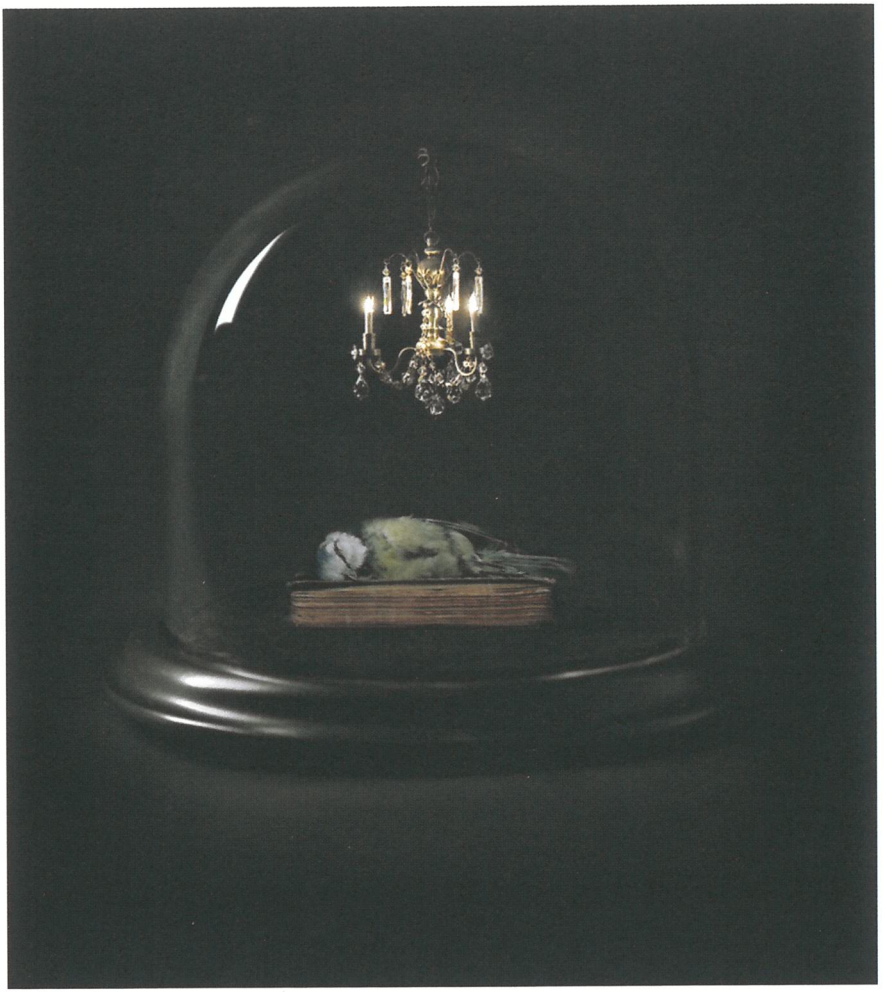
In a self-reflective country like America where the pursuit of happiness is a constitutional imperative, the fact that you can easily find an applicable diagnostic label raises the question:
am I not happy enough because I am sick?

A brightly coloured bell jar: a state-sanctioned aesthetic

Clive Parkinson

Not so very long ago, I had the opportunity to act as an arts *consultant* (not a name I like) to a well-regarded NHS Mental Health Unit that was moving with the times and humanising its environment, ticking all the boxes that the 'design champion' needed ticking. It was a fickle business led by a committee of the great and good, overseen by a self-appointed aesthete who on this occasion was also the chief executive of the organisation.

An emerging English artist at the time, Polly Morgan, had kindly offered a piece of her work, not as a public art commission, but to be used as a stimulus by me in a participatory workshop with people having treatment on the unit. The chief executive had other ideas, considering the brightly coloured little taxidermy bird in a bell jar 'totally unacceptable' and 'not in any way art'. My solution to such diktats was to guiltily withdraw from the contract, but that experience set me off thinking about who exactly art is for, and whether art in clinical settings has to be pretty little trinkets and gloss. With considered sensitivity, can't we share more challenging work? And in a time of state-sanctioned mindfulness, well-being and happiness, isn't there a little room for the unconventional and uncomfortable in our mental health and in our art?



