



CHAPTER 10

‘(Un)healthy Minds’ and Visual and Tactile Arts, c.1900–1950

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INTRODUCTION

During the first half of the twentieth century, there were vast changes in psychological models of the mind, new psychotherapies and physiological forms of treatment, advances in medical imaging and diagnostic technologies that probed the inner body, and a host of new allied health professions. The visual arts, including painting, drawing, craft, prints, sculpture, architecture, graphic design and photography, in Western Europe and the USA were intermeshed with methods of healing, and the concepts of the body and mind on which they were predicated, in manifold ways. Modernist architects and designers were commissioned to produce sanatoria and psychiatric institutions in line with shifting ideas about therapeutic environments. Interwar preoccupations with physical fitness and mental hygiene, which posited the holistic ideal of a healthy mind in a healthy body, were portrayed in and cultivated by visual representations of athletic bodies and sport. Art was increasingly conceptualised in the late nineteenth and early twentieth centuries as expressing

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S. J. Taylor and A. Brumby (eds.), *Healthy Minds
in the Twentieth Century*, Mental Health in Historical Perspective,
https://doi.org/10.1007/978-3-030-27275-3_10

subjective experiences, based on growing notions of psychological interiority and the self held within. There was a developing interest in exploring the psychologically ameliorative effects of viewing art: laboratories tested the psychophysical responses elicited in participants by colour and form, while there was a growing articulation of the escapist function of visual cultural forms, especially during and after the First World War. Meanwhile visual and tactile art-making practices were instrumentalised as a means of therapy in a range of healthcare contexts in art, medical, pedagogic and psychiatric institutions in the early to mid-twentieth century.

In the context of this volume's objective to probe the plurality of domains in which mental-health care operated, this chapter explores the function of art in shaping the treatments and cultural perceptions of mental illness both within and outside psychiatric institutions conventionally associated with defining and maintaining mental health at this time. Art was understood to contribute to sustaining psychological health and to constitute a form of healing in a multitude of ways but was also an arena in which professional artists critically engaged with the practices and concepts of psychotherapeutic regimes. Indeed, existing art historical accounts that examine modern art's intersection with mental health have primarily focused on how psychoanalysis and psychiatry in particular provided a means of inspiration and subversion for canonical modern artists. In *fin-de-siècle* Vienna, where modernist art practices, mental illness and psychiatric treatments overlapped in distinctive ways, as art historian Gemma Blackshaw has shown, artist Egon Schiele, for example, was informed by pathological anatomy approaches to psychiatry, appropriating diseased bodies in his work as an avant-garde strategy.¹ Certainly, while the focus of this book is the multitude of ways in which mental health was assessed, created and maintained, some modern artists actively resisted the rationality associated with the 'healthy mind'. As is well documented in art history, a core objective of Surrealism, initiated in Paris in 1924, was to evince the irrationality and taboo of the repressed unconscious. Some Surrealists rejected psychiatry, celebrated nineteenth-century conceptions of hysteria and developed representational methods designed to invoke the subversive aspects of the psyche, informed by psychoanalysis.² It is precisely art's capacity to examine, transgress and critique which means that artists were not only informed by approaches to mental health and the perceived experiences of illness but also challenged and even exploited them. Examining mental health

through the lens of art brings to the fore issues of power and agency centred especially on who delineates what constitutes the contingent concept of a 'healthy mind', which voices are emphasised in historical narratives and how objects pertaining to treatment, including works made therapeutically, are handled by therapists and historians.

This chapter aims to offer a broad survey that both provides new research on therapeutic uses of art and synthesises for the first time wide-ranging forms of existing literature on modern art and psychological functions in order to map multifarious and complex intersections between art practices, mental illness and mental health. The investigation concentrates, with a transnational lens, on three key thematic areas: first, how artwork by professional artists was understood to induce beneficial psychological effects in viewers; second, the celebration and appropriation by modern artists of mental illness to avant-garde ends; finally, the multifaceted ways in which art-making practices were used in the fields of occupational therapy and, later in the same century, art therapy. This chapter consequently takes a comparatively broad view of art: my concern is not only with paintings and drawings by modern artists, but also with experiential and ephemeral art and craft practices in mental-health care contexts. The ideas, practices and applications of art that take place outside art institutions generally feature less in art historical enquiry, and extending the boundaries accordingly beyond professional artists, museums and exhibitions allows both a broader and more nuanced interrogation of this subject.

One of the most pervasive fascinations on the topic of modern art and mental illness is the trope of the psychologically tormented artist, exemplified by the prevalent mythologising in scholarship and in popular culture of Vincent van Gogh's life and artwork in terms of self-mutilation and suicide.³ The culturally constructed myth of the mad and suffering artist whose anguish is reflected in his work (I use the pronoun deliberately), a narrative critiqued by feminist art historians in particular, derives from early nineteenth-century Romantic notions of the artist as a tortured genius who operates outside of society.⁴ It is neither the concern of this chapter to examine the relationships between creativity and madness nor to analyse canonical modern art psychobiographically based on evidence or speculation about an artist's mental state. Rather, it looks to elucidate historical relationships between art and mental-health care, one configuration of which includes how modern artists and art critics consciously and deliberately engaged with and drew on psychotherapies.

