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Painting a New Narrative: Facilitating the Social Integration and Personal Empowerment of Schizophrenic Individuals Through Art

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ABSTRACT

In my research I investigate how art can be used to facilitate the self-actualization and social integration of individuals diagnosed with schizophrenia and schizoaffective disorders. Through four in-depth interviews with artists diagnosed with schizophrenia, and two interviews with art gallery owners, I examine how social barriers and stigmas regarding schizophrenia can be challenged through creating art and utilizing art spaces. In these accounts, participants provide narratives of resilience through creative expression and the socially transformative potential of community art galleries. I use these personal accounts to expand on the existing discourses of the relationship between art, community, and mental health. I illustrate the importance of nonverbal creative expression for individuals with schizophrenia and how this can be applied to further efforts to reduce barriers and promote positive cultural narratives regarding schizophrenia. My findings provide preliminary data for the implementation of programs which effectively integrate the mental health and art community, and an opportunity for my participants to engage socially and advocate for themselves.

INTRODUCTION

BACKGROUND

Anthropologists and psychologists have explored the art of the mentally ill since the early 19th century, with particular interest in schizophrenic patients. 19th century psychiatrists such as Phillpe Pinel and John Halsam were among the first to publish case studies regarding asylum patients and critical reflections on their works of art. Research regarding the relationship between mental illness and artistic expression have shaped the culture of mental health and recovery historically. These cultural narratives impact individuals experiencing mental illness on both a social and personal level. Dominant narratives of mental illness can be oppressive and create isolation (Colbert 2013:251). Anthropologically, culture can be described as “shared patterns of meaning that are learned within a particular social world”. These shared patterns of meaning can consist of knowledge, belief, art, law, morals, and customs (Laori *et.al* 2014:213). To effectively establish positive cultural narratives regarding mental illness and schizophrenia, it is essential to be conscious of the historical and potentially stigmatizing narratives.

In 1946, psychiatrist Eric Cunningham Dax established the use of art as part of psychiatric treatment. This application of art was used in both treatment and diagnosis. His collections of the artwork created by his patients later became the Dax Cunningham collection, which is the largest collection of mental health related artwork in the world. The collection is currently featured at the Dax Centre, which maintains the mission to promote the understanding of mental health through art. Dax contends, “The purpose of psychiatric art is not to assist in the elaboration of classification but to lead to better understanding of the experiences of psychiatric disorders and to give emotional relief to the individuals concerned.” (Harris 2014:1316).

Many of the underlying claims and representations of these patients in these analyses

used a cultural evolution framework that drew parallels between the anthropological ideas of “primitive art” and “art of the insane”. For example, philosopher and anthropologist Levy-Bruhl (1910) developed the concept of the “primitive mind” and contended that populations can have either a “modern” or “primitive” mind. In a similar vein, Hanz Prinzhorn’s 1922 publication *The Artistry of the Mentally Ill* analyzed and interpreted the artwork of ten schizophrenic patients under his psychiatric care. In this work, the first analysis of psychiatric art that included both psychiatric and aesthetic perspectives, Prinzhorn avoided using “art” to describe the work of his patients and instead used the term “imagemaking” (Prinzhorn 1922:5). Prinzhorn used this language to support his argument that his schizophrenic patients lacked the self-awareness and skill to produce the level of artistry present in the work of “sane” and “rational” artists. Such conceptualizations reduce the value of the work of a schizophrenic artist and assume that artists with mental illness are without training in the arts or lack true skill.

These assumptions have been proven to be untrue, as many masterful artists have had mental health diagnoses, including Van Gogh, Georgia O’Keefe, and Edvard Munch (Sussman 2007: 21-24). Despite its limitations, the impact of Prinzhorn’s collection contributed to the development of the Art Brut movement by Jean Dubuffet, an artist who has often described as an anthropologist or ethnologist (Minturn 2004: 256). Art Brut, which is now referred to as outsider art, is a term for art created outside the official culture in places such as psychiatric facilities. The establishment of Art Brut led to more mainstream attention regarding the artwork of the mentally ill. The anthropologists, psychologists, and artists of this time were directly in dialogue with one another regarding the art of the mentally ill and shaped cultural ideas of mental health in this period.

Anthropologist Claude Levi-Strauss developed an interest in Art Brut after meeting and exchanging letters with Jean Dubuffet (Minturn 2004:247). Influences of structuralist

concepts established by Strauss are present in Jean Dubuffet's "Savage Values". Levi-Strauss began to collect pieces of art which could be categorized as Art Brut, and in his article "New York in 1941", Strauss recalls his experiences in New York with Surrealist artists and collecting Art Brut pieces from New York antique shops (Minturn 2004:248). In "New York in 1941", Levi-Strauss utilizes terms similar to those used in Dubuffet's "Savage Values," which argued that art brut artists were "truly savage" (Minturn 2004: 253). Levi-Strauss emphasizes the significance of art created outside of mainstream culture, stating that it challenges conventions regarding value and beauty. "One surrounds oneself with these objects not because they are beautiful, but because beauty has become inaccessible to all but the very rich, they offer, in its place, a sacred character- and thus one is, by the way, led to wonder about the ultimate nature of aesthetic emotion".

Levi-Strauss' conceptualization is similar to the narrative presented by Hanz Prinzhorn, with both assuming that outsider art lacks skill or aesthetic beauty, and in the process, reduce the value of the art to its marginality. These historical narratives continue to have force today, and it is essential that scholars, psychologists, and art world participants avoid these problematic assumptions. Instead, if we are to form new narratives that encourage positive ideas regarding mental health and schizophrenia, we must engage in positive community dialogues and be conscious of how we frame the artwork. In my thesis I contend that art can be used to engage in such positive dialogue and provide a bridge in the community regarding schizophrenia.

THESIS QUESTIONS AND RELEVANCE

Many contemporary psychological anthropologists and psychologists focus their research and practice on how art can be used to create positive narratives to facilitate recovery and integration for individuals with schizophrenia. Individuals diagnosed with schizophrenia can face many social and emotional barriers. The most prevalent psychosocial

barriers have been determined to be cognitive and emotional functions, personal relationships, employment, and social activities (Anczewska 2013: 293). These barriers must be considered when attempting to implement art programs to facilitate the social inclusion of individuals with schizophrenia. Researchers in the medical anthropology and psychology fields have become increasingly interested in broadening the application of art therapy to facilitate social change and personal empowerment and identify the cultural contexts of mental health recovery. Through integrating concepts from each of these disciplines, I consider question how we can use art as a bridge between individuals with schizophrenia and their communities and seek to identify how art spaces can be more accessible to individuals with schizophrenia.

