

**The place for creative spaces in the lives of artists
with mental illness:
A study of Artbeat Studio, Inc.**

**By
Irmgard Nickel**

**A thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba
In partial fulfillment of the requirements of the degree of**

MASTER OF ARTS

**Interdisciplinary Master's Program in Disability Studies
University of Manitoba
Winnipeg**

Copyright © 2009 by Irmgard Nickel

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION**

**The place for creative spaces in the lives of artists with mental illness:
A study of Artbeat Studio, Inc.**

BY

Irmgard Nickel

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of
Manitoba in partial fulfillment of the requirement of the degree
Of
MASTER OF ARTS (INTERDISCIPLINARY)**

Irmgard Nickel © 2009

Permission has been granted to the University of Manitoba Libraries to lend a copy of this thesis/practicum, to Library and Archives Canada (LAC) to lend a copy of this thesis/practicum, and to LAC's agent (UMI/ProQuest) to microfilm, sell copies and to publish an abstract of this thesis/practicum.

This reproduction or copy of this thesis has been made available by authority of the copyright owner solely for the purpose of private study and research, and may only be reproduced and copied as permitted by copyright laws or with express written authorization from the copyright owner.

Preamble

My experience upon entering the field of Disability Studies surprised me. Coming from a service provider discipline, I expected to learn more about good service provision and the research of service provision. What I learned instead was the importance of hearing the voices of persons with disabilities and recording their lived experiences from their perspectives. I quickly saw the importance of this, but was a little disconcerted by the idea of not doing something about what I heard. Then I learned about Participatory Action Research. This was a research methodology that was taught by Disability Studies and considered to be a significant contribution to research in the field. The ideas inherent in the methodology which value partnering with people with disabilities, examining issues identified by them as concerning and developing plans of action to improve the situation of concern, appealed to me as a Disability Studies student, a service provider and a researcher.

At about this same time, I met Nigel Bart on a volunteer committee and learned about Artbeat Studio, Inc. Soon after this, Artbeat Studio, Inc. was launched. I set up a meeting with Nigel, the studio's program director and Lucile Bart, the executive director, to discuss the idea of conducting a Participatory Action Research (PAR) project. The studio proved to be a good fit for PAR. The studio had been founded to solve the identified problem of inadequate creative spaces for artists living with mental illness and was now ready to be studied from the perspective of the artists attending the studio. According to PAR principles,

these findings would guide the action steps which would follow. Following this discussion, Artbeat Studio Inc. agreed to partner with me in this research project. I then applied to the Canadian Centre on Disability Studies for a small grant for this project. The project was accepted.

This research project is also my thesis for completion of an Interdisciplinary Master's in Disability Studies, and to that end, and in keeping with PAR principles, I asked Nigel Bart to be part of my thesis committee, upon consultation with my thesis advisor. The reality of completing a thesis within the timelines that are required and to the satisfaction of an interdisciplinary thesis committee necessitates that the project be manageable within these realities. To this end, the sample may not be as large or the methods as varied as my research partner and I might like, so the thesis will be viewed as a 'project within a project'. The action step for the thesis portion of the project will be completed after defence of the thesis, which will include recommendations for future development as directed by the findings of the study. Upon completion of the thesis process, these recommendations will form the basis of the action steps to be carried out by the research partners (Artbeat Studio, Inc. and myself) in order to complete the larger, community based project which is being funded by the Canadian Centre on Disability Studies.

Abstract

Artists with mental illness have experienced difficulty accessing creative spaces. Artbeat Studio has been created to address this problem. The research question in this study is “What is the place for creative spaces in the lives of artists with mental illness.”

The study employed a phenomenological approach with a Participatory Action Research methodology. The administrators of Artbeat Studio agreed to a partnership in this endeavour. Artists and administrators were interviewed. Results were compiled into six categories of data. These six categories were analyzed for themes that crossed all categories. Three themes were identified: Safety & acceptance, Exploration & development and Integration & expansion. It was concluded that artists living with mental illness want creative spaces to be a part of their daily existence and are willing to work toward this. In keeping with the principles of Participatory Action Research, the themes lead to recommendations for future action.

Acknowledgements

I would like to thank Dr. Nancy Hansen for her interest, guidance, direction, unfailing sense of humour and willingness to support me with this project. I would also like to thank the other members of my committee; Dr. Emily Etcheverry, whose professionalism helped me to orient and organize myself, and Dr. Vanessa Warne, whose attention to the congruence of the writing certainly improved the quality of my thesis.

I also want to thank Nigel Bart and Lucille Bart from Artbeat Studio Inc. I know a good thing when I see one and this is a good thing.

A special thank you to the artists who took the time to come in from the 40° below weather in order to be interviewed for this study. Meeting you was a pleasure. Hearing your stories was an honour.

I would also like to express my gratitude to the Canadian Centre on Disability Studies for funding this project.

