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Along the continua: mentally ill artists uninterrupted

It seems that my work either challenges my illness (socially-engaged practice) or explores it (the autobiographical stuff). Is it possible that my theoretical interests sit in-between and bridge these two elements of my practice, and if so, does this in turn mean that these three elements together can combine to form a more cohesive whole self?

This chapter reports on longitudinal research which explores the experience of mentally ill, developing artists. Through a particular use of the interview space and biographic narrative interviews, an intimate portrait was drawn of the different lines of continua these artistic individuals were negotiating. Such lines were traced through their 'wellnesses,' their crises, their creative and pedagogic breakthroughs and culs-de-sac. Continua were also noted in their deepening insights into their internal world and external products, invoking considerations of the Winnicottian transitional object.

Such continua threw into relief the extremes of health and illness; *'rapid-fire creative production'* (Jaques, 1965: 229) and the despair of hiatus. The continuum of learning, unlearning or stasis was also narrated. Prominent was the continuum along which each strived to locate her or his artistic work, variously as therapy, catharsis, break-through, or pristine content which sometimes broke the stultifying bonds of history, pathology, class and cultural background.

These uninterrupted words, representing reflections over a span of three years, show us the importance of the seemingly prosaic decisions and daily minutiae of living with mental illness. But they also demand a deeper exploration of how acts of reparation (Klein, 1998) are made as the psyche strives for integration, as well as how we attack and sometimes self-sabotage that integration, undoing the repair, sometimes repetitively (Freud, 1914). These words also urge us to take heed that creative work remains a privilege in an artistic and educational order which favours the strong, the healthy and the wealthy.

This chapter presents the words of individuals with chronic mental illness and seeks to offer an insight into the clash and complement of mental illness and creativity. In so doing, it raises questions which evoke our tussles with Freud's reality versus pleasure principle, tussles inherent in the human condition. Such questions nudge into the light the

compromises we all make with authenticity and creativity to conform or to stay 'sane'.

Along the continua: mentally ill artists uninterrupted

'What's a manic depressive's worst fear?'
'Getting attacked by a bipolar bear….'

I start with this rather lame joke, which has nevertheless been a favourite of mine for a long time, to illustrate a point. When I am 'well' or, better, in an upward phase of mood, no matter how recently I have heard or thought of that joke, it makes me laugh. It seems, for a fleeting, joyous moment to encapsulate the best of life's absurdities. It holds the dark humour of illness, but also an irreverent, incorrigible and gurgling life force, which, like a belly laugh, is in itself reason enough, at that moment, to go on. On other days, and some readers will recognise this, I lose that sense, that fine sensibility of irony and fun. I also lose any *access* to the image of a lumbering bipolar bear, and worse than being offended by the possible insensitivity of the joke, far worse, is the terrible flatness, the indifferent vacuum with which I receive this pointless, utterly dull little 'joke'. In between these two extremes I live out my life, somewhere along the continuum between my funny and my dull bear.

This chapter is about the extremes people with mental illness have talked to me about, and how these extremes function, sitting on points of continua. It is also about the creative endeavours engaged in to negotiate these extremes, to understand them, to work with them and situate one's self more closely and firmly nearer one than the other. This research into the experience of mentally ill art students and artists has raised questions about the role of art in these endeavours, and the extremes within art practice itself.

The research; narrative, memory, auto/biography, imagination

The research drawn on in this chapter began in 2007 with two participating UK universities

with an art and design specialism. The two institutions were very different in that one was a large, urban university in a highly cosmopolitan setting, and the other significantly smaller, in a quaint cathedral city nestled in a beautiful area of rural England. Although the institutions shared methodological approach, data and analysis as the research progressed, there was a great deal of autonomy in the research at both institutions, with both drawing on findings of particular institutional relevance in their locality. Since early 2009, the smaller institution had ended its data collection, with the larger of the two continuing to recruit and maintain its sample for further longitudinal data.

Why biographical narrative? To invite speech, uninterrupted, unstructured, free associative (Hollway and Jefferson 2001) is firstly, to connect with an age old, universal activity as *'there does not exist, and never has existed, a people without* narratives' (Barthes, cited in Polkinghorne, 1988:14). It is the breaking of bread; I hear you; we sit, striving to be as equals. Feminist concepts of power and subjectivity have directly informed the stance and ethics of such research, and this form of exchange, or a striving for it, is particularly important for research involving vulnerable and/or marginalised individuals. Every attempt is made to avoid further contributing, through research, to the repeated experience of an erosion of autonomy of voice, and further experience of a hearing, but non-listening exchange.

This type of interview setting, also evokes the therapeutic space, a transitional space (Winnicott 1971) in which we two can play. It is a space in which words, memory, imagination and auto/biography can be held in a potential for becoming other; a potential for increasing us both. Yet it is also a fraught space; the relationship between researcher and researched inevitably asymmetrical in actuality or in phantasy, in terms of health, wealth, power, status, and again, potential. Fraught too is the arena between us, laden as it may become with difficult psychic traffic; weighted with the uncertainty of memory, the risk of fabrication, fear of retaliation. Fraught too for the pain that may be, and is often brought there, which then sits, like a thing of deadweight, in the interview space which may struggle, and sometimes fail, to contain (Bion 1984). And finally, the space is fraught because in such narratives, lie our own, as details, quips, sideswipes and jokes resonate with the researcher's life; and bring my own narrative, memories, imagination hurtling into the arena, into consciousness, thereby delivering the punch or caress which further constructs my own auto/biography through yours. Narrative, *'a popular portmanteau term in contemporary western social research'* (Andrews, Squire et al. 2008:2) with its body of research which both deals in narrative and with it, is contested. Such research with its

multiple interpretations and approaches, finally both suffers from, and is strengthened by *'the theoretical fault lines that traverse it'* (Andrews, Squire et al. 2008:3).

But narrative, as an activity, or a pursuit, and narrative *research,* with mentally ill individuals, acquires an even more intense rationale and potential for depth exploration. Firstly, there is persuasive argument that illness, trauma and mental illness in particular, will seek articulation (Frank, 1995; Charon, 2004; Stone, 2004). Hornstein's (2008) formidable bibliography of 1st person narratives of madness is, in itself testament to this urge to purge. Earlier research I have conducted (Sagan, 2007, 2008) has also tracked the almost visceral need to 'get it down on paper' and how the spoken narratives about the written narratives gained a momentum and importance in the participants' lives. Frank (1995:xii) notes that through illness people *'need to become storytellers in order to recover the voices that illness and its treatment often take away.'*

But we need to be cautious of assumptions of knowledge based on stories which give us access to so private and individual an experience of mental illness, or madness, however we formulate our terminology. Such narratives are sometimes brought from the depths of despair, fragmentation, or bleakness *'so overwhelming as to be quite beyond expression'* (Styron, 2000:83). Stone (2004;49) cautions us too, that:

an attentive reading of narrative form, as the outworking and evidence of a way of knowing and thinking about the world, may reveal authorial attempts to manage and stretch the constraints inherent in conventional narrative's tendency toward linearity and resolution, a tendency which is, arguably, inimical to the expression of madness.

Indeed narrative, for any of us, is an approximation, words being problematic not only, as Dennis Potter once quipped, because we don't know whose mouths they've been in. So to base one's research on such approximation and Habermasian 'double hermeneutic' (Giddens, 1984) invites scrutiny. Mental illness, with its attacks on coherence, its ebbs and flows between heightened insight, delusion, and gritty grip on prosaic reality, is of course that much more difficult to talk about. Some authors who have written about their illness display a masterful postmodernist allegiance to both the twist of identity and the twist of authorial voice. Lauren Slater (2000:223), in her 'Metaphorical Memoir' describes her text as *slippery, playful, impish, exasperating'* and Stone is right to remind us of Derrida's (1978:54-5)   comment that the sentence, by its very essence,

carries *'normality within it'* and therefore, almost certainly, is the wrong tool for the job of describing the *not* normal; which is, of course to stray into further contested domain.