Research has indicated that many individuals with schizophrenia view psychosis as an issue of defining the self, and that art can provide opportunities to define the self and the role of the self in society (Colbert 2013:252). Building on these dynamics, mental health related groups such as art therapy have been proven to be successful in increasing self-confidence, socialization, and sense of achievement for patients with schizophrenia (Morris 2014:29). These art therapy programs are usually individual sessions or within a mental health related space in clinics and hospitals (Camic and Chatterjee 2013:66) and do not directly engage patients on a community level. In this thesis I seek to address how this concept of empowerment through art can be applied to further efforts to engage individuals on a community level and provide opportunities for integration beyond a mental health setting.

Given that creative expression has been proven to be an effective form of communication for schizophrenic individuals who are mostly non-verbal (Blakeman 2013:), community art spaces such as galleries and art museums have become increasingly interested in how they can accommodate the needs of visitors with schizophrenia and challenge stigmas through providing accessible space (Chen 2014:2). Recent research suggests that art galleries

have been successful in providing resources for those who have experienced psychosis (Colbert 2013:255) and creating a positive dialogue regarding mental illness and decreasing stigma (Ho 2017:15). I contend that through such initiatives, art can be the bridge between gaps in the community- gaps regarding cultural misconceptions and stigmas, accessible spaces, opportunities for effective expression, and adequate care.

METHODS

My methods consisted of semi-structured interviews with individuals who have been diagnosed with schizophrenia and schizoaffective disorders who create art, as well as art gallery owners. I had a total of six participants in my in-depth interviews, four artists and two art gallery owners. The interviews were split into two sessions that lasted approximately one hour. I asked artist participants questions regarding their artwork, mental health recovery, and reflections of their satisfaction with their social and personal life (Appendix I). Art gallery owners were asked about their thoughts and involvement regarding mental health, and whether they have provided opportunities for individuals with schizophrenia (Appendix II). Participants were recruited through posting flyers, emailing flyers, social media, and contacting local art galleries. My primary data was then applied to my secondary data. This involved a discourse analysis of the historical and modern narratives regarding schizophrenia and art.

FINDINGS

The artist participants were asked questions regarding their background, their perceived emotional and social benefits of their art, experiences of stigma, and desired opportunities for their art. My participants shared with me unanimous stories of strength and resilience through artistic expression. While each participant was an individual with varying opinions, the overarching themes and experiences presented were those of personal empowerment, identity formation, and emotional expression through creating art.

ARTISTS BACKGROUNDS

The artists came from a wide range of backgrounds and demographics. Half of the participants were females and half were male. The ages of the artists varied from 18 years old to 80 years old. All participants were Caucasian. The participants resided in three different states, including Washington, Oregon, and California. Each participant reported an interest in art from a young age. One of the participants who chose the pseudonym Princess Jellyfish recounts that art made her feel visible as a child and gave her feelings of self-worth from an early age. Another artist using the pseudonym Marie emphasized that she has felt her artistic drive her whole life, and that she desired to be an artist since she was two years old. Marie described her art as a necessary way for her to channel her energy from an early age. Another participant who chose to be referred to as Rank Greenwell stated that art allowed him to express himself as a child. Rank explains that as a child with dyslexia, he was often drawing in class while all the other children were writing. Some of the artists shared similar responses when asked what drives them to create their art. Marie describes her drive to create art as a compulsion, "I don't work from idea. I work from energy. It's a compulsion. I get upset when I don't do art." On a similar note, an artist under the pseudonym His Assholiness describes his drive to create art as a "sickness". Other artists describe a more social aspect to their drive to create art. Princess Jellyfish states that her drive to create her art is to inspire people and to talk openly about mental illness. Rank states that his drive is to not feel alone and to feel like he can be understood through his art, "I don't have the best social skills and I don't know how to talk to people. Art has been a way for me to express how I feel in ways I couldn't really explain to others." In these accounts we can see that the urge to create art can be from a drive for personal expression and social connection.

The artist participants each had different levels of formal education regarding art. Marie reported that her formal art education was quite extensive. She was an art student at UCLA for many years. She reports that she felt very connected to other artists there. Marie

states that she chose art over acting because she found performing on stage to be humiliating and did not like people watching her. Princess Jellyfish reports being a student at Bigfoot Graphics, where she learned more about using Copic and Micron pens. The other respondents all reported levels of art education ranging from elementary to high school levels, and one respondent, his Assholiness, reported that he took several art therapy classes.

SELECTED ARTWORK AND MEDIUMS

As part of the interview the participants shared their favorite pieces of artwork they have done and their choice of medium. Marie chose a self-portrait on canvas done with acrylic paint. She reports her reasoning for selecting it as her favorite: “From the moment I put the brush on the canvas, to the moment I finished it, was one brush stroke. It flows. I used many colors.” Marie lists the Impressionist and Post-Impressionist artists as her greatest influence, mainly Cezanne, Gauguin, and Van Gogh. Marie explains, “I like the looseness, creativity of brushstroke, line and form. The ability for them to record their impression. The nerve to express and break away from the norm.” Princess Jellyfish chose an illustration done with marker and micron pens called “Brian the Bird”. She explains that Brian the Bird represents who she wants to be, a vibrant and colorful person who isn’t afraid to take risks. She states that she always feels like she is being held back, but she is the only one holding her back. Brian the Bird is a reminder to her to keep going. She cites Tim Burton, Alvin Schwartz and Dr. Seuss as her artistic influences.

His Assholiness selected an illustration of “Hitler as a topless ballerina holding a burning nazi flag” as his favorite piece of art he has done. He states that it started as a drawing on lined paper, and he then edited it in paint shop. He lists Edvard Munch and Picasso among his influences and says that he uses all mediums and used to be involved in making music: “I can art almost anything. I also write stories, mostly true ones about my life. I rant like a maniac. Before I got to disabled I used to play music.” Rank also reported

that he destroyed his favorite piece of artwork. He stated that he had an emotional outburst and chopped the artwork up. The artwork was an illustration done with acrylic paint on wood. Rank chose to feature an illustration he did of an old house instead. The image was done with black marker. Rank explains that his favored medium is currently black marker, because he feels there is not much color in his life currently and he enjoys the texture. He also explains that he used to paint more often, but recently feels too depressed to use colorful paints.

