

art^vsrehab

The “Other” and the Mental Health History of Practitioners



Critical Tool Kit



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**ARTS COUNCIL
ENGLAND**

Introduction

ART vs REHAB is a platform for people working in art and rehabilitation; including those working creatively in addiction, the criminal justice system, homelessness and mental health. It is a catalyst for criticality and change in the field, based on the principles of open innovation and collaborative practice

The ART vs REHAB tool kits are the result of an ongoing conversation between over one hundred artists, therapists, academics, service users, service providers, funders and commissioners. They include contributions from...

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Graphic facilitation and design by Jo Buchan

Other ART vs REHAB Tool Kits

- Artists vs Art Therapists
- Criticality and Evaluation within a Culture of Optimism
- Providing and Promoting Social Inclusion: One in the Same?
- The Role of Art Institutions in Art Outreach
- The Role of Art Practitioners' Own Art Practice

For more information about ART vs REHAB please visit www.artvsrehab.com

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The “Other” and the Mental Health History of Practitioners

This tool kit aims to examine the pros and cons of practitioners having personal experience of the issues they are working with. In particular, it will look at how we deal with the practitioner or participant being seen as the “other”, and reducing an “us and them” mentality

Using this Tool Kit

The tool kit is designed to be used by a mixed group of practitioners working within art and rehabilitation. This may include artists, therapists, academics, service users, service providers, funders and commissioners

If you are working as a group, it is recommended that the group is as diverse as possible. However, many activities can be undertaken alone or in pairs

The amount of time you will need to complete tasks will depend on the size of your group. As a guide, a group of ten people should allow 30 minutes per task, approximately three hours per tool kit

The content of this tool kit has been contributed by a range of practitioners on the basis that it is freely available to support development in the field. You may not sell or charge for access to any tool kit content

Conduct Disorder Questionnaire

Aidan Moesby

The Conduct Disorder Questionnaire is a generic form used by psychiatrists or psychologists when working with young people or adults. This questionnaire can influence what happens to someone within the judicial, psychiatric or education system

This exercise seeks to ask how this questionnaire pathologises 'normal' or 'appropriate' behaviour as a young person tests boundaries and realities, and the potential effect it could have on those who complete it

Hand out a Conduct Disorder Questionnaire to each person in the group

Spend five minutes filling in the sheet

As a group, share your observations on...

- Your experience of filling in the questionnaire
- The nature of the questions
- Any crossovers between this approach and your own
- Any discrepancies between this approach and your own
- How this questionnaire could have determined your own future

You may or may not wish to share your 'scores'!



Resource Sheet for Conduct Disorder Questionnaire

Before you were 15 did you... [Y/N]

- often lie or “con” in order to receive favours or things you wanted from someone?
- often lie in order to avoid having to do things that you did not want to do?
- ever shoplift from a store, take someone’s money or valuables, forge a signature, or steal things that were worth more than a few dollars from a store or person?
- often stay out very late at night against your parents’ wishes, long after you were supposed to be home, before you were 13 years old?
- run away from home, overnight, at least twice while living with your parents, relatives, or step-parents?
- ever run away from home for more than 3 days?
- often skip, or get dismissed from school before you were 13 years old?
- often bully, threaten, or intimidate other children [except your brothers or sisters] or adults?
- start a physical fight at least twice?

If you answered “yes” to any of the above questions, did this kind of behaviour...[Y/N]

- cause significant problems with your friendships, relationships with adults, or other social relationships?
- cause significant problems in your school performance, particularly in terms of your academic performance or grades?
- cause significant problems with your job performance?

- ever threaten someone with [or use] a weapon [stick, bat, bottle, knife, or gun] in a fight?
- ever beat up, or physically hurt, another person on purpose?
- ever intentionally injure, cruelly treat, or kill an animal [excluding insects], except when hunting?
- ever take money or property from somebody else by threatening them or using force, such as snatching a purse or robbing or mugging them?
- ever force anyone to have sex with you, get undressed in front of you, touch you sexually, or allow you to touch them sexually?
- ever set a fire that you were not supposed to, in order to damage someone’s property?
- ever intentionally [on purpose] damage another person’s car, house, building, or other property?
- ever break into someone else’s house, a building, or another person’s car?

THANK YOU FOR ANSWERING THESE CONFIDENTIAL QUESTIONS. IF YOU LIKE, FEEL FREE TO DISCUSS THESE ISSUES WITH YOUR COUNSELLOR.

Conduct Disorder is implied if the respondent meets more than three of the criteria.

