painting he had kettles of blood boiling, boiling kettles of blood in these environments and I looked at the stuff um on the expectation that the guy didn't have schizophrenia or any condition. I didn't know that about him I was just looking at the paintings and then he told me that he'd that his therapist had suggested that he should go do art and I remember just feeling sort of immensely disempowered because I had taken him to just be an ordinary man I hadn't taken him to be a a condition. And so instantly the painting flips because artists do do strange things as well you know artists are capable of painting boiled blood but this guy you know you start saying well why what is that about what what is he thinking about what is he remembering about and does it represent a severe trauma to him. You know so suddenly you are being compelled to empathise um, with the artist behind the work in a different way to the way in which you would empathise with an artist so, but clearly you you need that information but always need information. Whenever you looking at art so we all look at it at the just for what we see and then we interrogate and we question and in interrogating and questioning we find other kinds of meaning and then I don't think that I would tell anybody anything about Raymond. I wouldn't tell them that oh this is from an exhibition of people who were kind of suffering from different problems. I would never say that because I don't think that people need to know that. There is lots of art where you don't know a thing about the artist and so many the artists are a bit nuts as well.

Researcher: Okay that's brilliant. Do you think that art, it's a bit of a repeat question but just in short, do you think that art is representative of the human mind?

Nelson: Oh absolutely. Ya of course, I mean it's that lovely interplay between the body and hand and mind and the heart and then it's an interaction of all three. And one of the things that that mind has to do it is has to teach the hand and teach the gesture and it teaches through practice so you do it again and again and again repetition. And so um ya.

Researcher: And just one last question. Do you know much about schizophrenia as an illness? Anything that you know about it.

Nelson: No I know that I had, my wife had an aunt who suffered from schizophrenia and I know that she was a deeply deeply distressed person. So I have seen the effect you know on people, um I also have a mentally handicapped sister so I have worked in the environments of mental care and physical care my whole life. So and my I just, all I do is treat them as people treat everyone as people in fact I make no I make no adjustment um I try to just be as I am to whoever I interact with, including you.

Researcher: Thank you very much.

Nelson: Okay

Researcher: Thank you

Participant 15:

Oscar

- Researcher:** For the record please state if you have received an information sheet?
- Oscar:** Yes I have received the information sheet.
- Researcher:** Are you alright to be recorded?
- Oscar:** Yes.
- Researcher:** Is it alright if this information is used for research purposes?
- Oscar:** Yes. Yes. Yes. No problem.
- Researcher:** Thank you very much. Why did you come to this exhibition today?
- Oscar:** No I just wanted to see the work that is being done by these mental challenged people.
- Researcher:** Had you heard about it before?
- Oscar:** Ya I had. Ya. But I'm not far from here because my stall is there.
- Researcher:** Okay.
- Oscar:** So I was interested to see the kind of work that they are doing. Yaaaauuum. Some of the work is very good and it's hard to believe that it's done by them. But some of the pictures here you can see that at least um they are not up to standard but all in all the work is very good. I'm impressed.
- Researcher:** Okay what...
- Oscar:** But I don't believe that um that they are really really challenged upstairs.
- Researcher:** Um, what did you expect?
- Oscar:** I expected the work that is low low low standard, but the work that I see here at least it's up to standard. It raises some questions but um since they told me that it's done by these people I have to trust. But you can see to some of the pictures here I mean their art work you see with this um the the the the person here. You can see she is sticking a long tongue out as if it's a dog's tongue. So that tells me something, you know. But all in all I'm impressed. Even if I had money I was gonna buy a couple of them. You know.
- Researcher:** Are there any other that stand out to you?
- Oscar:** Yaaaaaaaauuum. It's a pity I didn't see their names but these ones these three.
- Researcher:** Johan's architecture.
- Oscar:** Ya. Ya they are all outstanding. They are outshining the others. And now I also saw the texts on the turned one there. I looked it at the writings there and I was touched at the bottom that the guy wanted to be a teacher. But he was, um, unfortunately he was, he didn't succeed, ya. So, that one touched me.
- Researcher:** Why did it touch you? Was it the story behind it?
- Oscar:** Ya the story the behind it. The story behind.
- Researcher:** Knowing his history?
- Oscar:** Ya. I'm getting what he is he has written there I think it kind of touches my heart. You know? But all in all this is the good work. I don't know who is behind this who is training them but if he is he or she is doing a good job.
- Researcher:** Do you think that art is representative of the human mind?
- Oscar:** Um, it does. It does. Because going back to that writing. That guy's expressing his mind there. You see. Ya.
- Researcher:** Do you think the art would have been different if the patients hadn't been diagnosed with schizophrenia?
- Oscar:** Um, I'm not too sure. To some extent it might. Well, I'm not sure about that.
- Researcher:** Okay. Do you know anything about schizophrenia? Do you know what it is?