The preferred mediums of the artists were most commonly acrylic paints and markers, although there was a large variety of reported mediums used. The accounts provided by the artists illustrate the emotional connection and expression through the not only the images created, but through the medium of choice. The artists express and navigate their emotions through choice of line, color, and medium.

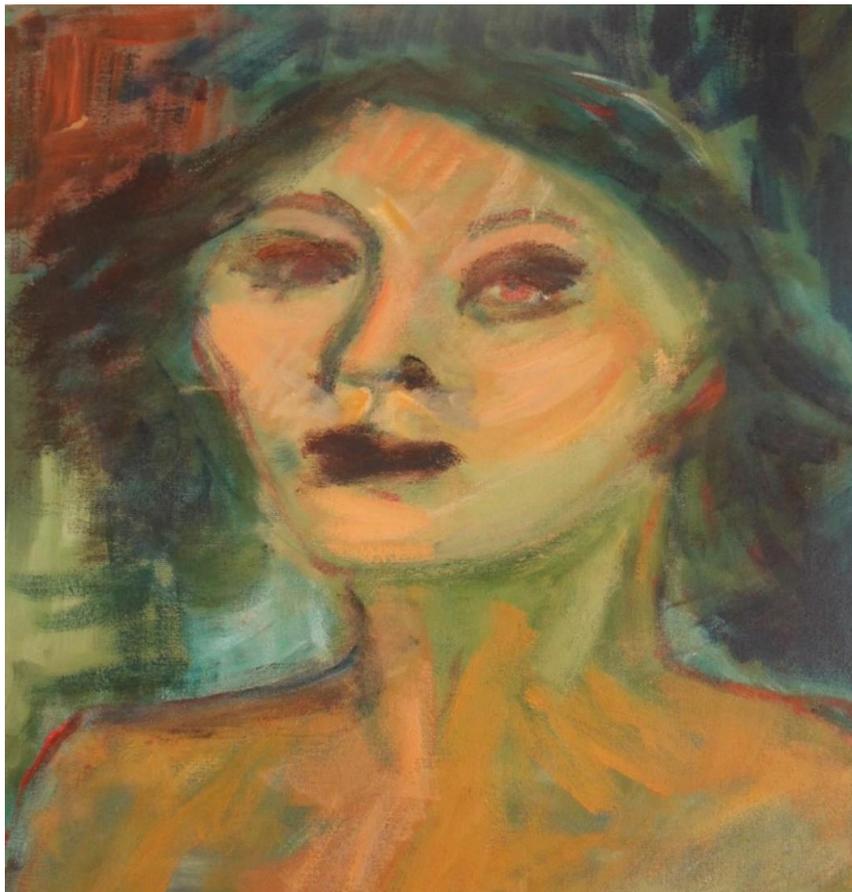


Figure 1: Marie's self-portrait. Acrylic on canvas. Marie selected this as her favorite piece of artwork, stating that it "flows". Marie lists the Impressionist artists as her greatest inspiration.



Figure 2: Princess Jellyfish’s favorite artwork from her own collection. “Brian the Bird.” Copic markers, prisma color, and micron ink pens on paper. Brian the Bird reminds Princess Jellyfish to keep going.



Figure 3: His Assholiness chose his illustration of a topless Hitler ballerina as his favorite artwork that he has created. Pen on paper. His Assholiness describes his art as “dark humor” to cope with his depression.



Figure 4: Rank Greenwell's selected favorite artwork of an old house. Marker on paper. Rank states that his preferred medium lately is black marker because he feels his life has no color at the moment.

EMOTIONAL AND SOCIAL BENEFITS

The participants each provided stories of transformation and coping through their art. His Assholiness explains that art is a way for him to deal with depression, and that he uses dark humor. Rank describes his art as an expression of how he feels, or what he calls an “emotionalism”. Rank elaborated by stating that his art is “getting things off my chest and heart so I don’t have to deal with the burden of it”. Marie similarly provides a very passionate account of what her art means and represents to her: “My art talks to me about me. It shows that art is what I do. I always felt confined and tight, bottled up. Art is my space. The canvas is my space. On my canvas I can create my own world. My art represents me. I’m sure my story can be told in my art but I think it is beyond my life. It is the depth of my soul which transcends life. You can tell about someone in their art.”

Through each personal account, the artists create a group narrative of emotional resilience through art. Princess Jellyfish builds further upon this narrative of emotional

resilience, stating that her art “Represents the internal struggle and consequences of life. It’s an accumulation of all the unresolved emotional and mental conflict inside. I hope that overtime it can mean something to people, in the sense that they too can process their conflict with creative expression.” Princess Jellyfish also describes a social aspect to her art, in that she wants to communicate a message of resilience to other people who may be going through similar internal struggles.

Each artist responded that they believe their art has an emotional and social benefit. Rank explains why he feels it has an emotional and social benefit, “Well yeah because you get stuff off your chest. Just like writing poetry or a letter. You get it off your chest and you feel like you can breathe and not feel so under pressure.” Rank communicates his act of doing art as expressing his emotions just as any other form of verbal expression. Marie states that her art has an emotional and social benefit because it helps her see herself and her abilities she has. Princess Jellyfish adds to this commentary of communication and understanding oneself, stating, “Definitely, it opened me up to more communication with people and gave me a deeper understanding of myself and those who gravitate towards my art.” His Assholiness describes the emotional benefits of his art, “Oh fuck yeah, that’s a big reason why I do it. Why? Because I get to express my emotions. So the expression is paramount but then the sharing satisfies my ego somewhat. Like when you’re a little kid and you take a shit and you run to mommy “look what I did”.

All participants strongly agreed that art has the ability to be empowering. His Assholiness contended that art is “very empowering”. Marie elaborates in these processes and describes how art makes her feel stronger and obtain more mental more clarity. “Yes. I feel calm and quiet most of the time now though. I have a lot of thoughts when I’m not doing art. I used to describe it as a lot of radio stations in my head. Art is like doing meditation. My art gives me strength to be a stronger person.” Rank also feels his art is empowering, stating,

“Well yeah because it can be a way to express how you feel towards someone and they can be moved by it”, while Princess Jellyfish affirms that art is “unquestionably” empowering.