VIEWING ART, PSYCHOLOGICAL HEALTH AND THE RESTORATIVE FUNCTION OF COLOUR AND FORM

The late nineteenth and early twentieth centuries saw an unprecedented interest in the psychologically stimulating and restorative effects that the visual arts could have on viewers. Pre-Freudian psychological research in France in the mid- to late nineteenth century posited the mind as a dynamic mental chamber susceptible to visual stimulation which informed the production and reception of art, architecture and design. *Fin-de-siècle* art nouveau, characterised often by curvilinear forms, was conceptualised in light of this *psychologie nouvelle* as inciting psychological experiences through visual means.⁵ Concurrently, some categories of fine art by professional artists were understood to have a mentally restorative function, specifically in some cases as an antidote to the modern condition of neurasthenia, defined as nervous exhaustion that resulted from urban existence. In 1908, modern artist Henri Matisse imagined his landscape paintings as having a mentally calming effect on the viewer:

What I dream of is an art of balance, of purity and serenity, devoid of troubling or depressing subject matter, an art which could be for every mental worker, for the businessman as well as the man of letters, for example, a soothing, calming influence on the mind, something like a good armchair which provides relaxation from physical fatigue.⁶

Compared to the later explicitly provocative forms of early twentieth-century modern art, such as the politically driven facets of Dada, launched in Zürich in 1916 and foregrounding chaos and fragmentation to articulate the upheaval and destruction of the First World War, Matisse proposed a form of art that was psychologically comforting, especially through its subject matter. Two of his most well-known artworks from this time, *The Joy of Life* (1905–06) and *Blue Nude (Souvenir of Biskra)* (1907), represented an imagined ideal Arcadia of a harmonious landscape with reclining and frolicking female nudes (a subject far from unusual in art), deliberately evading signs of modernity. The envisaged beneficiary of Matisse's art was, as art historian Joyce Henri Robinson notes, the bourgeois man whose nerves have been overstimulated by the modern city and mental work.⁷ The delineation of neurasthenia was gendered: men could suffer from mental fatigue whereas

women, considered to be more susceptible to overstimulation in the first place, were advised to avoid the city and remain in the domestic interior to protect their nervous systems.⁸ The genre of pastoral landscape painting was considered an ideal means in bourgeois thought to calm the fatigued man whose nerves had been agitated, exemplified further by the artwork of artist Pierre Puvis de Chavannes such as *Pleasant Land* (1882) (Fig. 10.1). A less formally innovative artist than Matisse, Puvis' comparatively conservative landscapes, which also depicted female nudes in an imagined Arcadia, were similarly attributed contemporarily, as Robinson shows, with a mentally restorative function: a catalogue essay for a solo exhibition in 1887 declared that, on viewing the artwork, 'you are in peace and calm; what a sensation of well-being!'⁹ This conceptualisation of painting as a vehicle for psychological tranquillity against the effects of modernity, with which Matisse aligned himself, placed emphasis on the benign psychological effects of art not in a therapeutic or clinical context but as a means of maintaining the everyday mental health of middle-class art audiences. This constitutes a specific historical instance of how viewing art was understood to play a role in mental well-being, an idea that became increasingly prevalent throughout the twentieth century.



Fig. 10.1 *Pleasant Land*, 1882, Pierre Puvis de Chavannes (1824–1898). Oil on canvas, 25.7 × 47.6 cm. Photo Credit: Yale University Art Gallery. Public domain

Similarly, in Britain during the First World War, conservative pastoral landscapes in particular were conceived as a means of psychological restoration. As James Fox demonstrates, discussions of the idyllic ‘peace pictures’ of landscape paintings by artists including Benjamin Williams Leader, George Clausen and Tom Mostyn were inflected with concerns pertaining to mental well-being, as ‘antidotes’ to war that could ‘purge’, ‘cleanse’, ‘heal’ and ‘soothe’ audiences.¹⁰ Although it is difficult to ascertain that viewers did respond to the artworks in this way, this language reveals nonetheless how conceptualisations of art and art criticism discourses were marked increasingly by an interest in psychological health.

There was a fascination in the early 1900s in the effects elicited not only by a painting’s subject matter but also by its intrinsic formal properties. The psychophysiological effects that abstract qualities of colour, line and shape could have on viewers was the subject of research centred in Germany in particular. Experimental laboratories, informed by nineteenth-century theories of perception, tested the neuromuscular response of individuals to the visual stimuli of form and colour.¹¹ Formal properties were isolated for their potential to have an immediate and unmediated emotional effect on a person. In this context, ‘simple lines and colours’ came to be perceived as having ‘therapeutic powers’.¹² The premise that colour especially could have a beneficial impact on human bodily functions had a precedent in nineteenth-century chromotherapy (or light therapy) in which visible, coloured light was projected onto individuals. As Tanya Sheehan has shown, a pioneer of chromotherapy was Augustus Pleasonton who developed blue-light therapy in Philadelphia during the 1870s.¹³ Pleasonton posited that blue light, achieved by filtering light through panes of blue glass, had a rejuvenating power when absorbed by the cells of the body. He prescribed sunbathing under blue glass for a range of ailments including ‘spinal meningitis’, ‘nervous debility’ and ‘rheumatic affections of all kinds’.¹⁴ Working under Jean-Martin Charcot at the Salpêtrière Hospital in Paris in the late 1800s, where hysteria was intensively delineated and studied in relation to women, psychologist Charles Féré also developed a form of light therapy, glazing asylum cells with blue or violet glass in order to produce calming and curative effects.¹⁵ While chromotherapy concerned the impact of coloured light being sensed directly by the surface of the skin, the work of Howard Kemp Prosser in medical institutions in Britain with First World War casualties centred on the therapeutic potential of inhabiting spaces decorated by particular colours. Emphasising