But blunt tool as it may be, narrative representations of one's life is a tool, and this research set about to use it. The main source of data was the interviews, unstructured, and free associative, wherein *'associations follow pathways defined by emotional motivations rather than rational intentions'* (Hollway and Jefferson, 2001:37).These exchanges offered a time and a space in which the participants, all students of the arts, could talk about their life, their illnesses and health, their learning and development, and last but by no means least, their work. That this artistic work (painting, film, sculpture, sound art) existed as a product, a tangible, visible or audible artefact lent a further corner to a triangle of potential space; between the narrator/artist, the listener/viewer, the artefact. Sometimes this triangle was strung between the narrator, the listener and the story narrated. But in both cases, a triangle, evoking an oedipal joining (Britton 1989) with the artefact/narrative as the child, the offspring, the creation, could be hypothesised as creating an evocation of family unit – with all its good, or, in this case more often bad, memories and phantasies of the power of this unit and its role in the auto/biography of us all.

The narrative interviews therefore drew on memory, with all its trickery and perverse longings. In speaking the sometimes unspoken, they thereby constructed, en route, newly positioned and formulated auto/biographies. In this, the imagination is at work; consciously, with imagined and narrated futures, artefacts, conversations, retributions and celebrations, but also more darkly, unconsciously. And as the participants journeyed through their learning, their art production, their illness and through a deepening insight into it, the imagination inspired by the journeys, and oftentimes thwarted or damaged by them, was woven into the artefacts, which was then a further source of narrative.

This chapter focuses on only one aspect, or hearing/reading of the narratives gathered, and it presents examples from across the data. What I have not done here, which is a departure for me, is attempt to describe and present the individuals themselves.

Mental illness, creativity and their constructions

'Creativity derives from the Indo-European root 'kare' meaning to give birth, to grow, and to make'

Oremland 1997:52

Interest, if not sheer fascination with the possible correlation between mental illness and creativity has generated a rich body of literature. Represented is work from the medical profession with biologists, neurologists, neuroscientists, geneticists and psychogeneticists presenting evidence backed claims that such a link does, or does not exist. Glazer (2009:755) suggests that *'it is now generally accepted that the link is empirically grounded'* but warns of the *'intrinsic disagreements'* regarding both the definition of creativity and the classification of different psychoses. It is laudable, then, that increasingly studies are more circumspect, confining the scope of the investigation to sub-clinical measures of psychopathology such as schizotypy (Nettle, 2006) and hypomania (Furnham *et al* 2008).

While a link between madness and creativity is being examined from almost every angle, questions arise as to why in terms of our evolutionary struggle, this link might persist. Nettle (2001, 2006) for example, writes that the hypothesised persistence of genes that may predispose people to mental illness opens another vista for enquiry. This hypothesis suggests that although 'madness' is disadvantageous, its very link with creativity, which *is* advantageous to the species, begins to explain the persistence of such genetic traces in the human gene pool. The genetic inheritance and transgenerational traces of mental illness and creativity offer an angle of study less concerned with arguing that such a link exists, but with understanding the nature and ramifications of it. Simeonova and her colleagues (2005), for example, offer insights into the creative abilities *and* predisposition to Attention Deficit Hyperactivity Disorder (ADHD) of children of bipolar parents. So bigger questions are at stake, regarding what the *purpose* might be, for the human race, of both psychopathology and the protean dimensions of creativity.

The term mental illness is, of course highly contentious, and we do well to be mindful of Foucault's (1967) classic argument that madness itself is a social construction which shifts with society's needs. So what many of these studies do is remind us of how difficult it is to define the illnesses which come under a category of mental illness or disorder. The *'wholesale comings and goings of disease classifications'* (Porter, 2002) of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) and its vociferous critics, are, in themselves testament to the rapidity of changes and uncertainty of knowledge of the area.

Studies across the disciplines are ongoing, and with an increased sophistication as our knowledge and technology assisting the investigations become more refined. Almost every element of each claim and study has a counter-claim, with criticism of method; definition; rigour; relevance; findings. Indeed, to immerse oneself in the literature is to enter a small arena of madness itself; where there are rapid cycle highs and lows as breakthroughs are followed by nullifying argument in quick succession; where the meanings of words slip and shift even within one chapter; and where a kaleidoscopic vista of the mind and its flights can close down suddenly, rendering the subject elusive, or mundane, bland.

For now, some argue the jury is out, with Sawyer (2006:87) maintaining that *'Despite almost a century of work attempting to connect creativity and mental illness, evidence in support of a connection has been remarkably difficult to find.'* The complex variables involved in attempts to strengthen claims for a correlation are persuasively discussed by Ludwig who concludes that research studies, including his own which suggest a *relationship* between mental illness and creative activity are *'limited and inconclusive'* (1995:3). Similarly, Waddell, in her now outdated but still cited 1998 review of 29 studies and 34 review articles concludes that the enthusiasm for a link between creativity and mental illness has not *'always been balanced with scientific evidence'* (Waddell, 1998:167). Yet neither her selection of studies nor her interpretations have gone uncriticised (Scharfstein,2009), and, as with virtually anything written in this alluring but contested field of inquiry, there is always a counter claim which re-ignites the case for a link, even if that link remains uncertain (Scharfstein,2009). Such debates are set to continue as research into genetics and the use of Magnetic Resonance Imaging (MRI) technology make further advances in unravelling some of the biological mysteries of, for example, schizophrenia (Shenton, et al, 2001).

Finally, there are serious questions about the role culture has played, and does play, in defining both madness and creativity, with suggestions that *'…the link between creativity and madness is nothing more than a creativity myth, springing from [the] Romantic era conceptions…'* (Sawyer, 2006:87.) The Romantic period of late 18th and early 19th centuries was one when views of the Enlightenment, along with that period's ostracism of madness, were being refuted, ushering in a more enthusiastic welcome of the madness/ creativity connection (Becker, 2001).

Writers from outside the medical profession have concerned themselves less with attempts to prove or disprove a possible link between creativity and madness, or mental illness, and more with phenomenological explorations of the creative outputs themselves and the experiences of mentally ill individuals. Thus the world's archives of artefacts, music and writings produced by people reported to have had various mental illnesses provide a rich seam of voice and symbol. Through these the experience of mental illness can sometimes be glimpsed and offered up for deeper exploration of both creative outputs and mental illness, without necessarily demanding a positivistic 'proof' of a link. Hornstein (2009) urges us to acknowledge that the time is past when knowledge of mental illness is predicated upon the voice of psychiatrists. Instead, 1st person counter narratives of those suffering mental illness, have always existed, and indeed are growing, and it is through these narratives rather than through *'the impersonal and sometimes dehumanizing medical discourse'* (Adame and Hornstein 2006:139) that we should seek to understand mental illness. That illness, and its interface with creative output, described in first person narratives, is the substantive focus of this chapter.

Social scientists and literature specialists, positioned outside the medical paradigm remind us often that 'truths' and meanings about people's lives can be grasped through observations, archival study, literature, art and music. Here once again, it is useful, though no less problematic, to maintain a Foucauldian awareness regarding how discourse acts to create its own subjects. Within this, we need to be mindful of the climatic pull towards pathologising individuals over critiquing the shortcomings of society and culture and that *'the distress that emerges from social conditions can be experienced as a problem of the self'* (Ferudi, 2004:24). This focus on individualisation reinforces the incestuous relationship between creating vulnerability in populations and post-capitalism's dexterity in producing panaceas for that emotionality and vulnerability.