Each artist shared how they each come to terms and take control of their inner conflict through their art, recreating the meaning to one of personal empowerment. Despite their differences in background, media, and artistic styles, each artist shared similar accounts of emotional expression and acceptance through the act of creating their art and the mediums used. As Marie explains, art provides the accessible space necessary to allow the individual to process and transform their conflict into a different narrative, spaces that may not be accessible or present in the life of an individual experiencing schizophrenia. According to Tanya Luhrmann, roughly one third of individuals experiencing homelessness have been diagnosed with a major mental illness, mainly schizophrenia. An individual with schizophrenia can be limited to what has been named the “institutional circuit”, or a cycle of supported housing, homelessness, hospitalization, and jail (Luhrmann 2007). In these spaces, opportunities for the transformation of conflict and narratives are rare.

During my secondary research regarding the relationship between schizophrenia and art, I noticed a reoccurring narrative from individuals with schizophrenia who described their experiences of psychosis as an issue of defining the self (Colbert 2013:252). The accounts provided by the participants in my research parallel the existing narratives of defining the self. All participants agree that psychosis can be described as an issue of defining the self and that art can help form the sense of self. Marie clearly agrees with this association, stating,

“Art has helped me see who I am, I was having problems picking up other people’s energy and becoming them. It’s rather psychic. You can see people’s coloring. Art helps me be me. That’s what schizoaffective is. If I had not found art I’d be dead because there would be no reason to stay alive. I’d be in a mental hospital. It’s torture not being able to express yourself. I was pushed into finding myself alone. If you have schizophrenia, it’s hard to get a

picture of who you are. I almost had to close up and live my life in a discovery mode.”

Marie further states that she feels schizoaffective is an issue of defining oneself from other people, and that art enabled her to form her own identity and sense of self. Similarly, Rank reflects, “People have told me I have my own art style that sets me apart from other people. I’ve always been different from other people and that’s why I’m alone. I fit in enough that people can withstand me, like at my job.” His Assholiness also indicates that he uses art as a way of coping with hearing voices. He maintains, “I don’t think anything of it. I see shit all the time. I had voices in my head constantly for years. Sometimes I want to hurt people, sometimes I want to hurt myself. I have been totally debilitated by my mental issues in the past, just fucking useless, wasting air. I very much use art as a distraction so as to not dwell on all the shit. So I trick myself into pretending I’m okay with art.” For Princess Jellyfish, the connection of psychosis and self-definition is fundamental, stating “I have never had a sense of “self” and I feel like I’ve been reaching to find out what that is or what that feels like my entire life. I got into acting and theatre for a long time because I always felt more comfortable being other people. I could control and create an identity. I constantly feel like I’m searching for myself as if I’m lost or living on a separate plane. It feels like I’m viewing the world through a pane of glass, where I’m unable to touch anything and actually feel it, even though I can clearly see it. Artwork or creative expression in general helps me feel things.” Through these accounts, we see how art can enable individuals experiencing schizophrenia form their sense of self, the use of medium and space allows the individual to reform their inner sense of identity in a tangible way.

SOCIAL STIGMAS

All respondents indicated that they felt there are social stigmas associated with schizophrenia and having a diagnosis of schizophrenia. Laughing, his Assholiness explains “Everyone thinks you have multiple personalities and that you might twist off and stab

someone.” His Assholiness touches upon the misconception that individuals with schizophrenia are violent and have multiple personalities. These misconceptions are common and important to consider as they are directly associated with the stigma towards schizophrenia (Harrison 2010). Rank agreed and provided his own personal account of the stigma he has faced. “Well yeah. When you tell them you have a mental health diagnosis they try to categorize you. I had to tell my job I needed time off to go to mental health court and now everyone at my job is like woah we have to watch our p’s and q’s around emotional boy because I work with a bunch of assholes.” Rank provides insight regarding the stigma and challenges an individual with schizophrenia can experience in settings such as the workplace. Princess Jellyfish says, “Of course it does [have a stigma], mental illness is demonized.”

Facing these realities, respondents had mixed opinions regarding the disclosure of their diagnosis. Some believed they should keep their diagnosis private due to the stigma, while others thought it was necessary to be open to break down the stigma. Paralleling the findings of research that demonstrate that individuals with schizophrenia often conceal diagnosis as a way of resisting stigma (Jenkins 2008), Marie explained, “There is no reason to tell anyone your mental diagnosis. I didn’t even know what the fuck it was.” Rank had a similar stance, stating “I keep it to myself because it’s not really anyone’s business. You can say it and they’d be like what does that mean are you some freak? So it’s best to keep it to yourself because people are judgmental.” On the other hand, His Assholiness indicated that he felt indifferent about disclosing his diagnosis, “I couldn’t give a rat’s fuck. If anything, I am too open about my personal life,” while Princess Jellyfish believes it is essential to be open about schizophrenia. “I told the internet I’m schizophrenic and the Huffington Post did an article about it that gained me 46k followers. There’s no going back. Mental illness does not need to be hidden it needs to be exposed out in the open, so people can face it and accept it, and heal.”

Princess Jellyfish illustrates how social media can provide a platform for individuals with schizophrenia to create a new narrative and reduce stigma. While all the respondents acknowledged the stigma surrounding schizophrenia, each had a different perspective regarding if and how it can be challenged. When asked if they had ever experienced stigma as an artist or as an individual with a mental health diagnosis, half of the respondents declined to answer the question, while Rank and Princess Jellyfish provided incidents of stigma they have faced. Rank explains, “I guess it would come back to my dad. Calling me mean things because he doesn’t understand me. Like asking me if I’m a faggot or why I’m so weird. I’m pretty calm compared to other artists.” In this account and his previous statement regarding stigma at his job, Rank illustrates the stigma that individuals with schizophrenia can face not only in the workplace, but in personal relationships (Harrison 2010). For Princess Jellyfish, the workplace emerges as a place of stigma. “I go in for these job interviews and people google me and see that I have an illness, and suddenly that’s all they see. They start to talk down to me and condescend me as if I have difficulty comprehending the proposed task at hand. I called an interviewer out on it one time, asking them, “so you’re treating me differently now that you know I have a diagnosis?”. That brought us back to equal footing. I didn’t get hired, but I feel like it was due to me asking him that question and making him feel awkward, rather than me having schizophrenia. Or both, who knows. I’m not going to stop though.”