ART, IDENTITY AND SCHIZOPHRENIA

- Oscar:** Not really because um, as much I I like to follow and watch the health issues, because at times I watch The Incurables from channel 125.
- Researcher:** Okay.
- Oscar:** Um, I like to follow the health issues but at time I don't know.
- Researcher:** Mmh.
- Oscar:** That's why I don't know the schizophrenia.
- Researcher:** Okay. What do you know about it? Just off the top of your head. What have you heard about schizophrenia?
- Oscar:** I think it has something to do with psychosis. And I think it's a, one kind of mental illness. I dunno the the the symptoms.
- Researcher:** Okay.
- Oscar:** Ya but I'll have to Google and check...what is it.

Participant 16:

Patrick

- Researcher:** For the record, please state have you received an information sheet?
- Patrick:** Yes I have.
- Researcher:** Is it alright if I record this interview?
- Patrick:** Yes ya it's cool.
- Researcher:** Is it alright if this information is used for research purposes?
- Patrick:** Of course.
- Researcher:** Thank you. Um, is there, did, was there any particular reason you were coming, you came across this exhibition today?
- Patrick:** Well, at first I didn't know this was this was done by by by people from the mental institution but when I found out it, I really got interested and it's so beautiful ah. And I mean knowing that a person uh with a mental illness is something like this it's it's very extraordinary. It's wonderful. It's beautiful actually. The art it's it's very unique.
- Researcher:** What did you think about it before I told you about its history?
- Patrick:** I na I thought, this was done by kids. Ya.
- Researcher:** And afterwards?
- Patrick:** Well...
- Researcher:** How did it change?
- Patrick:** I guess it got me more more interested and more this, considering this this a piece a beautiful piece of art ya I I I think I would love to buy this.
- Researcher:** Okay.
- Patrick:** Mmh.
- Researcher:** Um, is, I know you haven't looked around too much but is there anything that you have seen that stood out for you? That you can notice about the works. If you want to have a look around you are more than welcome.
- Patrick:** Okay.
- Researcher:** Um. There. What's that? The, the Denise big one. Oh the top Mthetheleli's. Why does that one stand out for you?
- Patrick:** Because she is just trying to, she is she it's trying to bring out a picture of a baby but in an old woman.
- Researcher:** Ya that's actually true I haven't seen that before. Do you think that art is representative of

ART, IDENTITY AND SCHIZOPHRENIA

- the human mind?
- Patrick:** Of course. Cause art actually comes from the mind. You think at first and then it happens.
- Researcher:** Do you think the art would have been different if the patients hadn't been diagnosed with schizophrenia?
- Patrick:** Never know. Cause I'm an artist right? So the things I used to write when I was still a kid are different from what I write now so I guess your your your your your mind changes when, matures when you grow with it. So it wouldn't be the same.
- Researcher:** Just, last question. Do you know, what do you know about schizophrenia? Do you know anything about the illness?
- Patrick:** Eeeh. A little. Nothing.
- Researcher:** What do you know about it?
- Patrick:** I know it's for mental illness, ill peoples. Mmh. Nothing more. Nothing less.
- Researcher:** Okay. Thank you so much I really appreciate your time. Thank you.
- Patrick:** Okay.