As with mental illness, the nature and construction of creativity is debated, with Glazer (2009:755) reminding us that *'paralleling dimensional conceptualizations of psychosis, the creativity construct could extend along a continuum; or it could exist in different distinct and independent forms'.* Creativity is, and has historically been, an equally elusive and stirring concept. Research which explores a link between the two have generated storms in the arts, sciences and humanities dating back to works attributed to Aristotle (384-322 BC) which sketched a profile of the melancholy, solitary genius fired by imagination. That the two areas, let alone the claimed links are contentious, reminds us that circumspection need be applied to both. But that need not, and indeed should not, staunch the flow of the

delightful, problematic, inquisitive and sometimes dull meanders into explorations of madness, creativity or their hypothesised links. Such continued searches are, after all, testament to the enduring magnetism of the area.

Questions about the nature of creativity, or what Nettle (2001), after Shakespeare, referred to as 'strong imagination' have far from abated. Technological advances and more refined excavation into the philosophy of aesthetic have, unsurprisingly, raised the bar since Rothenberg's statement that *'...there is little consistency or definite agreement about the meaning of the idea or of the specific term 'creativity''* Rothenberg, 1990:4. With more perspectives and advances has come even less definite agreement. Creativity, for much of '*human history the prerogative of supreme beings'* (Csikszentmihalyi, 1996:5), and from where it springs before it even becomes that which we cannot define, poses enduring questions. Is its source located in the unconscious, since Freud (1917), 'primary process thinking' driven by basic human instinct and free from constraint (Freud, 1958)? Or, is it from cognitive processes that *'novel ideas emerge'* (Ward 2001:350). Biological bases are still claimed (Carson et al, 2003) while psychotherapists such as Anthony Storr (1993) have put forward views that creativity is a product of the infinite adaptability of human nature faced with the need to respond to changing social and physical environments – hence a link with evolutional pull.

A 2006 study by Banaji and colleagues looked at the *rhetorics* of creativity. Although the review focussed on work of direct relevance to education, where, understandably concepts of creativity are hotly debated, it serves as a useful reminder that part of the problematic package of what creativity is or might be, let alone who 'has' it or 'is' it – remains the fact that creativity, is defined by discourses. Such discourses make judgements regarding aesthetic and cultural desiderata. They function as rhetorical stances, which are *'organised to persuade, as a form of 'communicative action' '...seeking to bring about consensus'* (Habermas, 1984:5). Nowhere is this more apparent than in the rhetoric of creativity as economic imperative where the concept of creativity is at the service of *'a neo-liberal economic programme'* (p56) – a perspective much critiqued (*inter alia* Buckingham and Jones, 2001).

As Sawyer (2006) states, much of our conception of art and creativity is deeply imbued to this day with western romantic notions of genius, with the isolated individual doing well, under this conception to be touched by madness. But this is just one way in which culture and its discourse has positioned madness and creativity. It is a socially useful way; which

reinforces now outdated ideas about who has access to artistic expression; reinforces too a tolerance of the 'mad artist' and suggests madness has some deeply biological reason for existing in the gene bank of the species: to produce art and evoke awe-inspiring vistas of the 'insanity of genius' (Nisbet, 1891). This, it would seem is one of the ways society has managed to 'deal' with the unpalatable idea of insanity. The thought of madness, as a threat to us, partly because it is *of* us, presents our sane society with a very real anxiety. And that society has found other ways of presenting, packaging and dealing with this threat; allying madness, 'over-emotionality' and neurosis with women and femininity through *'psychiatric imperialism'* (Chesler, 1997:1) and its *'diagnostic pathologizing of women'* (Chesler, 1997:10) has been one such mechanism. The recent shift in popular views of anorexia to include a critique of advertising targeted at young women exemplifies to what degree we had previously individualised this form of 'illness'. Our pathologising of scores of young women each year continues, while arguably, anorexia is a psychosomatic response to pressures from malestream society, a 'price' women pay for western civilisation (Bemporad,1989).   Unsurprisingly, as with gender so with race; research suggests that some groups, notably Black Caribbean, Black African and other Black groups - are over-represented in psychiatric hospitals, *(*CHAI, 2005).

The more anxiety and uncertainty is evoked by confrontations with insanity and all its manifestations, and the more we, 'the sane' have the security of our own sanity questioned, the more we resort to discourses of certainty (Sagan 2009). Such discourses about the who and the how of madness are thorough; and thoroughly construct the insane subject, and our policy responses to that subject. Stone (2004a:50) argues that:

> *'It is, arguably, an a priori proposition that to faithfully describe or express the manifestations of madness within a discourse governed by reason will be an undertaking, which, at the least, is fraught with difficulty.'*

It is not only a discourse 'governed by reason' of course, but one governed by the drive of politics, class and gender.

Interestingly, in the narratives in this study, neither the term 'mental illness' or the word 'creativity' featured highly. For it is one thing to have an interest or a position which is academic, or medical, or psychoanalytic, or philosophical and be immersed in the literature and its arguments with all their territorial stakes and border controls. It is another to be an individual, who is an art student, an aspiring artist, who just happens to have an illness which we clumsily call mental. Just to further defy us, sometimes this illness feels less like

an illness and more like a gift. Sometimes. It's that bear again.

Narratives of continua

Narrative is itself a continuum – and one of the strengths of the free associative approach is that it allows one to watch and listen for connections made while one is being given a free rein to tell one's life story. We all make complicated conscious and unconscious decisions regarding what to leave out; what to broad-brush, and on what to elaborate, or even obsess. In addition, the free associative interview is alive to what associations may be being made unconsciously, and over a period of time allows for one to watch for the resilience of such connections. This approach is vulnerable to over-interpretation, and offers its speculations, always, tentatively, in heuristic spirit.

All the individuals in this study had previous, and in some cases substantial experience of telling a version of their story either to psychiatrists, social workers or therapists. What was new to their experience here was linking their life story to their production of, and immersion in, art. I postpone, for now, a consideration of what this meant to them, and will pick up on this later on in the chapter.

The role of continua in the narratives themselves appeared, speculatively, to perform an important function which was intrinsically linked to the narrativised experience of mental ill health. Such ill health had ravaged careers; relationships; identities – it was characterised by *'fragmentation, amorphousness, entropy, chaos, silence, senselessness'* (Stone,2004:18) and it would seem the seismic pull felt by individuals was towards re-establishing coherence and continuity as part of regaining a new health. As Rimmon-Kennan (2002:12) points out,

> *…it is the implicit or explicit assumption of continuity that underlies the experience of disruption as one of the traumatic aspects of illness.*

Illness had in some cases ruptured the coherence of life stories, and even attacked the ability, at times, to use the words with which to tell these stories. Arguably, such ruptured narratives had a coherence of their own, but one which was less acknowledged, and is less recognised by our linear thinking; Rimmon-Kenan describes:

> *'The pull toward coherence, continuity, transformation—motivated by a transitory*

or permanent need on the part of ill subjects to counter the rupture—is also affected by socially and culturally constructed expectations.'

A pull which may indeed have made the emergence of continua in these narratives by individuals with histories of mental illness, a deliberate, if perhaps unconscious attempt at 'wellness' associated with coherence. While there is a good argument that *'…conventional narrative's tendency toward linearity and resolution,'* is *'inimical to the expression of madness'* (Stone,2004:16) the individuals in this research appeared to be on a particular quest. This quest was towards just this kind of resolution through a narrative and through their art. Perhaps as they had not been asked to 'describe their illness', but to tell the story of their life, they were less concerned with giving a snapshot of experiences of inner fragmentation, and more concerned with getting on with the job of living through its telling and expression.

Although narratives of continua were embedded in the material of a wide range of subjects pertinent to the participants' lives, I will present just two of these, the most prominent across the data set. These were the continua broadly held under the categories of 'health' and 'artistic process'. A further strong narrative of continuum was that of learning. Learning, while being intrinsically linked to questions of creativity, is an area too expansive to attempt to also investigate here and I have taken the decision to separate this for now, but it is explored in depth in another paper (Sagan, 2009).