Let's Go Nuts

The Vacuum Cleaner

As a society, we try not to use racist, homophobic or sexist language. The premise for this exercise is that mentalist language goes largely unchallenged. This task aims to examine our own casual use of terms associated with mental health, and see if we can generate solutions to any issues this may raise

In preparation for this exercise, participants should be asked to try and spend a week without using words associated with mental illness in a casual way... e.g. "That was mental", "Are you crazy", "Let's go nuts", "Bananas", "Bonkers"

As a group, discuss your attempts. You may wish to address the following questions...

- How frequently are these terms used in daily life?
- Can we reclaim any of these terms?
- Is there a difference between using mentalist language as part of a positive or a negative observation?
- How do we challenge other types of derogatory language?
Both individually and as a society
- Can the same mechanisms be used for mentalist language?



Materials

Participants to prepare for this task a week in advance

Reckoning on Inequality

Paddy Gormley

This exercise invites us to consider various inequalities that govern our work, the positive and negative implications of such inequalities, and any steps that may be taken to mitigate the negative effects

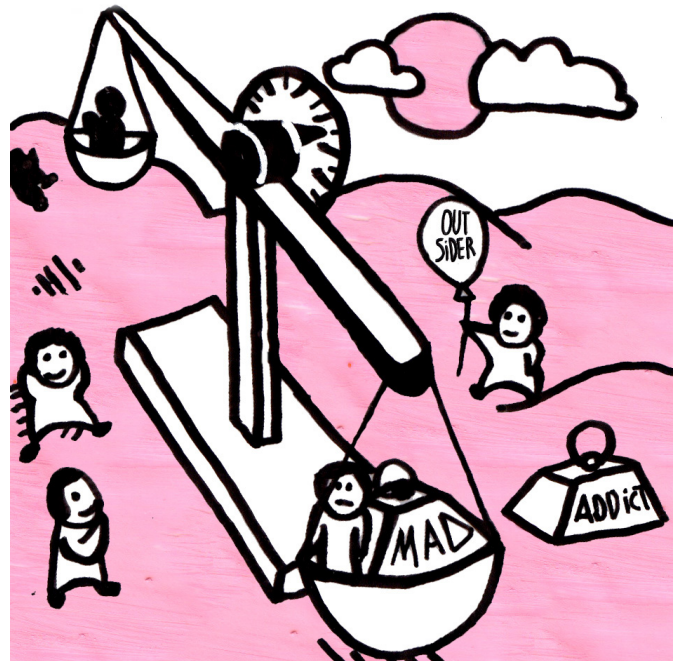
Consider this statement...

"Every inequality between practitioner and service user gives rise to an imbalance in the relationship that may affect the interaction positively, or negatively, or both"

Paddy Gormley

As a group, discuss the above statement and address the following questions...

- When is inequality unavoidable?
- When can inequality be a good thing?
- What inequalities govern your work?
- What are the positive implications of such inequalities?
- What are the negative implications of such inequalities?
- What steps may be taken to counteract the negative effects?

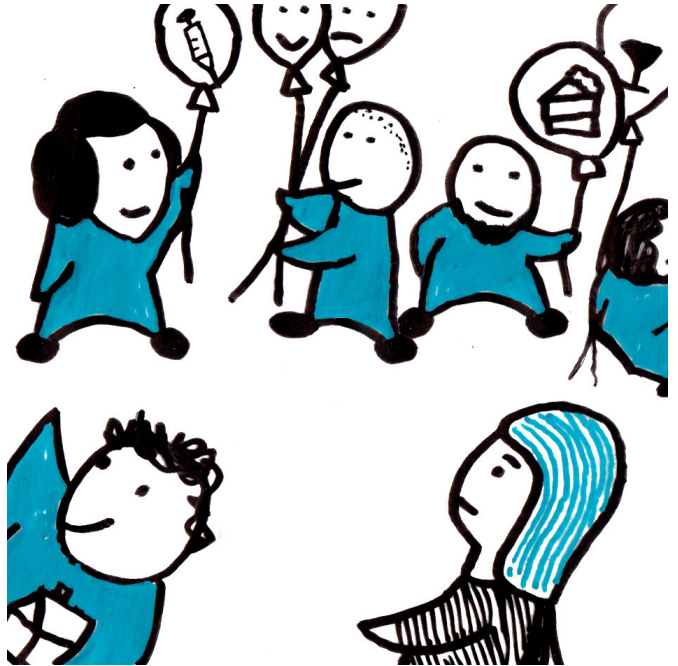


An Exercise in Neuro-Diversity

The Vacuum Cleaner

From a Neuro-Diverse perspective, the “Other” can be those defined as non-mentally ill. This task is designed to help us think about the spectrum of the Neuro-Diverse to the Neuro-Typical. It will illustrate the spectrum of ability in the room, and the flimsiness of the concept of “other”: many have had some experience of other people’s daily limitations