Participant 17: **Quinn**

- Researcher:** Please state if um you have received the information sheet?
- Quinn:** I have received the information sheet. Tick!
- Researcher:** Um, is it alright if I record this interview?
- Quinn:** Absolutely.
- Researcher:** And may I use this information for research purposes?
- Quinn:** Yes you may.
- Researcher:** Thank you. Um, continue with what you were saying.
- Quinn:** My first response was thinking it was children's art. And then on explanation from the person here at the stall to find out that it was from art from people in institutions. And I think what first came out for me is that art is a form of therapy. Which to me is very important whether it gets sold, whether how the outside world sees it etc. Doesn't really matter it's it's the person's personal journey with it.
- Researcher:** Okay.
- Quinn:** Like to me that always remains the important thing.
- Researcher:** Does there, um, was there any particular reason you came to this exhibition today?
- Quinn:** I had seen the opening happening.
- Researcher:** Okay.
- Quinn:** I was busy putting up the exhibition just down there.
- Researcher:** Oh wow okay.
- Quinn:** Yes.
- Researcher:** Did um, before, you said before the exhibition, before you said it was children's you thought it was children's art and when I told you about the mental health...
- Quinn:** Yes
- Researcher:** ...service users you said it changed for you. Um, do you think it would have, um, do you think the art would have been different if they hadn't been diagnosed with schizophrenia?
- Quinn:** Mmmh. Yes there is a difference to it. And no in another way. To me art is art especially if one puts it onto the realm of this is a...I suppose just as much as one does so many other things in your life like cleaning your house, like playing sport, like reading or writing,

ART, IDENTITY AND SCHIZOPHRENIA

something you do for you because it's part of your life, part of your journey part of really I suppose developing like who you are. Um, so but putting it in terms of mental health, someone who is battling, you know who has got a challenge in that area, it does put it into a different spectrum because that is extremely it's a very it's a very strong and it's a very intense place that those people are in. So, if anything can assist them in sorting that out I think that's really really important.

Researcher:

Okay.

Quinn:

Because to be a member of a community and to be at ease with yourself I think are two of the two central things in life.

Researcher:

Okay. Do you think it's important that people know about the history behind this exhibition?

Quinn:

Very much.

Researcher:

Okay

Quinn:

Very much like I suppose for me I think that's really really important because it brings up the question and it makes one really consider the role of art.

Researcher:

Mmh. Okay. Um, do you think that art is representative of the human mind?

Quinn:

Mmmh, I'm thinking you can get into semantics about what is mind, what is psyche, what is life. I think art plays a deeply, deeply central role in our human existence.

Researcher:

Okay, that's a good answer.

Quinn:

Um, last question. What do you know about schizophrenia? Just off the top of your head. Do you know much about it?

Researcher:

Uh, schizophrenia really that you experience different worlds and reality, that doesn't always quite match up with the real situation.

Quinn:

Okay. Thank you. Thank you very much I really appreciate your time.

Participants 18 & 19:

Sam & Thabisa

Researcher:

For the record could you please state if you have received an information sheet?

Sam:

Yes I have received the information sheet.

Thabisa:

I have received the information sheet. That is fine.

Researcher:

Are you alright to be recorded?

Thabisa:

Yes.

Sam:

Yes.

Researcher:

Is it alright if I use this info for research purposes?

Thabisa:

Yes you may.

Sam:

Yes you may.

Researcher:

Um, how did you feel about the art when you first saw it?

Sam:

Um, when I first saw it I didn't know it was um, people from a mental institution so I pretty much thought that it was children's um, art work and I, you know and thought it for like sort of like a good cause type thing from for little kids. I actually had no idea why were they actually here. Ya.

Researcher:

Um, and you?

Thabisa:

Ya no same. Um, I was wondering what the significance was like if it was just child children's paintings like why on earth would they be here cause it's just a strange thing to do. Um, but ya it fascinates me that they are adults and that that's... ya.