that surroundings were integral to recovery, Prosser argued that colour itself was 'beneficial to men whose nerves have become unstrung'.¹⁶ In line with his convictions, he organised the McCaul Ward at St John's Hospital in London and a section of the Maudsley Neurological Clearing Hospital according to his constructed colour schemes. As reported in *The British Journal of Nursing*, the wards at Maudsley had 'soft firmament blue' ceilings, 'apple-blossom pink' walls with 'anemone mauve curtains, introducing the note of concentration' and 'Spring-green quilts, the bedsteads being painted the same colour'.¹⁷ Contemporary testimonies to the apparent efficacy of Prosser's 'colour medicine', to be approached by historians with caution, included that 'a patient with neurasthenia was cured of headaches by living in the purple room, that a man with hysteria recovered in the yellow room, and that crime was noticeably less in Prosser's coloured wards than any others'.¹⁸

The perceived psychophysiological effects of painting's formal properties became central to strands of modern art and aesthetic theory, most notably in the work of artist Wassily Kandinsky, widely considered a pioneer of abstract art. Kandinsky noted in his influential treatise, *On the Spiritual in Art (Über das Geistige in der Kunst)* (1912), that: 'anyone who has heard of colour therapy knows that coloured light can have a particular effect upon the entire body'.¹⁹ He described how the examination of colour for 'different nervous disorders' had revealed that red light has 'enlivening and stimulating effect upon the heart' whereas blue could 'lead to temporary paralysis'. Extending similar ideas to modern art, he underscored the potential of pure colour to elicit sensory responses in the viewer. Informed by contemporary physiological psychology research, Kandinsky considered the experience of art to begin corporeally: painting first stimulated a physical vibration in the viewer's body that in turn induced a deeper spiritual vibration in the soul.²⁰ This response was contingent, he argued, on two factors: that the artist uses colour and form as pure composition, and, secondly, that viewers cease looking for narrative in artworks.²¹ This was the context in which Kandinsky developed abstraction that extracted painting's intrinsic formal properties rather than represented recognisable figurative subject matter. His semi-abstract painting *Cossacks* (1910–11) (Fig. 10.2), for example, contains some identifiable elements, including sharp mountain forms, three cavalymen in the right foreground, a rainbow and birds, but the compositional elements are comprised of simplified colours and shapes, and the overall perspective is flattened. Kandinsky's ideas are best



Fig. 10.2 *Cossacks*, 1910–11, Wassily Kandinsky (1866–1944). Oil on canvas, 94.6 × 130.2 cm. Presented by Mrs Hazel McKinley 1938. Photo Credit: ©Tate, London 2019. All rights reserved

placed within a history of modernist avant-garde interrogation of the properties and psychological effects of art, as opposed to its therapeutic application, but reveal nonetheless cross-field intersections of thought centred on art's imagined effects on viewers.

While Kandinsky's work constituted a modernist exploration that extended the boundaries of art by isolating and foregrounding its formal properties, aesthetic theories later in the twentieth century assumed and sought to explain the enduring psychological appeal of form in art. The function of creative processes and nature of aesthetic experience were central concerns in psychoanalysis-based art theory in mid-twentieth-century Britain, many aspects of which were dominated by Melanie Klein's object-relations theory. Art critic Adrian Stokes theorised the attraction of form in painting psychoanalytically using Klein's theoretical base of the two phases that constituted the formation of the ego: the paranoid-schizoid position, dominated by 'part objects', and the

subsequent depressive position characterised by ego integration and a desire for reparation. Attempting to account for the appeal of art galleries, Stokes argued that, irrespective of the subject matter, form in painting was a mode of repairing the inner world and was analogous to psychic integration.²² Contending that art assisted with the drive towards psychic reparation, he asserted that visual aesthetic experience was inherently beneficial. Stokes assumed a universal pleasure and psychological satisfaction in the viewing of art, and he accounted for this abiding mental appeal theoretically using Kleinian psychoanalytic thought. Considered together, these divergent instances demonstrate the multi-faceted interest in the effects of viewing art in relation to psychological health, indicating both the expanded function of art and the extended reach of mental-health care discourses at this time.

MODERN ART, MADNESS AND APPROPRIATING MENTAL ILLNESS

Concurrent to early to mid-twentieth-century explorations of the benign psychological effects of painting on viewers, there was an avant-garde resistance to the rationality connected with the notion of a 'healthy mind'. The most prominent and sustained modernist interrogation of the irrational and illogical components of the psyche was offered by Surrealism, a movement launched in Paris in 1924, the year in which André Breton published the first 'Manifesto of Surrealism'. Embracing a diverse set of artistic practices, Surrealist artists were concerned with mental investigation, rejected intellectual and political conventions and criticised capitalist and nationalist powers. Breton had become acquainted with Sigmund Freud's psychoanalytic theories of the unconscious which had been translated into French in the 1920s. Inspired by the Freudian model of the mind as comprising repressed fantasies, anxieties, urges and desires, artists including Max Ernst, Salvador Dalí, Joan Miró, André Masson and Hans Bellmer consciously sought out and probed the 'darker' and at times sinister elements of the psyche and developed representational strategies designed to evince the illogical, the taboo, the erotic and the subversive elements of the mind. Attempting to translate the unconscious into visual representation and to foreground chance encounter, Masson and Miró, for example, engaged in automatic drawing and painting whereby the hand was allowed to move freely without conscious control, notwithstanding the deliberate additions that each artist made to their work afterwards. The Surrealists' interest