This task also integrates a critique of the Disabled Living Allowance [DLA] application form’s relevance to mental illness



Introduction to Neuro-Diversity

Read the definition below

Neuro-Diversity refers to the spectrum of neurological profiles describing how effective an individual is in processing different types of information, including written and spoken language, sounds, visual images, light, temperature, touch, texture and taste

For most people, i.e. the Neuro-Typical [NT], the cognitive profile is relatively smooth, with little variation in effectiveness of information processing. This is in line with their general level of intellectual and reasoning ability

In contrast, a minority of people, i.e. the Neuro-Diverse [NDs], have a cognitive profile, which shows many peaks and troughs, denoting significant disparity between the best and worst of their information processing [NB This is different from having a uniform low level of performance throughout]

It is thought that 10% of the population are significantly ND, with many more having some degree of neuro-divergence. Specific Learning Difficulties and the, possibly more preferred term, Multi-Specific Processing Difficulties, are other ways of describing these problems

The rules of easy and difficult tend not to work for NDs, and in many cases are actually reversed. For some, complex mathematical analysis is ‘a walk in the park’, whereas an actual walk in the park [if they have to cross a busy road to get there and then cannot find the exit, when they remember that they should have been somewhere else half an hour ago, and the temperature is too hot for them to cope with] can be a nightmare

Definition of Neuro-Diversity according to the Developmental Adult Neuro-Diversity Association www.danda.org.uk

Task continued on next page

An Exercise in Neuro-Diversity con.

Mapping the neurological diversity of the group

Place an enlargement of the resource sheet on the table, or affix to a wall

Each take a pen

Delegate someone to read out the DLA application questions on the right

Every time a question is asked, each person responds by marking an X wherever they feel they fall on the spectrum

I.E. For the first question, if you have **not** needed support to walk today, but you **often have** during your life, mark an X at the bottom right of the spectrum

Note: Approach these questions as broadly as possible, considering their application to those with mental health needs

By the end of the exercise, you will have created a map of the neurological diversity of the group

What can we learn from this map?

- Do you need physical support from another person to be able to walk?
- Do you need someone with you to guide or supervise you when you're walking outdoors in unfamiliar places?
- Do you usually have difficulty or do you need help getting out of bed in the morning, or getting into bed at night?
- Do you usually have difficulty or do you need help with your washing, bathing, shaving, showering or looking after your appearance?
- Do you fall or stumble because of your illness or disability?
- Do you usually have difficulty or do you need help cutting up food, eating or drinking?
- Do you usually have difficulty or do you need help taking your medication or with medical treatment?
- Do you usually need help from another person to communicate with other people?
- Do you usually need help from another person to take part in hobbies, interests or religious activities?
- Do you usually need help during the night?

Materials

Enlargement of
Resource Sheet for An Exercise
in **Neuro-Diversity**

Resource Sheet For An Exercise in Neuro-Diversity

This has happened to me a lot today

This has never happened in my life

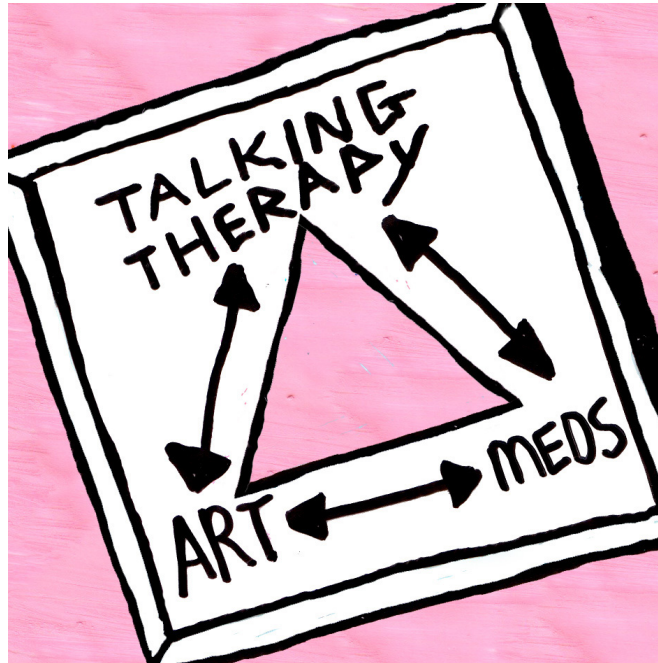
This has happened a lot within my life

This hasn't happened to me today



Triangle of Well-Being

Beth Elliot and Lee Galpin



Lee Galpin is a former patient of Bethlem Royal Hospital, now working within the NHS. He has a triangle of well-being and recovery [like the triangle of fire] which is comprised of Art, Medication and Talking Therapies. Each element holds equal weight and works in collaboration with the other elements

Each take a pen and a piece of paper

Think of the three things which have either helped you to recover or sustain your well-being

Draw your own Triangle of Well-being

Each present and compare your triangle to the rest of the group

Materials

Pens, paper

Provocations for Group Discussion

As a group, discuss the following questions...