Polly Morgan, *To Every Seed His Own Body*, 2006

This tawdry business set off a chain of thoughts that made me begin to question my role in the hospital decoration business, and ask just what kind of baubles does the NHS want? Is it just about the soothing and benign middle ground of a chocolate box interior, or could it possibly be something challenging?

The beginnings of a nasty game

In this essay, I want to share some ideas about the burgeoning global depression we are constantly warned about, in both senses of the word. I will look at our ongoing global financial crisis and the phenomenon of depression, which the Word Health Organization tells us will be the biggest health burden on society both economically and sociologically within twenty years.[1] I want to explore some ways that I believe that these concerns reflect both the pathways that have led to the global downturn and the way we perceive depression in our pursuit of the twenty-first-century dream of individual well-being. I will in turn look at how these wider social movements might influence our thinking about arts and health.

During the 1950s, the joint winner of the 1994 Nobel Prize for Economics, mathematician John Forbes Nash Jr (later made famous in the film *A Beautiful Mind*), developed mathematical theories that would influence the development of game theory. By scrutinising poker players' inevitable self-interest, he observed that their strategy relied on being locked into a system where they had to observe competitors' actions. During this same period of research, Nash was working at the heart of the nuclear security industry and applying the same theories to the Cold War nuclear standoff, where both sides distrusted each other and each was attempting to anticipate the other's moves.

Nash proposed that this culture, led by suspicion and selfishness, would create a balanced self-interest that would enable a very

delicate equilibrium and maintenance of social order, known as the Nash Equilibrium. His bleak vision seemed to make sense of individualism and the free market, but what Nash's colleagues didn't know was that he was experiencing psychosis and believed he was surrounded by spies and was part of an elite organisation trying to save the world.[2]

Weapons of selfish power

In 1953 the Scots psychiatrist R. D. Laing left the army and began work at the Glasgow Royal Mental Hospital. Made famous by his rejection of the medical model of mental illness, he would later point out the paradox that while people were being *diagnosed* by their conduct and behaviour, they would inevitably be *treated* biologically.

As Nash was conducting his arguably reductive research in the USA, the young Laing was testing an altogether different kind of hypothesis, but one that nevertheless applied the principles of game theory. Laing had noticed that psychiatrists rarely had conversations with patients experiencing schizophrenia, so as an experiment he worked with 12 patients and spent two months having in-depth conversations with them about their lives. The results were profound. After just a few months all 12 patients were well enough to be discharged from the hospital (although all 12 were readmitted later).

The process raised questions for Laing. Chiefly, it suggested that the domestic and social environment in which people were living had a profound impact on their mental health. He developed a questionnaire that plotted what individuals in relationships secretly thought of and intended for each other, moment-by-moment and day-by-day. The resulting data was subjected to computer analysis and transformed into a mathematical matrix, which Laing believed showed that people manipulated each

other through kindness and love, emotions which he described as weapons of selfish power and control. Laing was becoming more radicalised by his own research and saw the corruption and abuse of governments in exactly the same way he saw families: as dysfunctional and oppressive. Laing attacked what he saw as the elitist structures responsible for controlling and abusing freedom and free will, and in particular the American Psychiatric Association (APA). He accused the APA of propping up a corrupt society and putting labels on people that fitted a political agenda, suggesting that people were being incarcerated for simply being different or speaking out. Fundamentally, he questioned what 'madness' was and asked who were psychiatrists to label people?

In 1973 the psychologist David Rosenhan set out to test the idea that psychiatry couldn't differentiate between the sane and the insane. He conducted the now infamous Rosenhan Experiment in which he and seven students, none of whom had a history of mental ill-health, took themselves off to different psychiatric hospitals across America and, at a specific time, presented to the medical staff saying that they heard a voice in their head saying 'empty', 'hollow' or 'thud'. They would tell no other lies and would act normally. All of them were incorrectly diagnosed 'insane'.