All of the artists indicated that they believed art can help challenge social stigmas regarding schizophrenia. Rank explained why he believes art can help reduce stigma, stating “Art takes the stigma off in a way or helps people be more understanding about their issues. Compared to trying to talk to people about it, people can’t understand when you just talk to them.” Rank describes how art can effectively communicate beyond barriers. Princess Jellyfish adds, “I think [art] can definitely humanize us and allow other artists without

schizophrenia to make that connection.” Princess Jellyfish illustrates how art can be the common ground to facilitate understanding and decrease the othering of individuals with schizophrenia. In addition, the respondents were asked what they think of media depictions of schizophrenia and whether they think they’re harmful. His Assholiness expressed apathy regarding media depictions but did agree that they have the ability to be harmful, stating, “I don’t care. I suppose they can be harmful to others, but I don’t care about them because there is no media hype instructing me to be alarmed.” Rank feels more optimistic regarding media depictions. Rank explains, “Nowadays I feel like it’s more of a bandwagon thing now. I think the media has a better idea of mental health and it’s getting better. I think they’re understanding things more.” Princess Jellyfish contends that the media plays a direct role in misinformation and stigma regarding mental illness. She maintains, “The media is the reason why these interviewers or people in general are so uneducated. They watch a shitty episode of CSI or Law and Order where the perpetrator is mentally ill, and all that does is instill fear into people. People are afraid of mental illness because of inaccurate representations or just a lack of education on the subject. Mentally ill people can be scary and violent but a majority of us are absolute geeks who enjoy cosplay and anime. Not to dilute it, but if people are aware of how it truly affects the life of someone, they will see it as a human condition instead of this monstrous disease. So many people are left untreated, so they eventually turn violent and hurt themselves or others because they did not have the resources or support to get the help they needed.”

ART AND SOCIAL INTERACTION

Respondents consistently report having a frustrating or dissatisfactory social life. His Assholiness provides an account of the frustrations an individual with schizophrenia can face in social settings. “I don’t socialize, I don’t go to bars or functions, I don’t really like people. They can be very boring and annoying and fucking stupid. I can only handle them for a

minute. I have no friends who come and visit me. None have ever been in this house. I answer to no one and I get sick of people. Yeah, [I have] lots of walls.” Rank laughed about his satisfaction with his social life. He elaborated, “I don’t really have much of a social life. I try to expand. No. I’ve always been a loner. I’ve accepted it more in my life. I wouldn’t say a social life is meaningless but mine has dissolved as time went on and became less and less. I do have social barriers. The things I’ve gone through and what I’ve dealt with has changed me and my perspectives. It’s hard to fit in even with the friends I do have. It’s hard to talk to them about issues because they haven’t been through what I have. It’s hard. I try to talk to my friends and they tell me they can’t handle hearing about it because it’s too heavy.”

Princess Jellyfish adds to this narrative of social frustration. She reports that she is unsatisfied with her social life but remaining hopeful. “[I’m] not really [satisfied with my social life]. I have an amazing boyfriend but sometimes I get too anti-social and lose connections with people. I am going to college soon so hopefully that can change. I’m not as socially awkward as I used to be and I’m more confident now. But there are times where I honestly just get bored socializing. It can be exhausting getting to know someone.” Although Marie describes her social life as limited to her immediate family, she does not indicate if she is satisfied with her social life. Marie states, “My social life has totally been involved with my children, grandchildren, and great grandchildren.”

Some of the artists reported a limited amount of opportunities to publicly engage and share their art in a gallery or art show setting. Princess Jellyfish reports that she has done a few art shows, but does not like them. “I’ve done a few shows, but I never liked it because I don’t enjoy watching people scrutinize my work. I encourage people to look at it and form their own opinions and scrutinize if they want to, I just don’t want to watch them do it. Art is interpretive.” In addition, Princess Jellyfish reports utilizing Instagram to share her art. She provides insight regarding how Instagram can be successful in providing social opportunities

for artists who otherwise might not be comfortable sharing in an art gallery setting. She reports connecting with other artists on Instagram and doing commissions for her art work.

His Assholiness also reports utilizing social media as a platform for his art. He states that he shares his art in mental health class and facebook. “Just in mental health classes and on facebook really. I just need to get it out. It’s just me being inspired and being forced to reckon with that and not being able to stop. For example, I will work on the computer until my whole body is numb.” He also stated that he doesn’t sell his art, although used to get paid to play his music. “I would be more inclined to give it away. I make gifts for my friends fairly often. I just need to art I don’t care about money.” In contrast, Marie states that she never wanted to sell her art. She reports that she used to share her art while she was a student at UCLA, but currently only her close family sees her art. Rank responded that he has never sold his art or participated in a gallery or art show. Rank explains that his closest activity to exhibiting his art publicly was when he did artworks in an abandoned house. Rank reclaimed this abandoned space to create his own artistic statement and accessible space. “I had an abandoned house that I painted and spray painted and it was my art house.”

Respondents reported differing forms of knowing and engaging with other artists. Through her use of Instagram, Princess Jellyfish connects with other artists. “To drop a few names, I recently started talking to Adele Morse, the artist who made that quirky fox with the awkward sitting pose. Another great artist who illustrates quirky characters is Rene French. Check em out.” His Assholiness reports knowing other artists personally and asks, “Doesn’t everyone?”. On the other hand, Marie states that she doesn’t know any artists anymore. Although, she feels it has a “spiritual connotation” when one artist talks to another. Rank stated that he doesn’t really know any other artists, besides maybe one person. These accounts illustrate that social media could possibly provide artists experiencing schizophrenia with more social opportunities.

All other respondents indicated it would be ideal to connect with other artists, but only one reported feeling opportunistic regarding opportunities to engage with other artists. Princess Jellyfish responded that she always wants opportunities to interact with other artists. “Always. I reach out to artists often and get to know them.” His Assholiness maintains that he likes the concept of connecting with other artists but doesn’t find it realistic. He responded, “I like the concept, but the reality seems to be that art types are kinda nutso and not very engaging, face to face anyway.” His Assholiness provides insight regarding the discomfort and disconnection that can be present and how platforms like social media can be a more accessible space. Rank responded with a similar hesitance, stating “Hmm. I don’t know anymore. My life has turned so drastically different lately I don’t really care much anymore. I’m focusing on work so I can make something of myself. I haven’t really had as much time for art. I feel like I make art when I’m upset.”