in dreams as a manifestation of repressed desires is exemplified by Dalí's highly contrived and carefully composed dreamscape paintings, including one of his most well-known works, *The Persistence of Memory* (1931) with his now familiar melting clocks. Ironically perhaps, given that facets of early Surrealism were concerned with rejecting forms of institutional power, Dalí was later commissioned in 1958 by Carter-Wallace, a US drug manufacturer, to create a series of paintings to advertise the first 'tranquilliser', a sedative called Miltown (Meprobamate pharmaceutically). The artist subsequently designed an image, *Crisalida* (1958), used in a brochure that visualised the transition from psychological agitation to tranquillity effected by the drug. That the rise of the pharmaceutical companies in the mid-twentieth century generated such commercial opportunities for artists attests further to the wide-ranging relationships between the visual arts and mainstream mental-health systems.

As art historians have well documented, in line with interwar Surrealism's revolutionary objectives, psychic failure was perceived and seized upon by artists and writers as a positive subversion of established norms and social confines.²³ Deployed as an avant-garde strategy, the appropriation and celebration of mental illness took a number of forms: foregrounding mental illness in texts and artworks, adopting the persona of the 'madman', valorising the 'art of the insane' and criticising the institution of psychiatry. An historical illness that captured the Surrealist imagination was nineteenth-century hysteria, a category which was in disrepute by the 1920s but was revived by the Surrealists as a transgressive mechanism. As analysed by Briony Fer, the 'fiftieth anniversary of hysteria' was commemorated in 1928 in the journal *La Révolution Surréaliste* which reproduced photographs of a woman, deemed hysterical by Charcot at the Salpêtrière, apparently in convulsion.²⁴ In the accompanying text, Breton and poet Louis Aragon placed emphasis on what they saw as hysteria's insightful, creative and subversive potential: 'hysteria is by no means a pathological symptom and can in every way be considered a supreme form of expression'.²⁵ The Surrealists also constructed, foregrounded and identified with the 'madman' as someone marginalised by society and possessing special insights. Surrealist Antonin Artaud described this figure as 'a man whom society did not want to hear and whom it wanted to prevent from uttering certain intolerable truths'.²⁶ Breton, who was portrayed in a straightjacket in an etching by Max Ernst in 1923, aligning poet with patient, declared in the first Surrealist manifesto: 'I could

spend my whole life prying loose the secrets of the insane'.²⁷ The premise that a form of truth was located in insanity and that the madman functioned as a means to view society anew was central to a sonnet entitled 'Schizophrenia' by the Dadaist and expressionist Hugo Ball. He located himself in the poem as the patient, deploying, as Sander Gilman argues, the identity of the mad poet as an 'exotic' device to critique society.²⁸ This invocation of the madman was not exclusive to Dada and Surrealism: the Futurists, who operated in Italy before the First World War, rejected tradition and advocated the speed and machines of modernity as subjects in art, claimed in the collective 'Futurist Painting: Technical Manifesto' (1910): 'the name of "madman" with which it is attempted to gag all innovators should be looked upon as a title of honour'.²⁹ By emphasising the voices of the 'mad' and highlighting the peripheral position of the mentally ill in society, modern artists, to some extent, valorised the perspectives of those inside psychiatric institutions. This identification and privileging was, however, primarily a self-serving avant-garde strategy in which the suffering experienced by the mentally ill was seemingly to a large extent overlooked.

The Surrealist movement's investment in mental illness as a creative and subversive means was also constituted through celebrating, collecting and exhibiting the 'art of the insane.' This aesthetic category comprised drawings and paintings by patients in asylums who had been given art materials usually for diversional, as opposed to therapeutic, purposes; Josef Karl Rädler, for example, a patient at Mauer-Öhling psychiatric hospital near Vienna from 1905 until his death in 1917, was provided with materials to keep 'him out of trouble'.³⁰ The largest and most influential collection of the 'art of the insane' was assembled by art historian and psychiatrist Hans Prinzhorn who, in 1919, began to amass objects from asylums across Germany, Italy, Switzerland and Austria. Prinzhorn subsequently published his book *Bildnerie der Geisteskranken (Artistry of the Mentally Ill)* (1922) which categorised and analysed works in the collection.³¹ Prinzhorn considered the works to occupy an ambiguous position between art and diagnostic material: 'Bildnerie' connoted 'picture-making' rather than art (Kunst) but he also argued that, once separated from the maker or their diagnosis, an object could not be understood to reflect a specific mental illness. Considered at the time of their production largely as institutional ephemera, the redefinition of this work as 'art' was the result of interwar exhibitions and collecting practices that

