

Committed to the Sane Asylum: Art as Political Action

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Introduction

Susan Schellenberg: Once, a long time ago, when I was preparing to exhibit my art at Women's College Hospital, I asked psychologist Rosemary Barnes to read over the wall text that described my experiences of recovering from a psychotic break through artistic expression. Rosemary said to me,

Rosemary Barnes: "The wall text you've written to accompany your art is very interesting, but you should also write a book." Then, so long ago that no one can remember exactly when it occurred, Susan asked,

SS: "Do you want to write a book with me?" Rosemary said yes. What Rosemary and I eventually wrote was *Committed to the Sane Asylum*, a street-level view of mental wellness and healing (Schellenberg & Barnes, 2009). In the book, I trace the story of how I used artistic expression to recover from experiences described by psychiatrists as "schizophrenia" and from the side effects of an unhelpful psychiatric experience.

RB: In the book, I wrote about my life and work as a psychologist who was pulled between the needs I saw for caring assistance during an emotional crisis and the grave concerns I felt about how the mental health system responded to these needs. We'd like to share our understanding about art and politics thorough telling our stories.

Susan's Story of Emotional Disturbance and Healing

SS: "There will be a place for Susan after the war, Mrs. Regan," was the doctor's response when my mother asked if something could be done about my artistic nature. It was 1939, I was five and the Second World War had just begun. Armed with my father's promise that a day would come when pictures of war would no longer be on the front pages of newspapers, I settled into dreaming as I waited for war to end.

Close to VE day, I dreamed a marriage between two fish. The fish dressed in traditional human wedding attire sailed off to their honeymoon in a seahorse-drawn carriage. My grade five teacher and mother, disturbed by the excellence of my fish composition, jointly concluded that despite my effort, a sixty rather than one hundred percent grade would better serve the taming of my imagination and good of my soul.

There was no let up in my Irish Catholic grooming. While the seeds of the Vietnam war were being sown and the Korean and Cold wars were raging, I trained as a nurse, travelled the obligatory three months in Europe, then broke with the Regan tradition of marrying Irish by falling in love with a first generation German Canadian. While my husband worked at excelling in business, I gave birth to the first four of our five children in four years, helped nurse my ill and dying parents and gave my all to being a glamorous corporate wife. Though exhausted, I blossomed.

In 1969, as an estimated one million Americans across the US participated in anti-Vietnam War demonstrations, protest rallies and peace vigils, I too began to protest, but my demonstrations took the form of a psychosis.

I was solely treated with prescribed anti-psychotic drugs during my three-week stay in Toronto's Lakeshore Psychiatric and for the ten years that followed. My former husband and I understood psychiatrists had explained my illness as schizophrenia. I felt certain that I suffered from a chronic illness with no hope for recovery. My willingness to take the drugs was influenced by a nursing background that taught that schizophrenia was a chronic, irreversible, degenerative illness controlled solely by drugs and by my four small children's need of a well mother. Additional reasons for my drug taking included the mirroring of graphic and disturbing extremes in schizophrenic behaviours that I witnessed during my nursing career as well as during my stay at Lakeshore Psychiatric Hospital, the lack of any other explanation or meaning about my diagnosis being given to me by my caregivers, and my willingness to place sole authority for my health in doctors' hands. The combined effect of these motivating factors contributed to my certainty that I suffered from a chronic illness with no hope for recovery.

Ten years later, while Quebec was considering a split from the rest of Canada, I too threatened to split apart. My suicidal urges triggered by anti-psychotic drug side effects began to manifest and accelerate. On one of the darkest days in that period, the smallest of acts that suffice to say here represented my first ever act in my own best interests, led me to find a psychiatrist willing to supervise my withdrawal from the drugs. Soon after my decision to withdraw from drugs, I made deep commitments to heal my mind from the causes of my psychosis, heal my body from the drug side effects and to paint a record of my dreams as my mind and body healed.

Rosemary's Story of Emotional Disturbance and Healing

RB: Healing was never mentioned when I began training as a clinical psychologist, about seven years after Susan was hospitalized with a psychotic break. However, I also entered a new stage in my life in 1969, the year that Susan was hospitalized with her psychotic break and I began my first romantic relationship with a woman. The impulse towards this new life emerged uninvited as I attended college in the US. At the beginning of my second college year, my roommate Marcie talked openly and shamelessly about her romantic advances to women on campus. As I had grown up in a conservative religious American family, I knew that such behaviour was immoral and explained this to Marcie in no uncertain terms. As a dormitory student advisor, I felt obligation, so arranged an appointment with the college mental health services to discuss Marcie. The psychologist explained that homosexuality was a matter of arrested psychosexual development and that little could be done about it unless the person wanted help. Marcie did not want help.