ART, IDENTITY AND SCHIZOPHRENIA

- Researcher:** What did, what did, how did it change for you after I told you where they, where the paintings had come had come from?
- Sam:** Um, well like I said before like I thought it was a child's drawing so I sort of didn't pay any attention oh quite sweet you know, some of the art works quite good for a child um. But then when I realised it was actually adults doing it um, some of the artwork actually freaked me out a bit because um like I looked and I sort of of read into the paintings and I didn't see it as a painting, a form of art anymore I saw it as sort of of a sort of of like taking a look inside like a person's like mind and sort of like what they are going through cause you sort of ya like their internal anguish is sort of being placed on to like paper. You know and it's it's getting glimpses into, I don't wanna say a disturbed person but a person suffering and like just a glimpse into their mind and its very freaky cause like especially that girl with the tongue with the tongue sticking out of her mouth that one completely freaks me out cause like in my mind I think that if I was possessed that's that's sort of like the image I get in my mind.
- Thabisa:** I find it like the same things as to bring, wondering how like what's going on in people's minds that kind of like produces the art. So I stop looking at it as aesthetic and entirely looking at it as kind of like the output of some like a mental process and that the mental process is somehow like messed or horrible like deviant. I'm concerned like here prior to knowing that it was a mental patient who created it, I would be ah look it's a child did this and there is a happy thing now I focus on oh look the trees are black the windows are black like there is suddenly this negative reading into the thing. Um, which is weird so. I mean the obvious stuff like the scream type thing or like the funky face there on the other side that was scary when I thought it was a child that did it. But like you look at the kind of where the painting or the writing is unsteady or uneven or like um like imprecise rather than putting it down to like children's scrawl like that sort of thing. I'm wondering like and almost wanting to like map that imprecision and stuff into the mind and the person who wrote it. For no reason that I can immediately think of.
- Researcher:** Very interesting. Um, is there any piece that you've seen that stood out for you?
- Sam:** Um, I absolutely love, freakishly, but I absolutely love the the mental anguish piece by Johan. I absolutely I'm actually its bought, is it bought?
- Researcher:** Yes it is bought.
- Sam:** Ag no! Cause I actually wanted to buy it. It just is something so beautiful about it just like the strokes of the pen and ya its just its sort of like a deconstruction of the human because if when you look at it it's not you don't see like the whole, I dunno, it just doesn't look like a normal face with like hair and just like staring out it's, the way its drawn with sort of like a deconstruction of the way he sort of sees himself, ya.
- Researcher:** That's very very interesting.
- Sam:** And sort of also like the fact that that down his mouth is completely like a black hole. And also his eyes is sort of like he is looking around the world with complete blackness in a sense. Ya.
- Researcher:** What images do you get of the artist viewing that?
- Sam:** Um, I definitely think he is he is troubled in a sense I I feel I feel very lone I feel he is like a very lonely person. Um, I think he has got a very twisted image of himself. Um, ya.
- Researcher:** Perfect. Thank you. And for you? What stood out for you?
- Thabisa:** I like this one.
- Researcher:** Jesus?

ART, IDENTITY AND SCHIZOPHRENIA

- Thabisa:** Ya, we were arguing about whether it was Jesus or not?
- Researcher:** It is, it is supposed to be Jesus.
- Thabisa:** Okay. I like, I mean I like the square lines on the back of the jaw and that, it reminds me of that kind of communist era art. Where you have like the impressionistic people figures that are like sharp lines that sort of thing um, which I think is quite cool. Um, it's also like the other like you know from I said earlier from reading darkness and stuff into it like that applies more for the pictures that are childlike that that weird me out the most. Like this one just that it's not, I don't think it changes much for knowing that it was a mental patient who made it. Um, just an interesting take on Jesus because it like it doesn't feel terribly spiritual or like even respectful but that's the wrong word, pious like it doesn't have that kind of something about religious art that is like standardised. It's almost like he has taken, he has planted a picture of Jesus into like communist Russia type vibe design.
- Researcher:** That's very cool actually.
- Thabisa:** That and the other one that weirds me just really like, it looks like a TV test pattern.
- Researcher:** Anthony Boysen's?
- Thabisa:** And I can't imagine what would make you want to draw a TV test pattern.
- Researcher:** Okay. Are there other are there any images that you get of the artist viewing, or any of the artists that, any images that pop up for you?
- Thabisa:** The one with the text in the other side where someone has just written like their future and their dreams and things. That was...like that...
- Researcher:** Mfundo's teacher story?
- Thabisa:** Um, he ended up wanting to, he ended up being a miner? Here, ya.
- Researcher:** Yes.
- Thabisa:** Um, like that one because its, it like it's more honest there is a direct message of presumably there's these things that he wanted to be this is actually something about my life which is like stronger than say, I mean I could read whatever I want into the person's life and the other stuff but that's someone in their own voice saying that these are things that I thought and that kind of strikes a note. It's kind of like honest. I mean it's not evident from there that he is a mental patient I don't think it's just, actually the idea of dreams not working out the way they were supposed to is really kind of depressing that there he became...
- Researcher:** "I was not succeeded".
- Thabisa:** Mmmh.
- Researcher:** Um, do you, um, do you think the art would have been different if the patients hadn't been diagnosed with schizophrenia or other mental illnesses?
- Thabisa:** Yes. In so far as art is is always a mental process. Like the way in which your mind works is going to at a basic level I imagine like impact how you kinda grasp the world what you see and don't see what you accept and don't accept about like people and situations around you so. If you, I mean that may not apply quite so much as, no actually I didn't say it may not apply as much to the people who just can't be other things like Picasso but you had to choose Picasso you had to choose the TV test pattern you had to and other people would not choose those. Whether it's a function of like your personality or whether it's a function of having schizophrenia or whether it's because you ended up in a mental asylum with its very particular kind of like culture and world so maybe then a schizophrenic who might've chosen other art whether someone who gets locked up in a prison with limited access to certain kinds of things that will have an impact on what you see and what you choose.