You may wish to listen to the The “Other” and the Mental Health History of Practitioners podcast available at www.artvsrehab.com to stimulate your thoughts

What happens when practitioners have entered into art outreach through their personal experience of mental health?

What happens when participants with mental health issues are treated as ‘different’ or ‘other’?

When are we sharing our experience and when are we spilling?

What is the ‘normality’ that recovery projects, etc, are trying to achieve? Are we trying to make people less diverse?

Are practitioners who have not had experience of mental health problems really able to help?

Is there a danger of bringing participants into our own recovery?



Postcard Task

Print and cut out enough postcards for everyone in the group

Each take a postcard. Considering the issues you have addressed using this tool kit, think of three things you want to change about your practice/the context of your practice by this time next year

Write these three things - and your address - on the postcard

Put everyone's postcards in a big envelope and send them to...

**ART vs REHAB, ICCE, Goldsmiths,
University of London, New Cross, London,
SE14 6NW**

We will post them to you in a year

Examples

*"Be more aware of the 'other'
- in either direction"*

Jacqueline McCullough

*"Challenge casual / sloppy use of mental
health language"*

Simon McCormack

"Remember to share but not to spill"

The Vacuum Cleaner

Materials

Scissors, pens,
big envelope, stamp
Resource Sheet for **Postcard Task**



POST CARD



POST CARD



USEFUL QUOTES

"I needed to revisit my life in a healthy, creative, brutally fucking honest way in order to heal myself and feel my spirit again"

Mikela J Mikeal

"Do what you can, and confess frankly what you are unable to do; neither let your effort be shortened for fear of failure, nor your confession silenced for fear of shame"

John Ruskin

"You cannot create experience, you must undergo it"

Albert Camus

"A psychotherapist with a neurosis is a contradiction in terms"

Carl Gustav Jung

"I try to listen to all the voices in my head, but don't quote them on that"

Joke

"People live out the scripts that we write for them"

Saying

"Good fences make good neighbours"

Robert Frost

"Nothing becomes real 'till it is experienced"

John Keats

"The important thing is not to stop questioning. Curiosity has its own reason for existing. One cannot help but be in awe when he contemplates the mysteries of eternity, of life, of the marvellous structure of reality. It is enough if one tries merely to comprehend a little of this mystery every day. Never lose a holy curiosity"

Albert Einstein

"Without the opportunity to explore my ideas in hospital I do not think I would have survived. It's a visual language you can use when you can't find the words, rather than keeping it to your self, you can take it out of the head and put it somewhere else. It enables me to stay grounded. Both in relapse and in remission I find visual work compelling and life-saving"

Sue Morgan

"The feeling of being valuable - 'I am a valuable person'- is essential to mental health and is a cornerstone of self-discipline"

M Scott Peck

FURTHER READING

Analysis Terminable and Interminable

S Freud [1963]

CLEAN

Anthology of Vita Nova's creative writing

Dry: A Memoir

Augusten Burroughs

Everyone's Got a Secret

Gillian Wearing *[available online]*

The Gift of Therapy: An open letter to a new generation of therapists and their patients

Irvin D Yalom

Goodbye, Mr. Wonderful

Chris McCully [2004]

If This Is a Man / The Truce and The Drowned and The Saved

Primo Levi

Invention of Hysteria: Charcot and the Photographic Iconography of the Salpetriere

Georges Didi-Huberman

Invest to Save: Arts in Health Evaluation, Exploring the impact of creativity, culture and the arts, on health and well being

Report by Manchester Metropolitan University

I See The Fear

Jamie Griffiths *[available online]*

Mental Health, Social Inclusion and Arts: Developing the evidence base

Report by the APU/UCLAN Research Team [2005]

My Experience of Analysis with Fairbairn and Winnicott: How complete a result does psycho-analytic Therapy Achieve

H Guntrip *[International Review of Psycho-Analysis: 1975]*

Neurodiversity

<http://en.wikipedia.org/wiki/Neurodiversity>

The Power of Art. Visual Arts: Evidence of Impact

Report by Arts Council England

The Road Less Travelled

M Scott Peck

School Kills Creativity

Ted Talk by Ken Robinson

Towards Transformation: Exploring the impact of culture, creativity and the arts on health and wellbeing

A consultation report for the critical friends event [2007]