Within weeks, when I fell in love with Jan and began to explore sexually, I did not want help either as I felt more alive than I had ever been. At the time and for some years after our romance ended, I thrashed in a welter of feelings. By 1976, I had reluctantly decided that romantic feelings for women meant I was lesbian. At this point, I was completing a postdoctoral fellowship at the Clarke Institute of Psychiatry in order to become a clinical psychologist. Although homosexual acts were removed from the Canadian criminal code in 1969, social attitudes, law and policy were slow to change. Until 1976, Canadian immigration law and policy grouped together pimps, prostitutes, homosexuals, those living from the avails of prostitution, professional beggars, vagrants and chronic alcoholics; though I was not, in 1979, familiar with

such law and policy, I viewed being homosexual as socially undesirable, so did not mention this aspect of my life to colleagues at the Clarke.

What did art have to do with these experiences? Everything. In the 1960s, experiences like mine were rarely mentioned in public; any mentions that did occur were accompanied by expressions of moral revulsion or couched in psychiatric terminology. I still recall the sick, shamed feeling I had on seeing the movie, *The Killing of Sister George* in 1969. I remember little of the plot, but recall the characters as cruel, cold and childish women who pursued sexual intimacy in ways portrayed as twisted. Though my relationship with Jan was loving and joyous, I could not escape the feeling that I was one of these desperate, calculating movie women. Jan and I made great efforts to keep the nature of our relationship secret, and the images in this movie encouraged us to pursue the neurotic, furtive lifestyle portrayed in the art of the time as the fate of all homosexuals. When I eventually came out and found others like myself, my new friends introduced me for the first time to literature, music and art that named my experiences in positive terms. Books such as *Rubyfruit Jungle* and *Lesbian Nation*, record albums such as *Lesbian Concentrate* and art such as Judy Chicago's *The Dinner Party* celebrated women who knew their feelings, took charge, did outrageous things and loved one another.

Such words, images and tunes defined my experiences of loving women in terms radically different from then current disparaging mental health theories about homosexuality. Instead of "female homosexuals," a clinical term, we women decided that we wanted to be called "lesbians" or affectionately, among ourselves, "dykes." Instead of thinking of ourselves as having shameful desires and immature psychological development, we decided that the demons we faced were better named as "homophobia," that is, others' irrational fears concerning lesbians and gay men. To the extent that we faced negative beliefs about ourselves due to life in a homophobic society, we talked about ourselves as facing "internalized homophobia." We prized artistic expressions of ourselves as loving, confident and strong. Needless to say, such art was a potent antidote against "furtive and neurotic homosexual" portrayals in the dominant media and formed the basis for an entirely different sense of myself in the world. Such art nurtured a generation of confident, outspoken women and a movement which transformed attitudes, practices and laws in ways that were, in the 1970s, impossible to foresee.

Art as Political Action

RB: The powerful impact of the arts in shaping my understanding of sexual orientation informs my understanding of the importance of Susan's art as about something more than her own personal recovery or healing. Susan's intention was to document the healing of her mind by the recording of her dreams as she healed, and these powerful paintings do document this process. In this sense, they can be and have been seen as records of art therapy, though she was not seeing an art therapist at the time that she executed the paintings. Had she kept them in her home or confined them to discussion with her therapist or with her family and friends, the paintings would have remained an interesting approach to her personal healing, but nevertheless, a private matter. However, Susan was determined to see the paintings installed as an art exhibit. This could have been an exhibit at an art gallery, as befits an artist whose work goes beyond being a personal hobby, and Susan has exhibited at a gallery. But Susan chose to pursue having her paintings installed as an exhibit first at Women's College Hospital in

1992, then in 1998 as a permanent exhibit at the Clarke Institute of Psychiatry, now the Clarke site of the Centre for Addiction and Mental Health. These choices spoke to different purposes and possibilities for her art.

SS: When American dream teacher Alexandra Merrill came to Toronto to give a 1991 workshop, she thrust her own copy of American art historian Suzi Gablick's, *The Reenchantment of Art* (Gablick, 1991) into my hand and said, "You need to read this!" Gablick describes a historic shift as a growing number of artists break from the observer-recorder role that existed before the Renaissance and move instead to roles as partners in their communities. Gablick argues that such change is a necessity in the face of the urgent human and psychological problems facing the planet at the beginning of a new millennium:

The mode of distanced, objective knowing, removed from moral and social responsibility, has been the animating motif of both science and art in the modern world. As a form of thinking, it is now proving to be something of an evolutionary dead-end. . . . We are in transitional times. . . . It is a good moment to attend to the delineation of goals, as more and more people now imagine that our present system can be replaced by something better: closeness, instead of distancing; cultivation of ecocentric values; whole-systems thinking; a developed discipline of caring; an individualism that is not purely individual but is grounded in social relationships and also promotes community and the welfare of the whole; an expanded vision of art as a social practice and not just a disembodied eye. (Gablick, 1991, pp. 177-178, 181.)