NEED FOR COMMUNITY ART SPACES AND SHARING ART

In consideration of the ability for art to provide personal empowerment for individuals with schizophrenia, and the need for social connection, I contend that art spaces can provide opportunities for social inclusion. Most of the respondents maintained that they felt there is a need for more accessible art spaces and provided insight regarding how art spaces can be accessible to individuals with schizophrenia. His Assholiness provided commentary regarding the lack of adequate space, housing, and care for those with mental illness in general. He contends, “I think there’s a need for more art period. For therapy. To keep people focused on something other than the Kardashians. I think they take away places for mentally ill to be housed and cared for and just let them fend for themselves. Creating community art spaces beyond mental health facilities would be a good start. I don’t know any for mentally ill beyond mental health places. Money and funding [would help]. Painting them in a more positive light.” Princess Jellyfish touches upon the importance of avoiding

pigeonholing art done by artists with schizophrenia. She states, “Community art spaces need to be inclusive to everyone, not just those with schizophrenia. I don’t want to see schizophrenic art categorized as that alone. Not all of my work is schizophrenic, some of it I just made it because I thought it was pretty or cool. Art spaces need to educate people about the importance of just using artwork as a means of self-expression, for whatever purpose that may be. I also think art spaces need to spend time educating people on how artwork can help people with mental illness, and how creative expression can derive from that.” Princess Jellyfish continues by adding that she feels community art spaces could be more accessible to those with schizophrenia by “Just [providing] reassurance that their artwork is valid and as legitimate as work done by Pixar professionals or comic book artists. Art is art.”

The commentary of Princess Jellyfish emphasizes the need for the appropriate presentation and framing of artwork created by individuals with schizophrenia. Rank also believes art spaces should be more inclusive and accessible. “I think there should be more galleries for more people to express their art because there aren’t many outlets. Galleries and showing your art in ways people can see it and see the depth in what you make would be good. There should be more ways. To be in a gallery you need to be well known, there should be more for up and coming artists.” Rank describes what he feels would help art spaces be more comfortable, “Probably having more open areas. The right environment to show the comradery that the artwork can bring. An environment that compliments the art of the artist. Being open enough.” Rank highlights the necessity for art spaces to have adequate space for individuals who could be overwhelmed by too small of a space. The participants were asked how art spaces can represent individuals with schizophrenia in a way that encourages a positive dialogue and outlook. Rank reiterated that adequate space is necessary, stating, “I think just having open enough space and not being crowded or claustrophobic. Each artist having enough space to show their art and not be cramped. Having art that compliments one

another.” Princess Jellyfish responded by emphasizing the need to not make a curiosity out of art made by individuals with schizophrenia, “By allowing the artists to explain for themselves what their artwork is and what it means to them. Avoiding showing the art as a spectacle. My artwork is popular for a reason. People want to see those with mental illnesses as real people, it just seems like something that is hard to express. They saw my art and thought, “Oh, she’s like me even though I don’t have schizophrenia”. Ultimately, we would like to know that someone living with schizophrenia is just as relatable and human as someone without it.” Princess Jellyfish touches upon the ability for art to humanize individuals with schizophrenia and reduce barriers in a non-threatening way.

This pigeonholing of the mentally ill artist was a theme that emerged through the accounts of the participants. Princess Jellyfish explains how this categorization can be harmful. She maintains, “There is an air of mysticism around mentally ill artwork. It is seen as a spectacle sometimes instead of just legitimate work. I feel like that’s why certain art institutions haven’t hired me. They have a hard time grasping that a mentally ill woman can be a professional.” Rank Greenwell comments on how this image of the mentally ill artist can be romanticized. “With a diagnosis you might stand out more. A normal artist with a normal life isn’t as compelling and cliché. Compared to someone who has had a broken life and a broken family.” These perspectives illustrate the importance of how art and mental illness is presented. The accounts from the participants suggest that it is necessary for art spaces to avoid presenting art done by individuals with schizophrenia in a romanticized or reductive way.

Each participant indicated that they aspire to engage more with their art in the future. Marie expressed that she has a strong desire to share her art publicly, explaining, “It has become such a volume of work that I feel compelled to show it. I want to share it and expose it to the world. I want it to be my contribution of my life.” Princess Jellyfish describes her

ambition to share her art in a similar way. “Just to put it out there and let people chew on it. I’m writing a graphic novel for my characters where the main goal is to discuss mental health.” Rank also indicated he would like more opportunities to engage with his art. “If I knew people were interested in my art”, he states. Rank says that he aspires his art “to show people that there is goodness and love out there and just show people there is still love out there. Even though things break you down and you feel there is no good, that there is still good fortune out there and you can be happy.” The accounts of the participants indicate that the ability to engage with their art on a community level would enable the emotional empowerment, social integration, and reduction of stigma in individuals with schizophrenia.

ART GALLERY NARRATIVES

Both of the art galleries in this study seek to provide models for the supporting the social integration of individuals with schizophrenia ,and their interviews focused on their accessibility to individuals with schizophrenia and their ability to encourage positive narratives regarding schizophrenia. In general, the narratives provided by gallery owners from Art Gallery 1 and Art Gallery 2 coincide with the dialogue from the artist participants. The artist participants identified the traits of an accessible art space as being welcoming and encouraging positive dialogues regarding mental health, the proper context and framing of artwork, adequate physical space, and providing opportunities for newcomers. Gallery 1 and 2 provide an example for how art spaces can successfully provide a bridge between individuals with schizophrenia and their community.

GALLERY BACKGROUND AND FOUNDATIONS

Both galleries are located in Portland, Oregon. Gallery 1 was established to be focused on mental health awareness. The owner of Gallery 1 states,

“Gallery 1 is a contemporary art gallery reframing the perception of mental illness by exhibiting the work of professional artists alongside stories of their creative journeys. The

gallery is breaking down stigma and inspiring people to think differently about mental health through its artwork and personal stories. After personally experiencing prejudice and witnessing the negative perception many have of mental illness, I began going to a support group where I heard similar stories of people faced with stigma. I was overwhelmed by the creativity that existed in the room though and decided to open a venue where the focus around mental illness was the beauty that can come from it and hopefully change how people think and talk about it.”

Gallery 2 has its foundations in providing opportunities to under-represented artists and striving to reach out to the community. The owner of Gallery 2 maintains, “We’re a non-profit art gallery and we cannot accept donations. We give opportunities to underrepresented artists, provide free workshops, and are supportive of students. We help create community and support.”