generated a market for such objects.³² Modernist artists including Paul Klee, Max Ernst and Alfred Kubin saw the Prinzhorn collection, read his text, collected and displayed similar objects and, in some cases, copied the paintings and drawings stylistically.³³ The ‘art of the insane’ was celebrated as supposedly visionary and unfettered by academic conventions, seen to constitute free, impulsive and spontaneous acts of creativity. This assessment coincided with early twentieth-century modernist re-evaluations of the non-western ‘primitive’ and of artwork by children as similarly possessing special insight and creative impulse. This constituted a rejection and reappraisal of nineteenth-century theories of degeneracy which had viewed the mentally ill, the ‘primitive’ and children as insufficiently developed and, consequently, had considered their drawings and paintings as symptomatic of deviation. One of the earliest collections of works by the ‘insane’ was assembled by psychiatrist and anthropologist Cesare Lombroso in the late nineteenth century who viewed the objects primarily as visual evidence of mental pathology.³⁴ In contrast, Prinzhorn’s collection, to some extent, as Catherine de Zegher suggests, ‘advocated for the aesthetic legitimacy of the works drawn by psychotic individuals who were marginalised by society’.³⁵ The collection placed artistic and, ultimately, economic value on the work of psychiatric patients. This appropriation nonetheless idealised the experience of mental illness, as Gilman eloquently stresses: ‘Prinzhorn’s patients were ill. They were not shamans speaking an unknown tongue, nor were they Romantic artists expressing through their art conscious disapproval of modern society. These patients were ill, and their artistic productions reflected the pain and anguish caused by that illness. This fact was often overlooked by earlier commentators on the art of the mentally ill as well as by those writers who used the persona of the mad as their alter ego’.³⁶ The perception, moreover, of the ‘art of the insane’ as ‘expressionist’, ‘visionary’ and ‘transgressive’, on which its popularity rested, was in the first place largely a fiction constructed for avant-garde ends.³⁷

Interwar and mid-twentieth-century exhibitions on Surrealism juxtaposed examples of modern art with the ‘art of the insane’ in order to suggest positive affinities between the two.³⁸ In November 1937, *Surrealist Objects and Poems* (London Gallery) displayed artworks by artists including Paul Nash, Julian Trevelyan and Eileen Agar alongside what were problematically described in the catalogue as ‘objects by a schizophrenic lunatic’.³⁹ A seminal exhibition staged at the Museum of Modern Art (MoMA, New York), *Fantastic Art, Dada and Surrealism* (1936–1937), comprising almost seven hundred objects, similarly

included works simply categorised as 'psychopathic watercolours and drawings'. The inclusion in *Fantastic Art* of both 'the art of children and the insane' as 'comparative material' alongside 'works by mature and normal artists' was explicated by curator Alfred Barr in the catalogue as follows: 'children and psychopaths exist [...] in a world of their own unattainable to the rest of us [...] Surrealist artists try to achieve a comparable freedom of the creative imagination'.⁴⁰ In other words, parallels were drawn between the creative insights achieved by modern artists and the inherently visionary and liberated perception of children and the mentally ill, who were positioned as occupying a place outside the parameters of 'normal'. While this comparison was drawn to articulate the innovation of Surrealism and the exceptional creative insight of its artists, a clear opposition was concurrently set up, however, between the creative intentionality of named modern artists and the uncontrolled instinctive activity of the unnamed mentally ill. The Surrealists differed, claimed the text, 'in one fundamental way' because 'they are perfectly conscious of the difference between the world of fantasy and the world of reality, whereas children and the insane are often unable to make this distinction'.⁴¹ This caveat indicates a fundamental problematic of the 'primitive': while avant-garde modern artists were framed as operating intentionally, those viewed as 'primitive' were conceived as simply working instinctively and were consequently denied agency, authority and intentionality as makers.

In summary, the Surrealists drew attention to the marginalisation of psychiatric patients and questioned pathological definitions of abnormality, but this embrace of 'insanity' was primarily as a source of creative inspiration and a vehicle to criticise the confines of social and political structures, predicated on a mythologising and idealising of mental illness. At the same time, however, some Surrealists also condemned the institution of psychiatry in a way that is indicative of the capacity of the arts to produce and shape cultural meanings around mental-health care. An open letter to the directors of asylums published in *La Révolution Surréaliste* criticised psychiatry as a repressive, incarcerating and restraining institution: 'the madhouse, under cover of science and justice, is comparable to a barracks, a prison, a penal colony'.⁴² The Surrealists were, according to art historian David Lomas, the 'anti-psychiatry movement of their day'.⁴³ Although the artists romanticised mental illness, their criticisms of the psychiatric institution had aspects in common with the sustained attacks that took place in the 1960s levelled at the categorising, silencing and controlling mechanisms of psychiatry.

ART AND CRAFT-MAKING PRACTICES AS OCCUPATIONAL THERAPY

Shifting attention away from canonical modern art and art institutions, the following discussion considers the formulation of art-making practices as a means of therapy in healthcare, rehabilitation and pedagogic contexts, a comparatively under-researched area in art history.⁴⁴ The field of occupational therapy developed as an allied health profession in the early to mid-twentieth century in which patients were prescribed creative practices as therapy, such as weaving, embroidery, woodwork, leatherwork and print-making. Tactile and visual art forms were applied across medical specialities for both physiological and psychological purposes. Occupational therapists advocated, however, holistic approaches to illness and treatment and, as such, undertaking arts and crafts was often considered to have a psychological purpose even when designated physiologically. As psychiatrist Alfred Solomon put it: 'whether or not psychiatric orders are given, a physical therapy is psychotherapeutic in character'.⁴⁵ In line with this, block-print fabric painting, according to an orthopaedic account from 1938, impacted on finger flexion and on pronation and supination of the forearm but also, psychologically, left 'little room' for 'personal broodings'.⁴⁶ Creative practices were adapted for different needs: weaving in psychiatry, for example, could involve repetitious rhythmic movements using dull colours for a sedative effect, whereas interesting 'pattern' with 'various shades of red and yellow' could stimulate the participant.⁴⁷ Occupational therapy was theorised in journals from different disciplinary directions by therapists, physicians, artists, pedagogues, psychiatrists, psychoanalysts and nurses, with its effects measured in a multitude of ways, including strengthening muscles, increasing concentration and self-confidence and developing positive habit formation. Claims about the interest aroused in patients and their appetite for participation should, however, be approached with some caution. In the context of rehabilitation in the USA after the First World War, historian Ana Carden-Coyne has shown that although articles and images published by hospitals, voluntary organisations and the White House stressed harmonious relationships between supposedly compliant disabled ex-servicemen and medical staff, some veterans resented rehabilitation and refused to participate in occupational therapy.⁴⁸ While institutional material is crucial for understanding how practices were perceived to operate, often undocumented in these records are the perspectives and experiences of participants themselves, including their possible resistance.