Never Again: Women and Men Against Violence: Socially Engaged Art Event at Women's College Hospital in Toronto

SS: One week after receiving the Gablick book, writer, storyteller Helen Porter asked me to join her and other artists in a socially engaged art project. The Toronto Board of Education had asked Helen to mount a storytelling event to commemorate the December 1992 anniversary of the 1989 mass killing of women engineering students in Montreal's Ecole Polytechnique. Helen asked me if I would exhibit my art and an accompanying text at the event. As Helen and I travelled from city high school to high school looking for an appropriate public space to hold the event, limiting school site factors prompted my offer to look into the possibilities of a Women's College Hospital art/medical partnership event. Helen and I followed this idea until it became realized. If it had not been for Alexandra's introduction to Gablick's work, I might never have considered exhibiting my dream art and accompanying text at the abuse and violence awareness event that we developed for the hospital setting.

The Hospital Foundation asked two leading women's movement activists to chair the event, and the co-chairs in turn asked me to form a committee. The event chairs first and foremost wanted the hospital to come out of the event a winner by highlighting Women's College as the first Canadian hospital to name violence as a health issue through an event that was entitled *Never Again: Women and Men Against Violence*. Within this goal, the event artists diversely expressed violence and the healing possibilities of artistic expression through story performances by English and French storytellers, a visual art show, and a native healing room.

As the work of convening and gathering a committee began taking more of my time, I asked fellow artist Paul Hogan to create a joint art exhibit with me and to participate in the shaping of the project. Paul created a magnificent backdrop that transformed the hospital lecture hall into a theatre space for the project's daily storytelling performances as well as for the event's televised daily lectures on violence that were later simulcast across southern Ontario.

We obtained permission and a space next to the hospital cafeteria to create a native healing room that was furnished in the centre with a donated ten-foot profusion crabapple tree, and floor-to-ceiling brown paper walls on which visitors to the room painted clay coloured cave paintings. The healing room came to life under the direction of Paul, native artist healer, Shirley Bear from the Tobique Reserve in New Brunswick and theatre artist Jan Mackie who created a fabric vagina doorway that led from the cafeteria into the healing space. As the hospital/artist go-between, the nurse part of me was concerned for the practical needs of the hospital and how the staff would react to the healing room. Yet my artist part was fully engaged in bringing the project to fruition.

The event received kudos from the press and public but remained fixed throughout as a foreign experience for the artists, the event chairs and the hospital. Tensions like those evidenced when tobacco and sage smudge wafted through the cafeteria's vagina doorway during mealtimes resulted in many hospital staff becoming irate. Not every artist brought a prior art experience with institutions that could support a balanced respect for other where art was involved. Where the healing room attendance was involved, no one kept record but the hospital grapevine did light up when certain eminent or unlikely figures entered its ceremonial door. Several of the *Never Again* artists, myself included, were also required to make sacrifices that would be unacceptable in a conventional gallery setting. We named and owned our anger before the committee when these occurrences happened and over drinks at the Café La Gaffe bar in the evening. But, in the end, we weighed the costs to ourselves against the risks that a hospital with no prior experience in stepping so far beyond its mission took, albeit grudgingly, for us and opted to keep our energies on the larger event goal. With the partners collectively bloodied, the *Never Again* outcome was hard to measure but from my own experience and watching the careers of the artists I worked with, I believe the *Never Again* artists did gain a more realistic view of the challenges of socially engaged art as well as added strengths that served their later expressions of socially engaged art.

By the end of the event week, the only doctor to comment on my art said, "I have come to this art exhibit every day and with each visit found a feeling of peace." About a year after the event ended with a ritual where the crabapple tree was ceremoniously drummed, chanted and taken by the artists from the healing room to be planted in front of the hospital, the tree's beauty and profusion of blooms drew thanks from others on the hospital staff.

Shedding Skins: Socially Engaged Art Installation at the Centre for Addiction and Mental Health (CAMH) in Toronto

SS: The *Never Again* event opened several new doors, including an offer to fund a permanent exhibition of my art if it became accepted by a psychiatric teaching facility. In 1998, my

Shedding Skins paintings were mounted as a permanent exhibit in the main lobby of the Centre for Addiction and Mental Health (CAMH) in Toronto.

I was conscious at the time that my work with the CAMH made me feel heard by psychiatrists — a feeling that was missing from my initial psychiatric hospital experience —but I had no idea that the respectful listening and validation I received from the psychiatrists, psychologists and other CAMH staff on the *Shedding Skins* planning committee was shaping in me the additional and needed psychic strength to recover the abuse memory core of my psychosis that anti-psychotic drugs had further buried.