WELCOMING ENVIRONMENT AND ENCOURAGING POSITIVE DIALOGUE

Both galleries consciously seek to provide a welcoming atmosphere and encourage positive dialogues regarding mental illness. Gallery 1 states that one of the primary goals of the gallery is to “create a comfortable and approachable environment for artists living with mental health issues. Some galleries can be intimidating.” The owner of Gallery 2 emphasizes the aim of the gallery to be inclusive and comfortable to everyone in the community. “We are a non-discriminatory, safe space. We disregard background. We build our community and connect. We want to reach out to as many people as possible. We are currently [providing opportunities to those with social barriers] right now. One of our currently featured artists has what I believe to be social issues. I coach insecure artists to help build confidence and experience.”

The owners from both galleries emphasized encouraging positive dialogues and education regarding mental illness was integral to their gallery. Gallery 1 provides an

overview of the efforts made by the gallery to educate and reduce stigma.

“The gallery is unique with its concept in the art community. With that brings a new perspective. After almost 5 years and the caliber of work we exhibit, Gallery 1 has become known as a prominent gallery situated in the competitive art district of Portland. It has been featured on the news, in magazines, and won awards for the work being done in the community to break down stigma. It has helped create a dialogue. [Our goals include] creating a safe environment for people to talk about mental health, to break down stigma by sharing my personal story, along with all the other courageous artists sharing theirs, and to support other organizations also fighting stigma and creating conversation around mental health. Every show is a mental health awareness art show. We have partnered with NAMI Multnomah, ASHA International, DePaul Services, The Giving Tree, Bring Change to Mind, Flawless Foundation, and will soon be speaking at a luncheon for the NW Catholic Counseling Organization.”

The owner of Gallery 1 provided a story of how her gallery produced a positive dialogue for an artist featured in Gallery 1. This new narrative positively impacted a personal relationship of the artist. “Yes, I have witnessed [an art space changing the dialogue regarding schizophrenia]. I believe the conversation is a chain reaction and I have had people tell me they finally came out about their own mental health condition after being in the gallery and reading the stories. I had a father who had given up on his son, come back later to say thank you as the gallery gave him a new hope and his son was doing better.” Gallery 1 also currently represents a female artist with schizophrenia and a male artist with schizoaffective disorder. The owner of Gallery 1 contends that her featured artist with schizophrenia helps dispel the misconception that individuals with schizophrenia aren’t capable of being functional in society. “[Schizophrenia usually requires treatment but that doesn’t mean someone cannot be a productive part of society. My artist with schizophrenia

(diagnosed at 19 and now in her 50's) still sometimes needs to be hospitalized but she also owns her home, lives by herself, travels as a speaker, and is the director of a large mental health organization. [She is] a great example of that.”

Gallery 2 similarly cultivates an environment that challenges stigmas and forms new dialogue in the community. The owner of Gallery 2 explains, “We educate and inspire. We have had shows that do touch upon mental health topics. [Art spaces] have the opportunity to [encourage positive dialogues]. In Portland there is a big problem with representees. The art market is horrible and corrupt. There’s a large issue with the gallery and patron relationship which demeans the opportunity for artists with mental illness. It makes it hard for people with mental illness and there’s a lot of opportunity not being used. The owner of Gallery 2 conveyed an awareness of the romanticism of schizophrenia that was discussed by the artist participants. “I also think in the art world there is an issue with the romanticism of the mentally ill artist.” Both galleries are examples of how these “opportunities” can be used and implemented to further empower individuals with schizophrenia on a personal and social level.

CONTEXT AND DISPLAY OF ARTWORK

Gallery 1 and 2 demonstrate that it is possible to provide appropriate contexts to artwork created by artists who are diagnosed with schizophrenia. The artist participants illustrated the importance of displaying the art in ways that are not reductive or romanticized. Both galleries provide opportunities for the artists to create their own context to their art. Gallery 2 allows for the artists to curate their work for themselves, which could be particularly empowering to an artist with schizophrenia. The owner of Gallery 2 explains, “We also provide opportunities for the artists to curate their own show which is a unique opportunity and very important.” These models allow the artist to take control of the space and the message presented through the art and to have a voice and paint their own narrative.

This ability to allow the artist to express their own narrative in a social space has the potential to be incredibly empowering. Gallery 1 follows a similar dynamic regarding framing the art in a progressive and liberating way to reclaim the narrative and occupy a social space. “[We seek] to exhibit a high caliber of artwork that goes against a stereotype of what someone with mental illness would create. I have heard “but this art is too good” or “these people can’t be that sick” so it is forcing them to break the stereotype of what to expect when you hear an artist living with mental illness. People are often surprised to learn I, too, have a mental illness because I have my own business and running the gallery. So, I am also an example that can change perspective.”

OPPORTUNITIES FOR NEW ARTISTS

The artist participants highlighted the importance of the galleries to provide opportunities to up and coming artists, a gap addressed by each of the two galleries in this study. The owner of Gallery 2 emphasizes that reaching out to new artists and providing opportunities for growth is an integral part of the gallery. “We give opportunities to under-represented artists and provide free workshops. [We want] to reach out outside of our circle beyond people we know, not to be close knit. We feature at least two artists at a time to help build their “CV” resume, we try to connect the two featured artists together. We’re one of the more active galleries in this area that actually recruit other artists.” Gallery 2 not only remains accessible and welcoming, but also provides a unique opportunity for the artists to collaborate and connect. This is a characteristic that could be socially transformative for an artist with schizophrenia in encouraging close interactions with other artists. These potentially socially transformative opportunities for new artists were also present in Gallery 1. “I want to create a safe and comfortable environment. My diversity comes from the mental health aspect as each has a different, personalized story with that. I have [artists with] a diverse set of styles, mediums, and backgrounds [whether they] are educated or self-taught. I am happy to find

more partnerships as well. I am always happy to accept submissions from individuals for future opportunities. I am not trying to avoid any population.” Gallery 1 exhibits the ability to be approachable for new artists who experience mental illness and open to providing opportunities for artists of a variety of skill levels.

DISCUSSION

Through semi-structured interviews with artists with schizophrenia and art gallery owners, I investigated how art and art spaces can facilitate the social integration and self-actualization of individuals with schizophrenia. The findings indicated that accessible art spaces exhibit the following characteristics: welcoming and encouraging positive dialogues regarding mental health, the proper context and framing of artwork, and providing opportunities for newcomers. Both galleries were determined to maintain these traits and provide successful models for future efforts to create socially transformative spaces for individuals experiencing schizophrenia.