Narratives of health

These narratives of health and histories of illness, were broadly in line with what Frank (1995:115) referred to as 'quest narratives' those which *'meet suffering head on; they accept illness and seek to use it'.* There were, amongst this group of highly articulate, motivated individuals (Sagan, 2009), no sign of Frank's other categories. Firstly there was no 'restitution narrative', where the individual's story of being well and becoming ill holds an implicit or explicit reference to an assumption that s/he will again be well. All participants in this research had sophisticated narratives in which they considered their illness to be a part of themselves, albeit one that they needed to 'manage'. It was a part which would, from time to time, be given reprieve, through a lessening of symptoms and greater insight ushering in more manageability. These were narratives of journeying, which indicated that:

…for some people a key aspect of learning to live with chronic incurable illness is not to transcend the illness but to find ways to incorporate it into daily living.

(Jackson 2006: 52)

There was no sign either, of Frank's other category in his useful topography, that of the chaos narrative, where *'stories are chaotic in their absence of narrative order'* (Frank:1995:97). That said, when I have discussed this with participants, there were comments which indicated this type of narrative chimed with their *past* experience. Eva, for example quipped: '*That would've been me, three years ago! (laughs)'* .

In the 'quest narratives' of this group of people, there was a start point,

By the end of 2003 my mind started to unravel and that was the start of psychosis. (Lottie)

After which time the deterioration and sometimes destitution and desperation were spoken of:

Eventually – I was homeless – I had to stay here and there – I'd end up in half-way house things. (Lottie)

Culminating in the 'arrival' physically, mentally, socio-economically, at the position of being an art student:

I saw the course I wanted to do, and at that stage I still had quite a bit of agoraphobia so I think over that summer of 2006 I basically got myself on a bus everyday going a little bit further each day, greater exposure. After about a month of doing that I finally got to the college intact, so I thought, ok now I can go ahead and chase one of my dreams, really. (Dan)

There were numerous references to the 'fuelling' effect of this attainment being able to motor a more integrated and optimistic future. In this future, illness would play a part, but not one which would again overpower the person. Arrival at the university thus represented a huge achievement and the height of a continuum whose start point, narratively, did sometimes *change* as our relationship developed. Students sometimes spoke, for example, in an almost nonchalant, flat delivery about an initial breakdown, or

hospitalisation:

When I came home for the holidays… I think mum and dad called the doctor out or something and I just went straight into hospital from there. That was my experience of it (Stella)

But as the narratives, and I hope trust, developed, there were 'thicker' stories more heavily laden with affect which detailed very early years' stories of trauma, abandonment and in some cases, abuse. For almost all of the participants fears were triggered regarding their mental health in their teens, often after a culmination of difficult, sometimes tragic experience. But for Dan and one other student, a psychiatric history began much earlier:

It started when I was 9, actually…. That was anxiety and an eating disorder. I saw a psychiatrist once a week for about half a year when I was 9 to 10. Then I was fine until age 16. I think I had normal kind of teenage problems from about 12, 13, 14. Things started going wrong when I was 16. Then I was ok for a bit. The schizophrenia really started when I was 18.

The continuum of health, with the huge, neon-lit landmark of arriving at university, did not stop there. One of the most poignant details of the narratives was the hyper-vigilance of health and ill-health on a continuum which now threatened to jeopardise the dearly won achievement of becoming an arts student. Such narratives were quite explicit in demonstrating the 'sliding scale of well-ness' like a barometer, which each individual held in her or his head, and against which s/he anxiously measured creative production and potential:

I get on a high and I can't stop I can't stop talking and working and talking and I go on and on and I know, I can feel that they're all thinking…well…I just go on and on, but it's good but I know that it'll end and they'll be thinking 'what was that?!' So I try and watch myself, for when that phase comes...comes…back…watch myself…
(Eva)

As Eva demonstrates, this barometer, however, was a deceptive measurer of identity and creativity, revealing the difficult decisions, choices and compromises made. It was clear that sometimes a choice for health, and being able to, as Ginny put it, *'fly beneath the radar'* meant negating or even fearing periods of *'rapid-fire creative production'* (Jaques, 1965: 229) desirable though they were to Eva. Such hypomania has also been explored

by researchers for its value:

'Hypomania is important for creative output for three reasons: 1) it facilitates the speed and range of imagination 2) it provides the energy to push through on an activity, and 3) the depression element provides a more pessimistic assessment of what can be achieved'

<div align="right">(St John Burch, et al, 2006: 178)</div>

The splitting off, of one's hypomania, or depression, or other outward signs of an illness seemed also to endorse a negating of an aspect of self, as though the 'less desirable' could be split off from one. Rimmon-Kenan (2002:14) cites Murphy, who, in talking about his illness, which although of a very different kind, is also viewed in a particular way by the 'well' (1987:92):

'…Murphy poignantly analyzes the price the disabled have to pay for normal social relations: 'they must comfort others about their own condition. They cannot show fear, sorrow, depression, sexuality, or anger, for this disturbs the able-bodied"

This attempt at conformity did not always come easily or even 'naturally'. Dan, in talking about his ways of thinking and managing social relations as a schizophrenic, said:

I've lost something really small that keeps you as a social being. Being about to perceive other people's existence is quite difficult. I'm quite self-centred and I've had to do that to cope with problems of illness.

Whilst Lottie, with her history of failure, illness and displacement sadly had to hide her effervescence and joy at her achievement of arrival at her university and the stability, acceptance and opportunity which now seemed in her grasp. Because such explosions of emotion and hypomania were for her 'symptomatic' and on a continuum of 'acceptable' to 'non-acceptable' outward signs of mental illness, she felt under pressure to hide behaviour which other students could display without eliciting comment:

You know when you want to start singing and dancing and you can't – you've got to be a bit… I feel like I've got a second chance, you know? I'm really positive about that but I've got to sort of keep a lid on it because some people might not get it

Dan too, felt compelled to keep a lid on any outward signs which might invite comment or ostracising:

The thing that doesn't help is this idea that everyone knows I've got this illness, that maybe they should act differently around me or be more attentive when they talk to me.

This caretaking of social relations led to a particular role and function for the interview setting. It gradually became one felt able to contain parts of the individual normally kept out of sight, and, as some participants hoped, therefore out of mind of possible stigmatising society.

The vigilance and caution over the span of the research, appeared to lessen. Individuals moved along yet another continuum, starting off with the experience of shame, fear of stigma, doubt, and gradually experiencing a re-authoring through their work and their engagement with self and even the research. This sometimes led to a period of 'in your face' coming out:

You may or may not remember the very first work I made at here… I certainly remember watching their reactions to it… with fear and dread and an absolute sense of "other"-ness
(Ginny)

With Ginny, much later on commenting:

Eventually the purge is over. Then you can get on and be bigger than a single label. And that's where I am.

Other narratives showed much less clear fluctuations along a continuum from a position of relative weakness, through defiance and then to a more integrated position, echoing the stages of Kleinian (1946) development I will mention later on. This movement also evokes an observation of Polkinghorne (1996) that many narratives of illness emerge and recede between perceived agentic and victimic poles.

For the individuals with whom I talked, the subject of medication was forefront in their minds in a way that it is difficult for anyone not bound to medication, to appreciate. Within what was overwhelmingly seen as a dependency, there were, again, continua of options and standpoints, along which individuals positioned themselves, sometimes warily, sometimes defiantly:

And sometimes you have to be a bit… **[bangs on the table]** ***…because otherwise they want to prescribe you medication and I don't want to go back on that crap.***
(Lottie)

Narrative data where individuals spoke about the decisions and choices (or, in some cases lack of choices) regarding their medication, is stark in its portrayal of a daily battle alien to those outside the world of mental illness. Each individual spoke of a personal experiment,

either long or short term, that they were involved in to lessen, or change their medication and their contact with mental health support.

Another [option] is going to hospital and coming off my clozapine, going on something different. That's an option, but I'm sure I'll be persuaded not to do that. Unless I can come up with a really good argument. It really is affecting my creativity.
(Dan)

The continuum from medication dependent to medication free was littered with serious hurdles. These included the impact on one's creativity and art practice, of coming off medication or, as more commonly the choice, lessening it.