Occupational therapy was first developed, as Virginia Quiroga explains in her survey history, within women-led reform initiatives in the USA during the 1910s when early pioneers advocated that supervised arts and crafts could be used to treat tuberculosis, arthritis and neurasthenia, as well as industrial injuries.⁴⁹ The professionalisation and institutionalisation of the field happened slightly later in Britain: Elizabeth Casson founded the first accredited training school, Dorset House, in Bristol in 1930. Prior to this, Gartnavel Royal Asylum in Glasgow was the first institution in Britain to open an occupational therapy department in 1923, offering at first 'simple woodwork, basketry, cane chair making, raffia and pine needlework, china painting, metalwork, rugmaking, embroidery and decorative colour craft work'.⁵⁰ As the asylum's occupational therapy department grew, tasks were differentiated and patients were divided into distinct classes 'according to mental condition and prescribed occupation'.⁵¹ An advertisement for an occupational therapist at Gartnavel in the *Lancet* in 1924 asked for a 'well-educated, intelligent, refined girl'.⁵² As this call suggests, the profession was considered to be one best suited to women, based on socially constructed and prescribed gender assumptions which attributed them with the qualities of obedience and self-sacrifice to support such adjunctive treatments. As historian Beth Linker notes, well into the twentieth century occupational therapists, like nurses, maintained the 'Victorian roots' of their roles, based on nineteenth-century views that women were 'the weaker yet more nurturing sex'.⁵³ Indeed, the profession was still considered in the 1940s to be suited to a woman who was, according to one article, ideally: 'sensitive to herself and to others, emotionally responsive [...] of few words, of good judgment, and of a comfortable disposition'.⁵⁴

Early occupational therapy in the 1910s was based on two core premises: that healing could arise through productive occupation and that art and craft practices were intrinsically restorative. In view of how mental-health care has been shaped by a multitude of fields, it is significant that these predicates were derived from education reform principles and the Arts and Crafts movement that originated in Britain in the 1860s and 1870s. The Arts and Crafts movement was associated most prominently with designer, writer and activist William Morris and theorist and art critic John Ruskin, who both advocated a unity between labour and art, driven by concerns about the detrimental effects of capitalist industrial production. They argued that machine-made objects were impersonal and offered no pleasure to the maker or the user.

In contrast, handwork was restorative: pleasure in the process of making by hand would lead to pleasure not only in that object but also in other aspects of life. Accordingly, arts and crafts proponents promoted the revival of traditional handicrafts and hand-made decorative and applied arts, including tapestries, furniture, ornaments and furnishings. These ideas and practices were disseminated internationally by societies, guilds and workshops, including the Chicago Arts and Crafts Society in the US which was formed at social-reform settlement Hull House in 1897. Co-founded by Jane Addams and Ellen Gates Starr in 1889, Hull House was a secular community that sought to improve the social, health and economic conditions of working-class areas of Chicago. At the centre of women-led reform, Hull House was a meeting point for organisations and social projects that shaped the development of occupational therapy.⁵⁵ Handicrafts were central to the educational programmes at Hull House as a means to withstand the tyranny of the machine and to revive work as a pleasurable process. Aiming to alleviate the alienation and tensions that workers were considered to experience, the Hull House Labour Museum enabled working-class women to engage in textile work, for example. Emphasis on the benefits of hand-making individualised objects, on the importance of pleasure in work and on creativity as an essential component of wellness were subsequently central to the therapeutic application of arts and crafts.

As occupational therapy developed, its institutionalisation was contingent on an alliance with mainstream medicine, an association that was not, however, entirely frictionless. A key symbol of the field's status as a modern healthcare profession was that occupation was prescribed by physicians and psychiatrists, a process which located the arts and crafts at the junction of art and medicine, as both creative and therapeutic practice.⁵⁶ The accredited training of therapists was divided between instruction in arts and crafts and, for example, anatomy, physiology, first aid and psychology. The position and perception of arts and crafts as instruments of treatment were not, though, entirely unequivocal in the 1930s and 1940s. One tension, as Ruth Ellen Levine notes, was that while scientific reductionist approaches to treatment increasingly divided medicine into specialisms, occupational therapists maintained a holistic approach, underpinned by its Arts and Crafts and reform pedagogy origins.⁵⁷ For some therapists, the perception of craft as frivolous and superfluous undermined occupational therapy's claim to a modern scientific paradigm. One way to articulate the success of occupational therapy,

especially in its infancy, had been to demonstrate a patient's mastery of a craft and the artistic quality of the work they had produced. To this end, Gartnavel hospital reported in the mid-1920s on the 'greater proficiency [...] attained' by patients and the 'aesthetic' quality of the resultant objects.⁵⁸ Foregrounding the aesthetic value of a craft object, however, risked undermining the therapeutic imperatives and medical legitimacy of the profession. In 1944, one occupational therapist described their desire to avoid being 'damned once more with the "Arty-Crafty" label'.⁵⁹ Another therapist, Mary Atwater, argued that the purpose was 'not to produce a good basket [or] rag rug [...] but a cured patient'.⁶⁰ She minimised the significance of the objects produced to emphasise the overarching therapeutic objective of recovery. Eventually, the creative paradigm of occupational therapy was replaced in the 1960s by a functional basis concerned mostly with social assessments and activities of daily living.⁶¹ With fewer patients treated as mental hospital in-patients and shorter hospital stays, occupational therapy was refocused in the second half of the twentieth century on discharge planning, domestic independence and community events rather than on creative practices.