ART, IDENTITY AND SCHIZOPHRENIA

- Researcher:** So do you find art very representative of the human mind?
- Thabisa:** I don't think you can read it backwards I don't think you can like look at the art and make a inference back but I don't think that two minds would produce the same thing. I think that like the decisions, the selections you make come from some mental process.
- Researcher:** Thank you. And for you
- Sam:** Definitely I definitely think are is a representation of your mind and sort of your soul because I think that um often it's very difficult to express yourself and I think I think that's why I love art so much is because you can you can take on your issues and how you see the world in such a a different way. You know? And what I love about art is you don't, you can't always read into it. It's you know it's for if you see a dog for one person you know for me it might just be a dog but for them it might be the only thing in their life that meant something or was there for them you know so I think ya definitely.
- Researcher:** Fantastic. I've got one last question. Um, do you know anything about schizophrenia? Just what it is? Do you know about it at all? What do you know about it?
- Sam:** What do I know about it? I might actually have a completely different thing but um isn't it sort of you you sort of have like different personalities. Is that right?
- Researcher:** It's, I just want to know what you think.
- Sam:** Okay, just...
- Researcher:** I just wanna know what you know about it. So there is no right answer.
- Sam:** Ya, what I, I don't actually know a lot. But um, I think it's gotta do with having different images of yourself you sort of create different personalities or personas of yourself. Um, ya.
- Researcher:** Fantastic. Thank you.

Participants 20, 21 &22: Ursula, Viola & Wandile

- Researcher:** Just for the record please state if you have received the information sheet?
- Ursula:** We have received the information sheet.
- Viola:** Yes we have received the information sheet.
- Wandile:** I have received the information sheet.
- Researcher:** Good. Um, is it alright if I record this interview?
- Viola:** Yes.
- Ursula:** Ya, it's fine.
- Wandile:** Aren't you doing it already?
[laughter]
- Ursula:** Don't be difficult
- Wandile:** Yes.
- Researcher:** Is it alright if I use this information for research purposes?
- Ursula:** Yes.
- Viola:** Yes.
- Wandile:** Yes it is.
- Researcher:** Um, what did what were your first reactions to the art?
- Wandile:** Children need hugs.
- Ursula:** No it is it's...
- Viola:** It's... disturbing especially this one over here.
- Researcher:** Why was it disturbing?

ART, IDENTITY AND SCHIZOPHRENIA

- Viola:** Well not disturbing but you can see that this person has psychological issues like the way that everything is just all over the place.
- Ursula:** A lot of it is very like childlike which is interesting.
- Wandile:** Aren't they all children?
- Ursula:** Like the colours and the...
- Researcher:** No they are not they are all adults.
- Wandile:** Ah, ooh. A lot of adults need hugs.
- Researcher:** Does it change that for you knowing these are adults?
- Wandile:** Yes, because it looks terrible.
- Ursula:** Nooooo.
- Wandile:** Okay okay
- Researcher:** No that's okay you can be completely honest.
- Wandile:** Um, they are terrible at the fact aspect not because it's badly it seems that they have difficulty, uh communicating what they actually trying to say. That's why like that's, it's not symmetrical but sometimes you know like I'm guessing there's a point to that. But a lot of the time I'm like oh it should like because of the limitation that they might not be sure of what exactly they are feeling so they not exactly how which colour which line or how to portray it.
- Researcher:** So linked to like a skill thing for you?
- Wandile:** For me it's linked to an a a an awareness thing. So um, if they know exactly what they wanna say they will be precise about it. If you are not really sure or if you don't really know how are you supposed to say it or how you supposed to feel about it. Everything else will be a bit obscure also.
- Researcher:** Okay. Perfect and for you? What is what how do you feel about it?
- Ursula:** Um,
- Researcher:** You were saying it's a bit childlike
- Ursula:** Well ya it is just interesting cause there is such a range like a lot of it really looks like stuff my my little cousin does. Um, very simple like like that one over there were you have a bicycle, the sun, a necklace and it's all very simple like objects how you would view them, like two dimensional and that kind of thing. But then some of them are really complex like this guy we saw one of his upstairs and they are actually really complex and it's not just like his sketch stuff like that is also quite complex.
- Researcher:** Mohammed ya.
- Ursula:** Ya, um and its interesting and then ya some of them are like different like there those two of there that are like um, they look like architectural drawings and then there's some that are copies of like some like I mean there's a Van Gogh self portrait over there and ya its just interesting. And different subject matter and stuff.
- Researcher:** Is there, does it change for you knowing that the artists are diagnosed with mental illness?
- Viola:** You can see that.
- Wandile:** Ya.
- Viola:** I can see that.
- Researcher:** You can see that, in what way?
- Viola:** Knowing a little bit about um, drawing cause I'm studying teaching. So we know a little a bit, so you can see that. Some of it you can't. Some of the people like that lady over there. Maybe the lines because they a little bit wobbly now that you say that but you can see that