Many researchers have highlighted the importance of art and accessible social spaces in the recovery of individuals with schizophrenia. My results coincide with the findings of Colbert, Cooke, Camic, and Springham (2013) regarding the role of art-galleries as a resource for individuals who have experienced psychosis. In this study, an art based gallery intervention was created for people who have experienced psychosis. The analysis revealed that each participant began to form a new community narrative regarding psychosis and reported an increased sense of social inclusion and ability to access other art spaces after attending the program (Colbert et al 2013). Psychosis was determined as an issue of defining the self, which is a theme paralleled in my research. Similarly, Teglbjaerg (2008) has identified how art can assist individuals with schizophrenia in identifying their sense of self, with participants in this study reporting an increased understanding of their identity as well as feelings of self-acceptance (Teglbjaerg 2008).

Research conducted regarding community arts collaborative approaches reinforce the importance of broadening the sphere of art-based approaches regarding mental health. Ho (2017) recently examined an art-based community art program that was created in Hong Kong to reduce stigma towards mental illness and found that art exhibits that included reflection of mental illness resulted in increased empathy from the viewers, and the act of creating group art opened up for a larger dialogue. The collaborative arts approach effectively reduced social barriers and provided social interaction (Ho 2017). This collaborative approach is similar to the opportunities provided by the galleries in my research in that the galleries provide interactive, personalized exhibitions and allow for collaboration. These were needs that were also identified as necessary by my artist participants. This success in interaction and collaboration was also seen in a study regarding art museums and the social integration of individuals with mental illness (Chen 2014).

Camic and Chatterjee (2013) affirm the significance of the intersections between the public and mental health spheres in their study regarding the social role of museums and art galleries. They determined that while most mental health interventions occur in schools and hospitals, there are many positive correlations between cultural activities and recovery (Camic and Chatterjee 2013). The research regarding how community art spaces can be used for social integration can be applied to further efforts to create accessible spaces for those experiencing schizophrenia.

This cultural narrative and social approach I identify is not only important regarding social integration, but also the ways in which schizophrenia is experienced and interpreted on a personal level. Recent research has indicated that culture plays a role in shaping hallucinations. Laori, and Luhrmann *et al.* contend that anthropologists and psychologists have determined hallucinations associated with psychotic disorders as “pathoplastic”, which means that they are formed through cultural meaning and societal expectations (Laori *et al.*

2014). They maintain that culture affects contents of hallucinations and the ways they are identified, experienced, and the level of distress experienced. My findings suggest that the social capabilities of art spaces can impact the way psychosis is experienced on a personal level. Identifying art spaces and making them accessible to individuals with schizophrenia can thus provide positive cultural meanings which could reduce the distress experienced in psychosis.

CONCLUSION

The findings of my study demonstrate the importance of anthropology in further efforts to provide social integration and understanding of mental health in the community. In addition, the findings illustrate the need for more accessible and transformative art spaces. My research identified components that make art spaces more accessible to individuals with schizophrenia: encouraging positive dialogues, the proper framing of artwork, and providing an inviting atmosphere for newcomers. These components can be considered in further efforts to create art spaces that are accessible to individuals with schizophrenia and regarding how to encourage positive dialogues in the community. The accounts provided by my art participants and gallery participants can be models for future plans to form community art spaces.

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APPENDIX I

Interview Questions for Artists

Module 1: Artist's Background

1. Could you tell me an overview of why/how you started doing art and your earliest experiences with art?
2. What artists have inspired you the most and why?
3. What drives you to create your art?
4. What mediums do you work with?
5. Have you ever taken art classes?
6. What are some of your favorite pieces of art you've done and would you mind telling me about these pieces?
7. Can you tell me what your art means and represents to you?

Module 2: Emotional and Social Benefits

8. Have you ever publicly shared your art in a gallery or show?
9. Have you ever sold your art?
10. Do you think creating art has an emotional or social benefit for you? Why?
11. Do you know any other artists personally?
12. Do you think art has the ability to be empowering?
13. Would you like more opportunities to engage with other artists?
14. I've heard that many people with schizophrenia have described their experiences of psychosis as an issue of defining the self. What do you think about this? Does art help define yourself?

Module 3: Social Stigmas

15. Do you think diagnosis of schizophrenia has a stigma attached to it?
16. Are you open about your diagnosis with most people or do you prefer to keep it private?
17. Would you mind sharing with me any experiences of stigma you have experienced as an artist or an individual with a mental health diagnosis?
18. Do you think art can help reduce stigma regarding schizophrenia?
19. What do you think about media depictions of schizophrenia? Do you think they're harmful?
20. Do you think there is a need for more community art spaces that are accessible to individuals with schizophrenia?
21. What do you think would make community art spaces more accessible and accommodating to individuals diagnosed with schizophrenia?
22. How do you think community art spaces can represent individuals with schizophrenia in a way that can create a more positive dialogue and outlook?
23. Do you think artists diagnosed with mental illnesses are given the opportunities they deserve as opposed to artists without mental health diagnosis?
24. Are you satisfied with your social life?
25. Do you feel that you have social barriers in your life?

Module 4: Conclusion

26. Would you be interested in opportunities to display/engage with your art in the future?
27. What do you aspire to do with your art you have created?

APPENDIX II

Interview questions for gallery staff

Module 1: Overview of Gallery/Goals:

1. Tell me about your art gallery and how it benefits the art community.
2. What are some of the goals of your gallery?

Module 2: Diversity and Social Inclusion

1. Are you interested in diversity regarding the artists you display?
1. Do you think your gallery has a cultural and social impact on the community?
1. Are you interested in providing opportunities to artists who may experience social barriers?
1. Has your gallery ever engaged with the mental health community? Such as having mental health awareness art shows?

Module 3: Awareness Regarding Schizophrenia

1. What is your understanding of schizophrenia?
1. Are you aware of the stigma and social barriers individuals with schizophrenia often face?
1. To your knowledge, has your gallery ever represented an artist with schizophrenia or engaged in a dialogue regarding schizophrenia?

Module 4: Future Perspective

1. _Would you be interested in providing more opportunities for individuals with mental health challenges in the future?
1. In consideration of the stigma and social barriers individuals with schizophrenia often face, would you be interested in providing more access to artists with schizophrenia in the future?
1. Do you think art spaces have an ability to change the dialogue regarding schizophrenia/mental illness?