ART THERAPY: PAINTING, EXPRESSION AND AGENCY

Another field, distinct from occupational therapy, in which visual art practices were applied to create and sustain healthy minds was art therapy, a field which was developed in Britain and the USA during the 1930s and 1940s and professionalised in the 1950s and 1960s.⁶² Unlike the broad remit of occupational therapy, art therapy focused on fine art: painting, drawing and, to a lesser extent, sculpture. Compared to craft practices that usually involved following defined procedures or copying established models, art therapy tended to comprise what was perceived to be a freer kind of painting, including the representation of imagined subjects. As a result, it was more closely associated with articulating an inner self. Informed in part by the Freudian wave of the 1920s and 1930s that consolidated the idea of art as an articulation of the unconscious, which was disseminated and popularised further by mainstream Surrealism as we saw above, early art therapy was based broadly on the notion of art as a means of self-expression. What was considered to constitute 'expression' was not monolithic and varied between programmes, but early art therapists operated broadly on the premise that art alleviated tensions by releasing internal psychological forces or traumatic

memories or acted as a means to communicate visually something that might not be articulated in words. The main purpose of art therapy, however, was not usually to generate images that could be read diagnostically. Emphasis was directed on the psychologically healing effects of the art-making process, rather than what might be extrapolated subsequently from resultant images. This focus on the therapeutic as opposed to diagnostic potential of art differentiated art therapy from psychoanalytic approaches prevalent in the 1930s and 1940s in which works by patients were treated as case material, simplified reductively as illustrations of psychoanalytic mechanisms.⁶³ Concurrent psychopathological approaches similarly examined how art could manifest mental illness symptoms visually. At Maudsley Hospital during the 1930s, Erich Guttman and Walter Maclay characterised drawings by schizophrenic patients, arguing that psychiatric disorder could be read in the individual components and composition of an image.⁶⁴ Unlike psychoanalytic and psychopathological positioning of patient-made visual material as manifestations of mental disorder, art therapy centred on the psychologically curative possibilities derived from making art.

Artist and educator Adrian Hill first coined the term 'art therapy' in Britain in 1942 to describe his work at King Edward VII Sanatorium in Midhurst. According to Hill's own account, he offered initially 'simple instruction in drawing and painting' to members of the Navy, Army and Air Force 'to whom the other crafts made no appeal' which he expanded into a distinct practice categorised as art therapy.⁶⁵ The field was also developed in psychiatric hospitals, military medical hospitals and therapeutic communities as well as in art schools. Unlike the primarily diversional painting and drawing in asylums in the nineteenth and early twentieth centuries, art therapy posited art-making as a constitutively healing process. Many early pioneers were artists and pedagogues, like Hill, whose approaches were driven by convictions that art-making and art-viewing were intrinsically salubrious activities, rather than predicated on understanding of psychological mechanisms. The mentally healing function of art-making practices was often intertwined rhetorically with notions of art as broadly reparative and restorative, especially in the context of the Second World War when creativity was endorsed as being socially vital as a symbol of individual freedom.⁶⁶ The discourses of early art therapy often posited the nourishing and rejuvenating capacity of art. Arthur Segal, for example, another artist-pedagogue who pioneered art therapy in Britain in the late 1930s, claimed painting a 'life-giving

source' that 'feeds and replenishes our individual selves with fresh energy'.⁶⁷ An émigré from Nazi Germany, Segal explored how painting could be used therapeutically at his Painting School for Professionals and Non-Professionals which he opened in London in 1937 with his wife Ernestine and daughter Marianne Segal. What differentiated Segal's approach practically at the time was that it centred not on painting imaginative subjects or articulating thoughts or emotions to cathartic effect but on representing external objects. He understood therapeutic effects to derive from methodical examination of the construction of three-dimensionality by light and shade. Students were led to paint naturalistic still-lives and portraits by focusing on light, form and colour, an interest evident in Segal's own artworks after 1930, such as *Apples in a Bowl* (1938) (Fig. 10.3).

Psychotherapists referred patients to Segal's school, and the institution worked closely with an organisation called Q Camps which established an innovative therapeutic community camp called Hawkspur in rural Essex in 1936. Described as a self-governing educational community for young men aged between 16½ and 25 with 'behaviour problems' or who were 'unable to fit into normal society', Hawkspur pioneered 'planned environment therapy' which prefigured the post-war therapeutic community movement.⁶⁸ The camp regime itself was the holistic instrument of rehabilitation with responsibilities shared between members to facilitate democratic decision-making, self-discipline and social integration. There were in addition individual 'special treatments' which most commonly constituted regular psychotherapy but which for some members included attending Segal's painting classes. One young man went to the school regularly, the results of which were measured primarily in terms of his overall disposition, social adjustment and psychological and behavioural changes. The painting lessons led, according to one report, to 'marked improvement in all symptoms. [He] became articulate, intelligent in conversation, thoughtful, sensitive, industrious and much less unstable'.⁶⁹