ART, IDENTITY AND SCHIZOPHRENIA

- in some of the other drawings.
- Researcher:** Okay. Does the does your view of it change knowing that? Are you more harsh or more accepting? How does, how do you...
- Viola:** More understanding.
- Wandile:** Ya more understanding makes sense.
- Researcher:** Okay. So does it, how does it change for you?
- Viola:** Do you know the individual paintings and drawings do you know the people like what disorders they have?
- Researcher:** No we haven't been told their diagnoses. They sort of all put into...
- Viola:** That would be interesting to find out.
- Wandile:** Well what changed for me was like uh instead of it now looking like scribbles and you know like ah like you know just child drawings and that actually seems more accurate. Even in its obscurity you know.
- Researcher:** Accurate in what way?
- Wandile:** As in like certain like certain colours are very prominent certain figures are very prominent. Whereas you know if you were a kid you might think that if a kid who drew it you might think that this was like the most recent thing that they started noticing or taking note of but if you an adult with a certain disorder um, you probably have something that like has got continuously reoccurring in your mind you know something that you continuously pick up on and the that come up throughout through quite clearly.
- Researcher:** Do you think the art would have been different if they hadn't been diagnosed with schizophrenia or other illnesses?
- Ursula:** Um, as in? Would I think about it differently if they...?
- Researcher:** Ya.
- Ursula:** Well ya then some of them then are very simple. And then look like they should be on someone's fridge and not like at an art gallery. Uh, but um I suppose I mean you don't know how, what level of skill that shows for them like it might be really difficult for them to do that. So ya and like ya some things are would then be more symbolic than just like oh someone splodged red paint by mistake. Ya. Mmh.
- Viola:** I think it depends because there's different type of arts that you get. Some people will you know um can't remember, tip of my tongue, like um, if you think you get some of those paintings where they just put paint all over the place.
- Wandile:** Abstract.
- Viola:** Ya and then sometimes they will just draw little squiggles and they don't all have mental illnesses and that type of thing so it differs but I think some of them are more prominent like you'll see some of them where the tongue is hanging out and the teeth you can see that it's that it's what they have experienced and its more and also the lines are very very dark and very um sharp. And that shows anxiety and um there's like you know almost they screaming at the page with their pencil.
- Researcher:** That's a really nice quote. Um, do you think that art is representative of the human mind?
- Viola:** Yes, very much so.
- Wandile:** Absolutely.
- Ursula:** Mmmh. I think so.
- Researcher:** Okay.
- Ursula:** Um, mmh cause it must come from somewhere.
- Wandile:** Ya art is pretty much the language that you see...