The actions of Laing and Rosenhan inevitably pushed the APA down the path towards a diagnostic methodology that relied on the objective purity of numbers, with notions of subjective human responses largely removed. In 1952 the first *Diagnostic and Statistical Manual of Mental Disorders* (the DSM) was published. This would go on to become probably the most significant tool for mainstream psychiatry in the diagnosis and treatment of mental illness. It has grown from 106 disorders in the first edition in 1952 to '17 major classifications and over 300 specific disorders' in the fifth edition published in 2013.[3]

In the wake of Laing's statistical objectification of the family, Rosenhan's exposure of flawed psychiatric diagnoses and the emergence of the 'classification system' of the DSM, questionnaires increasingly became the method of choice for diagnosis. New categories of disorder emerged, taking hold of the public consciousness. People were beginning to self-monitor and if they found a potential diagnosis, it was only a matter of time before they would seek help to *make themselves normal*. And in a self-reflective country like America where the pursuit of happiness is a constitutional imperative, the fact that you can easily find an applicable diagnostic label raises the question: *am I not happy enough because I am sick?*

For the pharmaceutical industry this was a golden opportunity to chemically fix society's imbalances. In 1988 Prozac was introduced and by 2005, 27 million Americans were taking antidepressants – that's 10 per cent of the population, at an annual cost of 10 billion dollars. Use of antidepressants in the US has continued to soar. Today 40 million people globally take Prozac or similar antidepressants.[4]

The cult of happiness

Perhaps a key to understanding this boom in the numbers of people diagnosed with depression over the last thirty years is that we have been encouraged by those with vested interests to see unhappiness as a symptom, to be ticked off on a checklist of self-diagnosis. The psychotherapist Gary Greenberg, in his book *Manufacturing Depression*, describes this boom in the depression industry:

> depression has expanded like Walmart, swallowing up increasing amounts of psychic terrain ... and like Walmart, this rapidly growing diagnosis, no matter how much it helps us ... is its own kind of plague. It could be that the depression epidemic is not

> so much the discovery of a long unrecognised disease, but a reconstitution of a broad swathe of human experience as illness.[5]

In a society that places a value on science over other forms of knowledge, and on materialism and the free market over other ideologies, it's very easy to be taken in by this market-driven zeitgeist. This pathologising of unhappiness and dissatisfaction as some kind of disease, Greenberg suggests, puts at stake the emotional realities *of what it is to be human*. This in turn has spawned a counter-culture committed to the pursuit of self-improvement and happiness, which might just result in a generation of worried-well automata who are never going to achieve the nirvana promised to them by the self-help industry; worse than that, who will live in some sedated twilight, fearful of any emotional texture that ruffles the façade of their fragile normality.

But what is this happiness we all supposedly crave? Utopian well-being, once the aspiration of visionary politicians, now seems to be edging towards becoming a mainstream policy objective, devoid of real meaning. While the Office for National Statistics churns out data that measures individual well-being and an All-Party Parliamentary Group on Wellbeing Economics calls for culture and the arts to be at the heart of how we understand mental health, they both inevitably frame well-being in the language of the free market. The MP David Lammy, in his foreword to a recent report of the APPG, comments, 'wellbeing evidence can not only help target public spending more effectively at improving people's lives, but in many cases has the potential to deliver significant long-term savings by reducing demand on public services'.[6]

Creativity: divergence and convergence

So, what of our creativity in this medicated, flattened out, consumerist society? In 1958 Professor E. Paul Torrance devised a

methodology for measuring the creativity of children, a test that is still used today and is widely held up as the gold standard of creativity measurement. In short, Torrance developed something similar to the IQ test, though his test didn't measure intelligence but rather creative thinking and problem solving. Working with 400 children from Minneapolis on a range of creative tasks, he explored the notion that there is never one right answer to a problem, and that to be creative requires divergent thinking, in which you generate as many wild ideas as possible, and then convergent thinking, in which you combine and refine those ideas.

Since the 1950s millions of children worldwide have taken this test, and Jonathan Plucker of Indiana University recently re-analysed the original Torrance data. He found that the correlation of lifetime creative accomplishment is more than three times stronger for childhood creativity than for childhood IQ. In other words, those adults who did well in the creativity test as children grew up to be more creatively accomplished adults.