A critical site for power and agency in the history of art therapy is the interpretation and ownership of the objects made in this type of context. Analysis of artworks by therapists can disempower the maker since it implies, as art historian David Lomas notes, that 'without the intervention of the expert', the participant 'knows not what they say'.⁷⁰ Non-directive and non-interventionist approaches, prevalent in the 1950s, argued that the role of therapists was to facilitate rather than to direct



Fig. 10.3 *Apples in a Bowl*, 1938, Arthur Segal (1875–1944). Oil on panel, 39 × 50 cm. Guildhall Art Gallery, City of London Corporation. All rights reserved

practices and to interpret images. One of the most influential art therapists working in this vein was Edward Adamson who was appointed ‘art master’ at a long-stay psychiatric hospital at Netherne in Surrey in 1946. Initially Adamson was employed to contribute to psychiatric research into art as a means of treatment and diagnosis, whereby the patient-made works were analysed by doctors in clinical meetings. Adamson himself, however, emphatically rejected psychopathological and diagnostic readings of the works.⁷¹ Once the original experiment had ended in 1951, he had greater autonomy and continued to run his non-interventionist art studio in the hospital’s grounds until 1981, allowing residents to paint freely.⁷² Having joined Netherne when lobotomies, electric shocks and insulin coma treatments were still widely used, Adamson conceived painting as individual and humane, operating in opposition to the hospital’s institutional routine. His work constitutes a significant example

of art practices being deployed to provide a critical mediation within an established mental-health treatment context.

The largest collection of art therapy works in Britain is the Adamson Collection, amassed at Netherne and now mostly housed at the Wellcome Collection (London). In line with the shift towards patient-orientated medical histories, artworks by patients, like those in the Adamson Collection, have been considered in recent years as valuable articulations of individual experiences that counter homogenising diagnosis-cure institutional histories of psychiatry.⁷³ The capacity of these objects to represent the voices of their marginalised makers is, however, fundamentally contingent on how they are treated and displayed contemporarily. In terms of the proprietary status of the objects, the Adamson Collection Trust (ACT) delineates its role not as the owner but the 'caretaker', 'rescuer' or 'guardian' of the works.⁷⁴ The decision has also been made, where possible, to name the makers of the artworks, as was the case in the exhibition *Mr A Moves in Mysterious Ways* (Peltz gallery, Birkbeck, University of London, 2017). Co-curator Fiona Johnstone argued that naming was essential in order to foreground 'individuals with their own personal histories' rather than a 'generic mass of psychiatric patients', a position informed by Richard Sandell that in a museum context 'anonymity can be construed as dehumanising'.⁷⁵ A point of comparison to this approach is a psychiatric 'objective scientific investigation' of the Prinzhorn collection that took place in 2017 which used modern art in public collections as 'control samples'. This 'computer-based analysis' compared 'schizophrenia' artworks with 'artworks by healthy artists' and found that images in the Prinzhorn collection by six of the fourteen artists selected possessed 'image properties that deviate from the range of values obtained for the control artworks'.⁷⁶ In this case, the possibility of reading the artworks as articulating the individual experiences and voices of those in asylums is curtailed by the study's pathological premise which implied from the start that the objects could reveal symptomatic formal properties. Ethical questions about ownership, naming and terminology are, crucially, not only historically embedded in the production of the work but are by necessity present-day concerns about how material should be read, displayed, interpreted and labelled responsibly. This is a key instance, then, of how probing mental-health care through the lens of its entanglement with art brings to the fore the importance of power and agency in histories of mental illness and treatment.

CONCLUSIONS

In conclusion, art was an arena in which practices, concepts and objects of mental-health care were not only circulated and shared but also interrogated and produced in the first half of the twentieth century. During this period, there was a fascination in the actual and imagined psychological effects of viewing and making art, conceptualisations of art became increasingly inflected at this time with issues pertaining to psychological health, while avant-garde artists seized on psychotherapeutic regimes as a means of creative inspiration and subversion. The discourses and practices of art not only supported but also challenged therapeutic routines: Adamson operated within a psychiatric institution but offered an influential intervention in its methods through his art studio. Surrealist artists mythologised and exploited mental illness, but aspects of their work can be understood to some extent as a cultural strand concerned, albeit problematically, with questioning psychiatric labels of 'normal'. This chapter has also shown that art was a centre for defining and creating healthy minds in a multitude of ways. The historically contingent instances of how viewing art by professional artists was perceived to contribute to mental well-being resonate with the well-recognised idea today that the visual arts and museums can play a role in supporting psychological welfare, particularly in the context of health being increasingly understood as a societal concern.⁷⁷ The incorporation of divergent visual and tactile art-making practices into a range of different therapeutic systems and institutional contexts in the newly emergent fields of occupational therapy and art therapy in the first half of the twentieth century attests to the varied positions of art within broadening mechanisms of prevention and remedy. Moreover, the fact that these therapeutic applications of art were driven by diverse ideas concerning the role of handicrafts, holistic concepts of the body and the nourishing and socially regenerative function of creativity, as opposed to models of the mind, evidences how psychological health has been directed by a broad set of discourses. Art informed and constituted methods of healing and shaped perceptions of mental illness both within the psychiatric institutions that are conventionally associated with treatment and outside in museum and pedagogic contexts that consequently formed part of the expanded terrain across which twentieth-century mental-health care operated.

Acknowledgements The author gratefully acknowledges the support of the Wellcome Trust and the University of Leicester, 204801/Z/16/Z.

NOTES

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