ART, IDENTITY AND SCHIZOPHRENIA

- Ursula:** Ya.
- Wandile:** ...and not speak.
- Ursula:** Ya.
- Viola:** I agree.
- Ursula:** Ya we were actually we were talking about it in ling, looking at like colours and stuff and if they have like universal meaning and all like kinda things so like shapes and colours and that kind of stuff and there must be some element of it so. Then it's the same as language and if you think language is a reflection of the mind then so can other stuff be.
- Researcher:** Okay. Do you consider this exhibition to be a display of art?
- Ursula:** Yes.
- Viola:** Yes I would say so.
- Wandile:** Uh, hheg ha he hi think it will be a display of perception. Ya.
- Researcher:** Um, do you think that the patients would've done different things if they hadn't been where they are or diagnosed with the mental illness that they have been? Do you think that their works would have been different? Do you think it would be better or worse or different in any way?
- Wandile:** Oh definitely.
- Researcher:** How would it have been different for you?
- Wandile:** Um, how would you feel for them?
- Researcher:** Well how do you think the paintings would have been different?
- Wandile:** Well I think um especially like uh mental disorders where you have like an an an inability to accurately communicate but you communicate what you know so they knew different things the art itself would be different cause this is the language they use this is the medium that they use it would be different if you telling different stories the words would be different so yeah definitely.
- Researcher:** How do you think it would be different?
- Viola:** I think it depends on the level on the disability or the diagnosis or whatever but I think some of the things would have been more in proportion and um a lot of them are very the lines are very squig squiggly so there would more you know kind of...
- Wandile:** Accuracy.
- Viola:** Ya accurate.
- Researcher:** Okay how would it be different for you?
- Ursula:** Um, I'm not sure so like if the same people didn't have the disorders that they have.
- Researcher:** Yes.
- Ursula:** Well maybe they wouldn't be producing art at all.
- Researcher:** Okay. Thank you. Just last question. What do you know about schizophrenia? Just off the top of your head. There is no right or wrong answer I just wanna get an und, I just wanna see what you know about.
- Wandile:** A schizophrenic person will never admit that they are schizophrenic.
- Ursula:** I know that it's not multiple personality disorder.
- Researcher:** Thank you. Anything that you know about it?
- Viola:** They generally hear voices in their head that tell them to do certain things, ya.
- Researcher:** Ya, perfect.
- Ursula:** Ya.
- Viola:** And schizophrenia can also be linked with other disorders.

ART, IDENTITY AND SCHIZOPHRENIA

- Wandile:** Yes.
- Viola:** Like bipolar and borderline.
- Researcher:** Thank you. Anything else that anyone else would like to add that they would just like to put in. Thank you so much I really appreciate your time.

Participant 23: **Xolisa**

- Researcher:** For the record, please state if you have received and information sheet?
- Xolisa:** I have received an information sheet.
- Researcher:** Are you alright to be recorded?
- Xolisa:** I'm recorded now so I suppose so.
- Researcher:** Do you mind if this information is used for research purposes?
- Xolisa:** No.
- Researcher:** Okay. Ah before I told you about the history of the exhibition what were what did you think of the art honestly?
- Xolisa:** Uh child's art to be honest.
- Researcher:** Why was it child's art for you?
- Xolisa:** Um I just looked at the level of of of you know the essentially the standard and then I thought about back at school you know when I was busy in the arts and as well as you know seeing you know kids art and for me it's just that what it immediately looked like. I looked at it and I thought okay this is probably kids like school or art projects or something. Um, yes.
- Researcher:** Thank you, and after I told you.
- Xolisa:** Thennnnn, what?
- Researcher:** What did you think of it?
- Xolisa:** Oh, I thought well after you told me I found some of the painting some of the art a whole more impressive that I originally did to be honest. As first I was like okay and then when I realised I was like okay I can understand this, this is pretty cool. This is quite sweet.
- Researcher:** Was there, were you more sympathetic? Could you say?
- Xolisa:** Um, I dunno if I would say more sympathetic. I would I suppose it's more I can understand more where it's coming from, so I can understand so I can understand the context better so I can kind of understand you know why it is the way that it is and you know kind of reconcile the fact that it's not kids art. Ya
- Researcher:** Why do you think it changed?
- Xolisa:** What my perceptions?
- Researcher:** Your perceptions.
- Xolisa:** Um, well because there's this, I don't want to say stereotype but I mean like you know people who are challenged, you know there's there's this certain of I suppose you would want to say respect or just kind of awareness that you wanna show towards them and um and their situation and you don't wanna be shitty about it I mean like there is nothing that they can really do about it so you just wanna be you know mindful of that.
- Researcher:** Is there any art that stands out for you? From what you have seen.
- Xolisa:** Um, on the other side. Let's see quickly. There was one I think. I like that, I like Mohammed's the hand and the book, I think it's a book and then I liked, I like Johan's that one.