… I've been on my medication, like, the whole time, throughout college. There's always part of me that thinks, there's that 'if I wasn't on medication, I would be so much more creative!' … It wouldn't like dampen it. Then there's the other side of it, that I know that if I do stop taking it, because I have done in the past, I know I get quite ill, and then maybe there's that little patch where you're like really creative, but then you get to the point where you just can't do anything anyway
(Stella)

Included too was the real possibility of serious relapse and the return of extreme symptoms and suicidal tendencies. Individuals expressed a sometimes extreme fear of jeopardising that which they had worked so hard for, the relative stability and validation of being an art student and having the hope of a more creative, integrated future.

…so what do I do? Either I carry on like this and learn to manage it. I keep getting pushed towards going on these drugs and I really don't want to. I've been thinking about it months, but I'm still sticking to my guns. There's all the weight gain and everything. Everywhere I read, you get the – I don't want to be like that. I'm just really scared about that. If I lose this, the art, then what have I got?
(Eva)

For all, the history of medication was one which began in a difficult, sometimes traumatic time of their lives.

So I was like, ok I will go in, but I had no idea what they were going to do to me in there. I had no idea they were gonna ask me to take medication, and I had no idea that the doors would be locked either. They didn't tell me that. So I had one bag, and when I found out that the doors were going to be locked and that I was just locked in, there was no ***, I just waited by the door trying to, like, escape. Whenever anyone came in I was waiting there with my bag just trying to get out, and um, then they came into my room at night and said, will you take this medication? She said, if you don't take it, then you won't be allowed out. That's what she said. That was that. I was there for 28 days.

(Tracy)

Since such a time, they had moved along the continuum, through therapy; friends; support networks; altered and more sympathetic medication regimes, and, overwhelmingly mentioned, an involvement with college and art practice. They had arrived, for now, at a place of relative autonomy and hope. Each was acutely aware, however, of the ease with which they could slide back down the continuum; holidays and breaks from the routine of study and practice were often challenging:

 I'm really scared. Three months in the abyss. I'm petrified. (Lottie)

Such breaks were often planned for carefully, with the inclusion of extra support, activities, social contact. Eva was not alone in her sentiment that she was somehow more herself at university:

Sometimes I wish I didn't have to come home from uni…..not because I don't love my family but because I know that when I get home I will probably come down from hypomania….and don't want to.

Yet such splitting between home (non-art engagement) and university (art-engagement) meant that sometimes there was a sense of idealisation of the latter, and consequent denigration of the former.   Home, and a world of non, or lesser art engagement, represented a rupture from the milieu so long fantasised and now attained. It was also the place which symbolised a point earlier along the continuum, which was undesirable.

With the passing of time, that luxury of a longitudinal engagement, I became, unsurprisingly, involved in these continua and where these students were on them at any given point. But there was a historic continuum which was to remain outside of the bounds of this study, yet I raise it here as it emerged in the narratives, and offers another glimpse into the efforts involved in making life changes. This continuum was the transgenerational, involving parents or grandparents with histories of mental illness:

My mum was diagnosed about 10 years ago with a paranoid schizoid disorder. It seems that my personality disorder is linked to the abuse I suffered from her from when I was a baby. My first hospital admission is when I was two when she broke my arm. I've had other broken bones from her since then.

(Ginny)

…my mum suffers from manic depression, bipolar disorder, so growing up was quite difficult living with her and her mental illness. I've just got normal depression…My mum's one happens every year. She gets sectioned into the mental home.

(Eliza)

If not mental illness, there were transgenerational histories of abuse or drug or alcohol addiction:

My Dad's er… I haven't spoken to him for about 15 years and yes he used to beat us up and stuff and shout a lot …. A lot …. And it left me a bit…erm… under-confident…

(Ayden)

I won't go right into too much, but I will say that my father was a complete and utter tit. He used to beat my mother and didn't give a toss about me, and I think that's where apparently, we reckon, the BPD stems from that….Other parts of the family were in and out…

(Lottie)

And there were some acute worries that this lineage, would stretch on into the future, and on into the next generation. Eva, whose little girl has serious irritable bowel syndrome at the age of 4, is saddened by the impacts her own mental illness has on her family:

I had the breakdown when I was pregnant with her… I love her to bits, but I haven't got the bond with her that I have with my first son. I've had difficulty bonding with her. Perhaps I blame her a little bit for the breakdown.

Defiantly again, there was a sense of responsibility articulated, that in some way, the buck had to stop here, through *this* individual gaining insight, control, expression, and working to halt any slippage back down the line to dark times and states. Here is Ginny, talking about her meeting her abusive mother after having no contact with her:

I mean the first time I met my mum, which was just over a year ago probably… physically being in her presence and her crying…all of the power that she had, she lost when she appeared as this old woman with a walking stick and gray hair who was fat, and crying. So, it shows me that when you feel the fear, do it anyway... you get a reward.

Ginny had been edging towards this point in therapy for years, moving from a position of terror and loathing, to one of far more control and empowerment.

What function did this visualising of continua play? On the one hand, this metaphor, of 'moving a long a line' is a most basic human (though culturally inflected) way of dealing with a life which is seen as linear, starting at birth, ending at death. It is the norm, perhaps, to envisage progress and disintegration or relapse as sliding around this line. Yet in these narratives, the metaphor was particularly pronounced and applied consistently across different aspects of individuals' lives. One reason for this might be that the beginnings of mental illness 'stamped' a before and hopeful after onto a life narrative. Within this, the metaphor of continuum offers a 'road-map' of hope, more tightly clung to by these students in their high risk ventures than by those of us less blown by the winds of mental unrest.

There was another line of continuum which emerged strongly from the data. This opens up further terrain where reflexivity and ethical choice demands that these individuals position themselves along a continuum, and in so doing, define their identity as artists.

Narratives of artistic production

There's a botanical measure known as an 'isophene', which is a line connecting the sites where the average first flowering of a species occurs on the first day

Mabey:2005:129

Lines of continua were being used to represent the journey from illness through to beyond; 'beyond' being more accurate than 'wellness' as individuals spoke far more consistently of living with, and becoming creative with, a condition. With these journeys from powerlessness to empowerment, from sometimes profound actual or symbolic 'homelessness' to a being in the world, and many others, it is no accident that a picture emerges of fast flowing traffic along multiple lanes. There were hold ups, pile ups, times of cruising, breakdown and gridlock. The overwhelming sense I have now, after sitting in interview after interview with this most engaging of participant groups, is one of the sheer *hard work* that was going on, along these lanes, and lines. One of the rewards was the rare observation of a delicate isophene – a line which bridged the disparate lines of continua and hinted at a deeper integration, a flowering.

The role that artistic practice was playing was arguably this. This is *not* to suggest that the work undertaken was 'therapy' although its production was instrumental in well being – nor to suggest that the art practice was acting in a similar way to 'any' activity, from gardening to basket weaving. In demanding an intellectual, often harshly

challenging appraisal of one's creative endeavour, along with an immersion in the affect and embodied experience of art production, artistic engagement was providing a unique process of bringing together the internal and external worlds in what was crucially, despite its challenges, the play of transitional space (Winnicott, 1971).

It is easy to fall into a reductionist description of the line of continuum along which these aspiring artists placed themselves and the narratives gave numerous descriptions of many, many lines of thought, inquiry, research and experiment, some, inevitably displaying cul de sac characteristics. Only individual case studies can do justice to each of these pursuits. Across the data, however, one particular line of continuum was described. It began at a point, plainly put, where art activity *was* acting as therapy.

Then the next time I got back into it [art] it was through mental health and occupational therapy and day centres... Craft groups and art groups.
(Stella)

I had art therapy. Everything I made was autobiographical. In the same way as talking therapy, to start with you have to stick everything up.
(Ginny)

But it developed in very individual ways, as practice went beyond this; in content, in desire and in process. There was some indication in the narratives that a continuum was also being experienced from art's inwardness to greater outwardness. This is an area of psychoanalytic questioning pursued by Melanie Klein, which I will mention later.