An analysis of over 300,000 Torrance scores for children and adults found that scores had been rising until 1990; since then, however, scores have dropped slowly and consistently. Further scrutiny of the Torrance findings has highlighted the lack of creativity in US schools, which are predominantly focused on national testing, standardised curriculum and rote memorising. As creativity is also being eroded from the curriculum in the UK, this is something we should be deeply concerned about.

In their article 'The Creativity Crisis', Po Bronson and Ashley Merryman take this theme further, but with an emphasis not on art classes per se, but with a more general view about how thinking creatively across the curriculum is the key to flourishing. 'Creativity isn't about freedom from concrete facts,'

they comment, 'rather, [it's about] fact-finding and deep research [that] are vital stages in the creative process.'[7] This is reflected in research by Mihaly Csikszentmihalyi and Gary G. Gute, who found that highly creative adults tended to grow up in families embodying opposites.

> Parents encouraged uniqueness, yet provided stability. They were highly responsive to kids' needs, yet challenged kids to develop skills. This resulted in a sort of adaptability: in times of anxiousness, clear rules could reduce chaos - yet when kids were bored, they could seek change, too. In the space between anxiety and boredom was where creativity flourished.[8]

This idea of a space between 'anxiety and boredom' is crucial. I want to take this a step further and propose that, instead of striving for this elusive happiness, we simply re-visit just what it is that art offers humanity. Do we think that art and creativity are just like other forms of medication, something to sedate and pacify us? Is our art and health agenda just about making us smile and proving our worth in relation to raised levels of serotonin? I want to suggest that we are complicated social creatures, confounded in equal measure by science and religion, and victims of sophisticated marketing. And this confusion needn't be a bad thing; in fact the Torrance research affirms that our questioning minds are an asset, and that uncertainty and diversity are things that we could potentially thrive on. While I'm not suggesting that antidepressants aren't an effective tool in the management of clinical depression, I am suggesting that perhaps we are in danger of letting medication take away complex and difficult thoughts; and that complexity is a natural state within our emotional lives, our creative lives and, consequently, the arts and health agenda. Plotting this path from game theory to the medicalisation of day-to-day stress and anxiety and the emergent boom in the happiness industry has left me with a very clear

impression that attempts to control our mental health can be highly political and highly profitable.

Dr Richard Smith, one-time editor of the *British Medical Journal*, argues that 'more and more of life's inevitable processes and difficulties - birth, sexuality, aging, unhappiness, tiredness, and loneliness - are being medicalised' and that 'medicine alone cannot address these problems'.[9] Phil Hanlon *et al.* in *Perspectives in Public Health* take this argument further, suggesting that 'faith in science has morphed into an ideology best called scientism. Under scientism, what really matters is that which can be supported by evidence, can be counted or measured and, above all, can be shown to be value for money.'[10]

So how can the arts realistically be part of contemporary health and social care, particularly when this work is subservient to a prescriptive health agenda, fixated with pathology and morbidity? If we are to move away from superficial gloss towards a more meaningful, high-quality arts and cultural experience, we may need to take a more critical look at our own practice. Dr Samuel Ladkin, in *Against Value in the Arts*, suggests that 'It is often the staunchest defenders of art who do it the most harm, by suppressing or mollifying its dissenting voice, by neutralising its painful truths, and by instrumentalising its potentiality, so that rather than expanding the autonomy of thought and feeling of the artist and the audience, it makes art self-satisfied.'[11]

The all-prevailing management culture that dominates the health and care sectors is mirrored in the arts and cultural sector too. The artist David Pledger, in *Re-evaluating the Artist in the New World Order*, provides us with a compelling critique of the systems that have seen more money put into marketing and management than into artists, with the artist being at the very bottom of the food

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chain. Yet shouldn't the artist be at the heart of public debate, scrutinising, curious and enabling, questioning dominant ideologies and giving voice to those most marginalised by those in power? Pledger astutely suggests that 'managerialism sees itself as the antidote to chaos, irrationality, disorder, and incompleteness'[12] - but aren't these the essential elements that are central to the arts?