Because my recall of the abuse memories occurred soon after the CAMH art installation, I encountered many old trauma related fears while I was working with the CAMH. My ordinary everyday day questioning of my sanity escalated into larger fears that the psychiatric staff would detect a fatal flaw in my writing or art that would make a mockery of my art and confirm without a doubt my original diagnosis. Fortunately, I present rather sanely, and as I was called on to help the CAMH Foundation with the production work involved in creating two large public events around the *Shedding Skins* art, I was able to look quite competent as well. In the years since the CAMH *Shedding Skins* works were installed, the art's ability to positively affect viewers has been validated by hospital staff and visitors, as well as in- and out-patient clients. The CAMH's Women's Mental Health research department also included study of the *Shedding Skins* art and text in some of their student psychiatrist and psychologist courses.

Socially Engaged Art as Political Action

RB: I considered that the artists who inspired me in the 1970s were definitely political activists as their art challenged the dominant social understandings and arrangements in respect to acceptable intimate relationships. So, when Susan decided to display her art, first at Women's College Hospital and later at the Centre for Addiction and Mental Health, I believe that she moved well beyond the use of art as therapy and became a political activist by making her art available for others to see possibilities different from those offered by the dominant social understandings and arrangements. In the heart of a major psychiatric teaching hospital, Susan's art recounts a story of recovery where the patient, not the doctor, is in charge. Susan takes responsibility for her life.

She names the demons she faces in her own terms, for example, "the faceless priest," rather than in psychiatric nomenclature. She honours the creative, healing capacities within herself by recording and seeking the meaning of her dreams. She finds meaning in experiences that doctors named as symptoms. She heals and offers healing stories and images to others.

I know that Susan's work joins a long tradition of political art, and I'm delighted to see more and more public displays of such art in relation to the experiences of emotional disturbance. Some such displays seem to me to be prepared as a means to publicize conventional medical model understandings, for example, here is how the world looks to people with a certain diagnosis, here is the mental health victim, here is the rescuer doctor. This art needs to be recognized for what it is and to be critiqued for its limited scope. In fact, when possible, I prefer to avoid using the term "mental illness" in order to be clear that the experiences commonly named as "mental illness" can be constructed in a variety of ways. The term "mental illness" and the use of other

psychiatric terminology represent one possible construction. I prefer language that holds open the possibilities for other ways of naming, understanding and responding to emotional disturbance or crisis. I look forward to more art that uses fresh language and images to name the demons we face and the ways to heal ourselves and our relationships with one another. Susan's art is example of how this can be done, and I hope that gatherings such as this conference will encourage the development and dissemination of such art.

SS: As an artist, I see how the written and painted dream journey that helped me to reconcile the split-off parts of myself echoes the larger current needs of the whole. The incidence of collective alienation, of being split-off from self and others, which manifests in escalating global violence, the dishonouring of children, the lack of spirit in institutions, political corruption and destruction of the environment speaks of our collective need to heal inner/outer partnerships and find the global will to commit to wholeness.

Time has convinced me that my once unconscious urge to express inner/outer connection did not occur in a void but in a culture where diverse disciplines increasingly research mind/body and earth structures to determine humanity's potential to better interconnect and balance its varied life systems. Art and life intersected for me in Suzi Gablick's argument for art's interconnection with all disciplines for the work of saving the earth. I believe that individuals along with their communities and environment benefit when an individual consciously sheds a limiting or harmful behaviour and replaces it with one that brings them closer to compassion for other and self. Unlike the media that can trigger feelings of being small and helpless to make a difference in the world, dream and art carry the potential to emphasize our oneness and ability to create change by changing ourselves. In this context, I believe that my artistic work with Paul Hogan at Women's College Hospital and my *Shedding Skins* exhibits are the radical individual offerings to world-making that Gandhi described as, "Be the change you want to see in the world."

My hope for my story and dream art is that they can contribute to contemporary meditations on what it means to heal and allow others to recall the world and peace-making possibilities of their own dreams.

References

- Gablick, S. (1990) *The Reenchantment of art*. New York: Thames and Hudson.
- Schellenberg, S. Barnes, R. (2009) *Committed to the Sane Asylum: Narratives of Mental Wellness and Healing*. Waterloo, Ontario: Wilfrid Laurier University Press.

Note

Susan Schellenberg is an artist; her address is 408-66 Pacific Avenue, Toronto, Ontario, Canada, M6P 2P4. Rosemary Barnes is a psychologist in independent practice in Toronto.

Portions of this talk have been published in *Committed to the Sane Asylum: Narratives on Mental Wellness and Healing* (Schellenberg & Barnes, 2009). During the presentation at the PsychOUT Conference, Susan showed a PowerPoint presentation of selected paintings. Readers can view Susan's paintings at <http://susanschellenberg.com/home.html>.