Individuals were positioned variously along the continua of art therapy to 'high art' or inward looking, self-referential, to outward looking expression, but all were aware, with more or less anxiety, and articulation of the real possibility of ghettoisation and marginalisation. As Kate Love argues:

..it's one thing to encourage someone to find their 'own voice' and make work about their 'own experience,' but what if such an appeal to this so-called unerring veracity only serves to keep that person in their 'own place;' to fix or reify that voice or experience as essentially and irrevocably marginal and different?

Love, 2005:161

Particularly because of the stigma and stereotypes surrounding the mentally ill, paradoxically, an identity exploration which was encouraged in other students was felt to be less intrepidly welcomed by this group. These individuals, for a number of reasons, frequently described a hastening to move on from this, with all the consequences, positive and negative that this may have. Here's Love again on the tricky area of how some identity exploration in art education is more embraced than others, *'within*

dominant, particularly patriarchal economies of thinking' (p165):

> *…it seems that the more you use your 'own' experience in your work the more likely it is that you will lose any vestiges of the social and cultural authority that you were trying to hang on to.* (Love, 2005: 165).

Over time, these narratives displayed the increasing sophistication with which individuals moved along this continuum, and negotiated some of the 'high art' / art therapy/community art schisms. Ginny, in the quote which was the inspiration for this chapter's focus on continua, at one point mused that:

It seems that my work either challenges my illness (socially-engaged practice) or explores it (the autobiographical stuff).

But went on, in the interview reflections to ask:

Is it possible that my theoretical interests sit in-between and bridge these two elements of my practice, and if so, does this in turn mean that these three elements together can combine to form a more cohesive whole self?

Much later on in the research, she had moved again, significantly, although still grappling with a private/public face and the challenges of conscious over unconscious process. Her objective, however remained, a cohesive self – where the two ends of the continuum, positioned at, worked through, struggled with - merged to provide an experience of integration which went beyond the linear.

No, [more] workshops and community…community practice and fine art gallery practice are almost at absolutely opposite ends of the spectrum and I need to think about where I want to position myself, so from that point of view, I thought I didn't want to do community stuff. But also I mentioned to you in an earlier interview about this overwhelming need to give back some of what's been given to me, and actually I think, fuck it, I've done that, I don't have to be earnest about everything. (Ginny)

The content of the artefacts themselves was reflected upon and woven back into the narratives. This presented the interview setting with the role of providing a potential space for close, sometimes intimate ruminations on the object and what its meaning was in terms of the continua, for example, of health, insight, social and political development and aligning oneself with one's past, to mention a few. But the content was frequently less of a focal point than the process, what an individual was trying to achieve, and how the methods of working *were* the creative act, the act of bringing together parts of oneself from different points along the continua. So for Ginny, whose Borderline Personality Disorder (BPD) had earlier encased her in a spatial isolation as well as an abhorrence of social relatedness, the act of filmmaking, involving crew, participants, team working, location, mobility and communication became the way in which she addressed these difficult

aspects of herself and a deep personal challenge involving her interface with the world.

Dan, on the other hand found, in his words, **ways of self-therapy**, in engaging with beauty and peace through the sounds he creates. An ardent interest in his work, that of exploring synaesthesia and endeavouring to bring together sounds evoking images and ripples of feeling, could be interpreted as his challenge to his own schizophrenia, a condition *'characterized by loss of cohesion within the personality'* (Storr, 1997:233) and thus an intensely personal, creative and brave response to the formidable challenge it presents:

It's about water. I filmed loads of water, the ripples in a fountain, and I've added dense, rich sounds to accompany the visual water. I used video effects to determine colours that might relate to the sound I put with the visuals. So it's kind of exploring synaesthesia. It's an ambient film. It's something you can watch and relax, rather than get engaged with a narrative.

For Stella, a history of self harm and eating disorder was examined, initially, through *'embroidery with suture thread'* – this allowed for, speculatively, exploration of pain within a context of being held together, sewn up, secured, rather than fraying or falling apart. But here, she describes how the autobiographical then deepens, and begins to take a shape of its own, the object presenting a beyondness:

…it's gone more towards embroidery this year, because it started off at the end of the second year, I was looking at more personal issues. I was looking at eating disorders and self-harm. I started doing a bit of embroidery with suture thread and that led onto found embroidery from charity shops and unpicking old embroidery. There was one piece I did. It was like an old 1950's embroidery of two birds. I unpicked one of the birds and sewed it onto a white blank canvas. I guess there's been a clinical aspect to it as well in that I was kind of looking at the clinical and the homely and the overlap between the 2, and I think that was drawing on my experiences quite a bit.
(Stella)

There is no doubt that *staying with* such projects was often difficult – specifically, it caused turbulence; identities formed shot up and down the continua - integrating, disintegrating and regrouping. But not only were individuals charged with a task of gauging one's position on the continuum of stability as described earlier, or on the continuum of positioning one's self as an artist. Individuals were also facing the task of being an art student within a high-octane atmosphere of an elite arts university, where measurement against a raft of factors, in both education and the arts, was a constant.

Within all this, the capacity to tolerate *not knowing*, Wilfred Bion's (1970) 'negative capability' (after Keats, [1817]1970) was vital. This capacity, to stay in contact with the

creative work while not knowing where it might lead or what dangers and risks lie ahead, to be able to *'make accidental happenings in the work itself'* (Safan-Gerard, 2002) is, perhaps *the* creative project. Bion was intensely interested in how the mind is engaged in either bringing things together or keeping them apart, a backdrop in these considerations of how alive, for this group of individuals was the symbol of the continuum. He bequeathed to psychoanalysis a sophisticated way of *thinking about thinking;* and, working with the legacy of his predecessors, questioned how the mind begins in our preverbal days to deal with the weight of thought. It is these Late-Kleinian thoughts on thinking that throw light on some of the aspects of the continua presented here. In the next section, I explore this theory, and ask what is applicable to these artists uninterrupted.

Continuing psychoanalytically

A man's work is nothing but the slow trek to rediscover, through the detours of art, those two or three great and simple images in whose presence his heart first opened.

Albert Camus

So why muck about complicating the complicated with psychoanalytic theory as a means by which to explore these narratives? Well, first off, a case could be made that labyrinthine workings of the mind request labyrinthine theory, which, its critics have accused psychoanalysis of producing in spades. But the labyrinthine of psychoanalytic theory works precisely in the borders, edges and gaps – making sense of the very areas much other theory avoids because of their obtuseness. It is also adept at helping us make sense of symbol and metaphor, and what work the psyche is engaged in through its use of these. It therefore lends itself well to probing what we express, what we leave unexpressed and how we marshal the creativity to move in the space between the two. As Currie (1998:117) notes, '*Psychoanalysis, after all, is 'self-narration'.*

Psychoanalytic theory ranks amongst our most brave endeavours to understand the mind and its creative and destructive impulses, frequently foregrounding much of what we would rather avoid: hate; death; envy; destruction – and how pre-existing fault lines which traverse the psyche can determine our capacity to relate, to love, to live, to create. It is also of pertinence in attending to the nature of extremes, and drives towards integration of these. Explorations into an oscillation between two points or two stages, between black and white, between inside and out, reverberate throughout psychoanalytic theory, and it is

to this that I come looking for pointers. I want now to sketch some of these pointers, to help with thinking about this narrative strand in the data, the continuum as leitmotif.