So where does this leave Polly Morgan's small and exquisite bell jar? It certainly doesn't have the wow factor of the anonymous lumps of badly conceived corporate art that our cavernous glass and steel hospitals/warehouses seem to insist on. No, Polly's work is intimate, maybe a little disconcerting, and it certainly might open up some challenging conversations. But in the processing system of our NHS, is there time for conversation, and if the artwork is a little unsettling, might that provoke disagreement, and in turn might that inflame passion - and in this scenario, where opinions are raised and frustrations expressed, could those responsible for management begin to lose control of their carefully ordered systems?

Are we claiming that engaging with the arts cures illness? While growing evidence suggests that, either as participants or audiences, the arts contribute to improvements in our health and well-being - which the cult of measurement would no doubt approve of - *we are not staking a claim on defeating death...* Our work is not scientism and it

should not be understood in these reductivist terms; yet at every turn, artists working within a health context are encouraged to reduce their practice down to the measurable constituent parts for efficacy's sake.

Public health researchers Lang and Rayner, in the *British Medical Journal*, ask how we can 'reframe thinking about mental health, social exclusion, and inequalities in health' without placing democracy at the heart of our thinking, where people have 'a sense of - and actual engagement in - shaping society and life, particularly when we live in a world in which so many people are excluded from control'.[13] Herein lies the key. In our unequal and market-driven world, can we learn from the past to influence our futures - and is there a danger that if we understand the impact of the arts in terms of deficit and disease and not assets and potential, we may just become a pseudo-science? Art is political - our mental health and well-being are political too. The arts have the power to change mindsets and challenge outrageous inequalities - and just how we evidence this reach might best be understood through the very practice itself. Art gives us voice and helps makes meaning of this world, and I would suggest that a healthy degree of pessimism might just be the response we need.

An earlier version of this essay was presented at 'The Art of Good Health and Wellbeing' conference in Melbourne in 2010, and at Durham University's Centre for Medical Humanities in 2011. I am indebted to the filmmaker Adam Curtis whose film *The Trap: What Happened to Our Dream of Freedom* (2007) was the starting point for this essay.

Notes

1 World Health Organization, *Investing in Mental Health*, http://www.who.int/mental_health/media/investing_mnh.pdf (accessed 6 November 2013).

2 This portrayal has been echoed in Adam Curtis' *The Trap*, http://www.disclose.tv/action/viewvideo/145347/The_Trap_Fuck_You_Buddy_BBC/.

3 Lorraine Smith, 'The DSM-V: simplify, clarify', *Psychiatry* 2.8 (2005): 12–13.
4 As published by the *Guardian* Data Blog, http://www.theguardian.com/news/2013/nov/20/mental-health-antidepressants-global-trends (accessed November 2013).
5 Gary Greenberg, *Manufacturing Depression: The Secret History of a Modern Disease* (London: Bloomsbury, 2010), 17.
6 David Lammy MP and Baroness Claire Tyler, Foreword to *Wellbeing in Four Policy Areas: Report by the All-Party Parliamentary Group on Wellbeing Economics* http://b.3cdn.net/nefoundation/ccdf9782b6d8700f7c_lcm6i2ed7.pdf (accessed 10 November 2013).
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It is commonly noted that one in four people experience mental illness at some time in their lives. In spite of the increasing sophistication of our cultures and economic systems, we are still a society that contends with high levels of anxiety and dissatisfaction. For many the presence of digital technologies is exasperating the problem by distorting our sense of self and social relationships.

Group Therapy: Mental Distress in a Digital Age [A User Guide] **presents a diverse collection of essays, artworks and personal testimony exploring connections between mental health and the social constructs, political conditions and technologies that structure our lives. Presented in three sections, *Society*, *Technology* and *Creative Practice*, this book features contributions from a broad range of artists, researchers, clinicians and mental health activists. It harnesses the personal experience of its contributors to offer first-hand knowledge about the factors that influence well-being in the twenty-first century.**

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