ART, IDENTITY AND SCHIZOPHRENIA

- Researcher:** Mental anguish.
- Xolisa:** Mental anguish.
- Researcher:** Why did they stand out for you?
- Xolisa:** Um, to be honest I'm not too sure art is a funny thing for me some things just stand out some don't I don't really know why but those just kinda grabbed my eye, ya.
- Researcher:** Do you get any particular images about the artists when you look at the works?
- Xolisa:** Not particularly, no.
- Researcher:** Okay.
- Xolisa:** Only Mohammed because his second name is Boran and that's the name of one of the guys in my res so that about it.
- Researcher:** Okay so that sort of come up.
- Xolisa:** Ya so that sort of comes up but other than that nothing really.
- Researcher:** Um, do you think that art is representative of the human mind?
- Xolisa:** I think to a degree but I think that, I don't think it's an accurate ya ya, I don't think it's accurate because you know somebody's skill in art, it may not be, their art may not truly reflect their the the workings on their mind like just based on their skill. Like I'm a shitty artist like I don't know how to really I have never trained in it so like I think based on that if you had see something of mine that I were to draw you would probably think that I'm you know a child or something like that or just really terrible and silly silly silly. But ya.
- Researcher:** Okay. Um, do you think the works would have been different if the patients hadn't been diagnosed with schizophrenia?
- Xolisa:** And they were just kind of an average you and I person?
- Researcher:** Ya.
- Xolisa:** Um, I don't know actually that is really difficult because art is a very personal thing so like what what what an artist does is based on so many reasons and so whether whether whether they were schizophrenic or not I'm sure it probably would have an influence but I'm not too sure like to what degree.
- Researcher:** Okay. Last question do you know anything about schizophrenia and what it is. Just off the top of your head. There is no right or wrong answer.
- Xolisa:** Shya a little bit like I know about just changes in you know mentality and mood swings and that sort of thing but other than that, ya not a whole lot.

Participant 24:

Yekile

- Researcher:** Just before for the record just state if you have received an information sheet.
- Yekile:** I have received an information sheet.
- Researcher:** Are you alright to be recorded?
- Yekile:** I'm ok to be recorded.
- Researcher:** Thank you and are you alright if I use this information for my research?
- Yekile:** That's fine.
- Researcher:** Thank you. Continue with what you were saying.
- Yekile:** Um, initially I thought the three of four over here, I thought the two in the middle were done by children and the one on the top and the one on the bottom were some sort of political protest thing. Um and that was some kind of artist or something like that. These ones I thought were done by architectural students and I haven't looked and any of the other ones.

ART, IDENTITY AND SCHIZOPHRENIA

- Researcher:** Did it change, how did it change for you when I told you the history behind it?
- Yekile:** I was quite interested to know what kind of illnesses they had. To kind of see if there was any sort of connection or if I could draw any sort of patterns or something like that, yeah.
- Researcher:** Do you think there would be some patterns that would be worth noting?
- Yekile:** Um no I'm not really sure, I'm not sure at all.
- Researcher:** Um, do you know much mental illness or what what they are? Do you know anything about schizophrenia?
- Yekile:** Yeah I do.
- Researcher:** What do you know about it, just there is no right wrong answer I just wanna get an idea of how much you know about it.
- Yekile:** You've got multiple personalities in your head.
- Researcher:** Okay okay. Um, do you get particular images about the artists when you see them?
- Yekile:** I assume they are black. I assume they're poor, um, and I suppose I have this image of this large hall with a bunch of beds and them all sitting in the beds but that's as far, yeah.
- Researcher:** That's fantastic thank you. And um, are there pieces that particularly stand out for you. I know you haven't seen them all but from what you've seen?
- Yekile:** This one in the centre this one with the the person and the apple and the fish and the spoon.
- Researcher:** Okay Mfundo's one.
- Yekile:** Yeah.
- Researcher:** Why does it stand out for you?
- Yekile:** It just its kind of um, it's more interesting than just art it's not just a picture it's kind of a, it's a sketch and it's got details and all that.
- Researcher:** Okay.
- Yekile:** Yeah.
- Researcher:** Um, do you think the art would have been different if the patients hadn't been diagnosed with um mental illness?
- Yekile:** No.
- Researcher:** Think it would have been the same?
- Yekile:** No it would have been exactly the same.
- Researcher:** Why why would it be the same?
- Yekile:** Because I don't think being, having an answer always changes your creativity at all I don't think it has any influence at all.
- Researcher:** Okay, do you think that art is representative of the human mind?
- Yekile:** Um, that's a big question.
- Researcher:** You can be as vague or broad as you like.
- Yekile:** Is art representative of the human mind? Well it has to be cause people think and then they draw so it has to be representative of something, the human mind, yeah.
- Researcher:** Okay thank you so much I really appreciate your time.
- Yekile:** Sure.
- Researcher:** Thank you.

Appendix D: Examples of Art Work Displayed at The Exhibition