The psychoanalytic unconscious rationale for keeping things apart (opposite ends of the continuum) or bringing them together, provides a rich seam for an exploration of the role of this metaphor in narratives. Continua, first of all, are both time and space constructs. The 'once upon a time' element of many of the stories itself sets up a temporal anticipation of what is to come and how, indeed that, it will end. But we also envisage a continuum and move through it sometimes physically, spatially. Sometimes we do this in a very concrete way as imaging oneself progressing through a linear trajectory or alternatively being stuck in a rut, in limbo; and so on. To collapse the time and space aspects of continua is a reduction I apologise for in advance. Whilst this chapter does not allow for a more exhaustive study of both, I am aware that the ways in which continua as a metaphorical device is used by the people in this work is highly individual. For one, an embodied notion of *existing and moving* in space (having a place and having freedom of movement) is highly charged, while for another, the metaphor is evocative of the temporal and the non-permanent nature of mind states ('I've moved on'). For another still, the continuum is envisaged as having a gradient, symbolising a strengthening of body in order to ascend, an imperative to health in order to walk the hill.

Freud, (1920:299) returning to Kant, remarked that time and space are 'necessary forms of thought' and later, (Freud, 1933) that the Id, chaotic and unbridled, lacking a civilising/ civilised aspect was alone a timeless domain. Noel-Smith (2002:390) echoes other psychoanalytic theorists in maintaining that *'temporal and spatial ways of thinking are the prerogative of a healthy ego'* that the ability to think in a richer, more dimensional, time-nuanced way can be seen as a prerequisite to psychic health. This resonates with the narratives I collected which appear, time and again, to portray intimate and courageous struggles with ill health and individuals' complex attempt to outflank the negative, the *ill*. These contrasted with the times I spoke to individuals during relapse, where there was a sense of stasis, of enclosure within a point lacking both time and space. These times were described with an absence of the sense of continuum, and frequently a blurred sense of time.

I'm not sure why… It's weird. I just haven't done anything… the last couple of months have been… I've been sick loads…and then they increased my meds, the anti-depressants, 5 weeks ago I think…
(Stella)

Manoeuvrability, between stages, standpoints and mental states, is very different to the psychotic black and white immediacy which brokers no margin for change, self reflection, tolerance of shades of grey. It is also different to the experience of chaos, where *'time and space, as necessary organising principles of the mind, cannot operate'* (Noel - Smith, 2002: 396). The developments of Freud's thoughts on time and space and how the mind works with or against them were developed both elegantly and controversially by his successors, and it is to the implications of some of these that I now turn. Having briefly put forward the idea that psychic health is connected to an ability to embrace, use, and conceive of time and space I now shift from this consideration to the notion of continuum itself,

Freud's reality and pleasure principles (1920) and the individual's struggles to move from the realm of instinctual pleasure to an acceptance of reality, and our battles with the oscillations involved, is a landmark symbolic continuum. In itself it supplies an understanding of much of the difficult work of learning:

> *'Education can be described without more ado as an incitement to the conquest of the pleasure principle, and to its replacement by the reality principle;'*
>
> (Freud,1911:224)

Narratives in the research evoke the summoning of the reality principle, of a battle in the artwork being produced, for example, to meet the demands of this, when a looser, perhaps more passionate and risky approach was yearned for. Lifestyles were spoken of as compromised, as individuals bowed to the limitations imposed by an illness which required surveillance. While it is true that the forces of civilisation and society, morality and responsibility impose such decrees on us all, the 'high stakes game' referred to by several of the participants: ***'it's make or break, for me',*** meant that such reining in by the ego (in some cases echoing a punitive super-ego) was particularly active. There was the looming threat of a return to fragmentation, increased medication and hospitalisation, not to mention financial disaster, perceived family or peer shame and a re-entrenchment into cycles of poverty, non-attainment and illness. Such fears and realities were more than enough to maintain a sober approach to one's work, to some extent jeopardising, one could argue, spontaneity and artistic risk.

In the same paper of 1920 Freud brings in his theory of the Death Instinct, earlier introduced in 1914. Thanatos, opposing force to Eros, that of life, gives him the framework

for some of his most poignant, insightful, and some would say dark work. This is the battleground that I have used to set the scene (Sagan, 2010, forthcoming) for work attempting to unpick the self-sabotaging tendencies of some students who, weighed down by traumatic pasts and illnesses, find their attempts at recovery thwarted. This particular continuum, the drive to live or to return to inorganic matter, is one which preoccupied Melanie Klein. It is to her contribution and that of Wilfred Bion that I want now to turn.

Klein's theory of splitting (1946) offers an insight into what the psyche is trying to *do* – through keeping things separate or bringing them together, or moving from one position, to another, or indeed vice versa. Her topography of paranoid-schizoid and depressive positions and our less or more aggressive oscillation between the two, especially when anxiety threatens to overwhelm, also suggests that while in the PS stage, there is an impeded ability to think in spatial or temporal terms. The black and white concreteness of immediate affect renders nuance and ambivalence void, as neither can be tolerated. In later work, Grotstein (1978:57) refers to the narcissism of the 'zero dimension' where there is *'no space for manoeuvring of thought'.* He describes this psychological state as one in which there is *'no differentiation';* reinforcing the Kleinian insight into autistic or psychotic states, in which the main victim is *thought*, which by its very nature must 'breathe' in time and space.

It is in the depressive position where ones moves towards the capacity for symbol formation and toleration of a sense of integration, bringing together part objects, good/bad, aspects of one's self previously kept apart. Klein first theorised this through depicting the pre-verbal infant attempting to process the terrifying experience that the good mother and the persecuting mother were one and the same. The toleration and processing of this 'reality' is argued as being fundamental to our ability thereafter to bring together other opposites which we'd rather, almost for the sake of sanity, keep apart.

There is data to suggest that the larger trajectory of the students in this study was towards greater integration and toleration of difficulty, starkly contrasted by the narration of periods of manic denial, or crash into depression. In such times, narrative suggestive of movement, of an ability to tolerate old and new identities, for example, is reduced:

…hard to get motivated, especially in my life outside of here there's no connection to the art. Things just get sucked in, dragged in, and I had a bit of a relapse really. The motivation's been dreadful at the moment…there's a lot of negative energy where I live. People in my life, the majority of them are really negative on me… They

just talk about irrelevant crap. You know, mundane, everyday shit.
(Lottie)

These narratives of down cycles, relapse and claustrophobic returns to the mind's dungeons with their attendant clamps on thinking and creative production, pushed the interview setting to the maximum of its bounds. My own thought processes and ability to think creatively about either the content (narrative) of the interview, or the process (the feelings engendered and unconscious dynamics) felt damaged. It seemed that my ideas and thoughts were subjected to a dynamic which urged them into seclusion and a unitary existence, and gave each a concrete, plodding weight. The experience was one of a lack of fluidity, a lack of both dispersal and joining of thought, in fact a perfect *un*creative moment. These were the times when the individuals in this study effectively, albeit unconsciously, gave me a fleeting sensation of what it was like to be them, *showing* me rather than telling me. It was at these, and other similar times in the interviews, when Stone's (2004) concern that conventional narrative cannot adequately express mental illness rang true; and the limits of *verbal* narrative were felt.

An interest in exploring the impulse to bring things together, or keep them apart, pungent as it is, with suggestions as to what the mind is attempting in working with continua, was further pursued by Bion, for whom his theorised spatial concept of the container/contained provided the basis for thinking and creativity. His work extended the question of how and why we strive to keep things apart without risking the ambivalence, loneliness and discomfort of an integrated position. According to Bion, the creative individual is one who has the 'negative capability' mentioned earlier.   This individual is able to hold paradox without resolving it through a *'flight to split-off intellectual functioning'* (Winnicott 1971:xii). The bringing together, integrating and tolerating the resultant risk to one's schemata of how things are, involves hard work. Britzman (2003:154) asked *'what is idealization that it can defend against loneliness'* – the suggestion being, that the PS position, uncreative, negating and denying as it is, still performs the role of keeping out the intolerable, and defending against the sheer toil, pain, and loneliness of moving to the depressive position and beginning the work of mourning and reparation. It is an extremity of denial, and may well be a self-protecting mechanism of the mind seriously distressed – for how else to deal with a 'reality' that has the characteristics of nightmare? How else to process the loved object being simultaneously the hated? As Hornstein (2009) suggests, rather than ask the mentally ill individual '*what is wrong with you?*' we would do better to ask '*what has happened to you?*' For just as big a mystery as mental illness is, so too is the nature of

trauma, and how what happens to us (or indeed to our predecessors) is, or is not tolerated or processed by the individual.

Whilst for the sake of brevity in this chapter I have had to collapse, to a certain degree, the processes of learning with those of artistic production, the data of this research bears out that for the students involved, there was far less of a distinction made in their narratives. Thus the continuum of learning, that of artistic positioning, and that of becoming other to a 'mentally ill person' all involved, initially, the image of leaving behind unwanted parts of oneself. In writing about Janusian thinking (Rothenberg, 2000), the ability to simultaneously conceive of, and hold multiple opposites, Benau, (2009:85/86) states that it:

'occurs at an early phase of the creative process where the person's increased awareness of polarities and their inherent tensions heightens the creator's urgency to resolve his or her unease.'

Benau, also states (p84) that Janusian thinking involves *'the sustained interest toward and ultimately successful processing and integration of previously denied and irreconcilable aspects of self, other, and relationship.'* He maintains that such a creative enterprise begins with *'an unarticulated, personal problem in living'* ... and the individual seeking to *'formulate the problem and its solution via the symbolic product.'* While each student was involved, to greater or lesser degrees of articulation, in narrating this personal problem in living, this problem and its imagined solution seemed to be held as floating along the symbolic continuum. There was, for the most part, both time and space in this envisaging, suggesting journeys well made away from the crisis points of earlier phases of illness, suggesting too, an integral role for artistic practice as part of this.

The continuum metaphor may be used to split off oneself from an older 'self' or state, and thus used, may represent a denial of trauma, illness. Or, conversely, it may be used as a mechanism by which to 'map' a progress, a continuation of self, while maintaining access to earlier stages, memories, indeed an earlier self, to be gradually retrieved and processed as one's auto/biography becomes more resilient to handling painful earlier states. This would seem to be a crucial and life-enhancing use of the continuum. Indeed, as the interviews in this research progressed, sometimes an old self was tentatively being *re-collected* and *reclaimed*, taken along the journey, as it were, as an integral part of one's auto/biography. This move towards integration and sober self-reflection might be seen as a

move towards a fuller depressive position enabling reparative work to take stronger root. However, the continuum being present in narrative and symbol, suggests that manic flight once again is possible; extreme anxiety precipitating earlier defensive manoeuvres into black and white thinking and a regression into intolerance of ambivalence.

Inherent in this process is the 'inwardness/outwardness' continuum of artistic production, which preoccupied Klein (1929). She cautioned that 'outwardness' represented a flight from inner reality, and thus a defensive mechanism. Her analysand and later renowned art critic Adrian Stokes, however, was to reconfigure 'outwardness' in art into an achievement, asking: *'For what else is civilization, but a converting of formless power to organized show, to outwardness?'* (Stokes,1932:76). Later, as a painter himself, Stokes described the synthesising of eye and brain in painting as enabling *'basic fantasies of inner disorder* [to] *find their calm and come to be identified with objective harmony'* (Stokes 1937:316). In the narratives from these students the inward/outward continuum was variously described. Most often expressed was a desire for a progress towards greater outwardness which nevertheless drew, for its strength and uniqueness, from an inner seam of identity and imagination which had reached a more mature, integrated level. This would seem to refute Klein's belief that outwardness in art was a sign of denial or inability to cope with inner reality. It suggests, rather, a continuum once again, one on which individuals positioned themselves as nearer to, or more *beyond* illness, and increasingly able to bring more of their inner self out as artists, creating a very different type of work to that with which they had originally aligned themselves.

It is when this movement, in time and space cannot occur, when there is no shift from the PS position and its negation of anything which represents union or integration, that *'toxic stories'* (Roberts, 2000:435) hold individuals hostage. The lack of movement, agency or creative integrative possibility echoes the chronicity that Kleinman (1988) observed in his illness narratives. These arise *' in part by telling dead or static stories, situating the individual in a wasteland,'* (Kleinman,1988:438), a type of narrative closure similarly articulated by Craib (2000) as narratives of bad faith, agency*less*. The stories in this research displayed little of this chronicity. It may be that such stagnant stages had been worked through before arriving at university and the arts, times which were vividly and retrospectively visited and narrated in terms of dismay, even horror. Indisputably, art practice itself, and the possibility imagined in its encounter and the apprehension of dimensionality, offers healing in some fundamental, unconscious way. The learning, including auto/biographical learning, which, as I have mentioned is almost impossible to

extrapolate from the learning of skills/concepts in these narratives, and the artistic production were held in a delicate balance of awe – when it was going well, students felt they were experiencing and living as they should. Yet frequently, students were *unable* to use the nourishment it provided in 'bleak' phases, times of withdrawal, depression and regression. While this mirrors a form of the panic often expressed by artists and writers who, faced with a block or a blank period in their creativity, fear they will never produce again, in the case of these students, so tightly bound with their artistic production was their concept of mental well-being and the momentum to move in the desired direction along the continuum, that this fear was profound. In turn, their inability to produce, to push themselves towards a new point on the continuum, 'turned' the learning/creativity into a hated, persecutory   object, which threatened to push the individual back down the continuum, closer to the point they wanted to leave behind them.

The student artists in this research give generously of their lives in their narratives and art works, and dispel utterly any residual prejudice of 'deficit' still heard, that mentally ill students represent either a drain on the education system or a risk we cannot afford. Not only do they clearly not present a drain on resources, but, as I hope to have shown in this chapter, these students' processes of learning and artistic creation do much to enhance our educational inquiry and artistic canon within, and eventually without the arts university.

Auto/biographic bears and endings

One way of looking at mental illness is as unfinished business. Trauma, a failing in the early years environment, heredity, or transgenerational transmission of mental unrest are the business with which individuals are left to make sense of. How successful we are in that making of sense is dependent on a myriad of factors and their interplay. This 'baseline' unfinished business, however, with its resulting behaviours, thought processes, intolerances and sadnesses, continues to impact on our lives and co-create more tricky business which then becomes further 'unfinished'. The hard work of mental illness has been described by authors such as Jamison (1995) amongst many others and makes salutary reading.

Going back to my polar bear, I wonder again, what purpose polarities and the continua we manage to string between them serve. In experiencing both my funny, rich, snow-blown and vital bear, and alternatively her phlegmatic, dull, claustrophobic doppelganger, I know that my own journey will always be about finding ways to walk (or sometimes climb, or

slide) the stretch in between the intolerable vacuity of the latter and the unsustainable beauty of the former. And in positioning myself time and again along this continuum, through the 'things I do' to help me be tall on it, I feel I am repairing something fundamental, and addressing my own unfinished business in some small, but crucial way. Thus the narratives in this research resonate; the chosen way, the 'thing' the authors do is art.

This research and its narrative findings may on the one hand be postulated as a projection of my own history, a continuation of my own auto/biography of unfinished business and personal continua (Sagan, 2007a) along a journey towards my own integration. On the other, the narratives collected and the continua expressed are strong testament to the personal factory floors of these individuals' hard work. Examining them, continuing with them, and bringing further questioning to the questions they themselves pose, can go some way to helping us understand how mental illness battles with an indomitable urge to life. Such narratives also reveal that ironically that very illness can open up a vista of awe for life itself, feeling touchingly close to a state of grace. Such battles and celebrations are played out in our pursuits, and sometimes those pursuits result in wonderful artistic enquiry. But lines of continua can also speak to us about journeys away and towards, and what the goals are to which we aspire. Along the continua, we might also question with what are we willing to compromise and what sacrifices we are willing to make in pursuit of richer, more authentic lives. Finally, we might revisit an age old question about whether we are mapping the continua or our continua mapping us.

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