Table of Contents

| | |
|---|----------|
| Preamble | ii |
| Abstract | iv |
| Acknowledgements | v |
| Table of Contents | vi |
| Chapter one: Introduction | 9 |
| Background..... | 12 |
| Definition of the problem..... | 12 |
| Assumptions..... | 15 |
| Theoretical framework..... | 16 |
| Delimitations..... | 23 |
| Statement of purpose and research question..... | 24 |
| Chapter Two: Review of the Literature | 26 |
| Creative spaces and mental illness: Historic connections..... | 26 |
| <i>Foucault's perspective on madness and art</i> | 26 |
| Creative spaces and mental illness: Recovery from symptoms of mental illness..... | 31 |
| Creative spaces and mental illness: Personal and social empowerment... <i>The arts ability project</i> | 35 38 |
| <i>Ryerson University's disability studies program</i> | 40 |
| Creative spaces and mental illness: social inclusion..... | 42 |
| Creative spaces and mental illness: The development of transferable artistic/employment skills..... | 49 |
| <i>The creative spirit art centre</i> | 50 |
| Artbeat Studio, Inc..... | 52 |

| | |
|--|-----------|
| Conclusion of the Review of the Literature..... | 52 |
| Chapter Three: Research Methodology and Methods | 54 |
| Principles of the research methodology..... | 54 |
| <i>Phenomenology</i> | 54 |
| <i>Participatory Action Research (PAR)</i> | 55 |
| Research design..... | 58 |
| Methods..... | 60 |
| <i>Setting of the study</i> | 60 |
| <i>Participant selection</i> | 61 |
| <i>Data collection</i> | 62 |
| <i>Data analysis</i> | 66 |
| <i>Validity</i> | 68 |
| Chapter Four: Research Findings..... | 70 |
| Artists' interviews..... | 71 |
| <i>Recovery</i> | 72 |
| <i>Empowerment</i> | 74 |
| <i>Social Inclusion</i> | 76 |
| <i>Skill Acquisition</i> | 77 |
| <i>Physical Space</i> | 79 |
| <i>Next steps</i> | 81 |
| Descriptions of artwork..... | 83 |
| <i>Recovery</i> | 83 |
| <i>Empowerment</i> | 85 |
| <i>Skill acquisition</i> | 87 |
| Administrators' Interview..... | 88 |

| | |
|--|-----|
| <i>Recovery</i> | 88 |
| <i>Empowerment</i> | 89 |
| <i>Social Inclusion</i> | 91 |
| <i>Skill Acquisition</i> | 92 |
| <i>Physical Space</i> | 93 |
| <i>Next steps</i> | 94 |
| Summary of findings..... | 95 |
| Chapter Five: Discussion | 96 |
| Safety & acceptance..... | 96 |
| Exploration & development..... | 97 |
| Integration & expansion..... | 99 |
| Assumptions revisited..... | 101 |
| Chapter Six: Conclusions and Recommendations | 105 |
| References | 109 |
| Appendices: | |
| Appendix A: Letter of invitation to participate in the research..... | 115 |
| Appendix B: Consent form for administration..... | 117 |
| Appendix C: Consent form for artists | 121 |
| Appendix D: Interview guides..... | 125 |
| Appendix E: Ethics approval certificate..... | 130 |

Chapter 1: Introduction

People who live with enduring mental illness in our world often find themselves without an opportunity to fully engage in society. Social stigmatization plays a major disabling role in the daily experiences of people living with mental illness. Further to social stigma, individuals living with mental illness also experience unemployment, poverty, breakdown of family and individual function, social exclusion, loneliness and feelings of insignificance within society (Bart, 2003; Heenan, 2006; Parr, 2006). The complexities of their impairment are often minimized, rationalized or ignored (Parr, 1999). The fact that mental illness is multifaceted, changeable and varied adds to the difficulty experienced by people with mental illness in being able to find a place for themselves within society (Beresford, 2004). During the course of my involvement in the Disability Studies program at the University of Manitoba, I have often reflected on the particular difficulties faced by individuals living with mental illness, as most teachings during the course work appeared to assume emotional and mental stability on the part of individuals with disability, in their approach to social change.

My years of involvement in the field of mental health and working alongside individuals who live with mental illness has taught me that emotional and mental stability is not to be taken for granted or assumed. People living with mental illness may experience many phases of mental illness during the course of their life experience. They may experience acute phases of impairment, which require input from various helping professionals; but the majority of their life experience is likely to be spent trying to create and enjoy some quality of living

during non-acute phases where their disabling experience is created by the social structure within which they live. Throughout this life experience, individuals living with mental illness may seek to find a safe place in which to take control of their recovery experience, seek opportunities for personal empowerment and fulfillment, create opportunities for self expression, lobby for social change and vie for space in the social landscape of their community. For many people, this place takes the shape of creative spaces (Parr, 2006; Parr, 2007; Spaniol, 2001).

In his epic work, *Madness and civilization: A history of insanity in the age of reason* (1965), Michel Foucault describes the connection between mental health disabilities or 'madness' and creative spaces by stating "where there is a work of art there is no madness" (Foucault, 1965: p. 289). Foucault is not the only writer to conclude that creative spaces promote improved mental health and diminish the disabling effects of mental illness. Throughout history, similar statements have been made by artists, philosophers and individuals with mental illness. A current example is artist Nigel Bart who founded Artbeat Studio, Inc. in Winnipeg, Manitoba. Nigel lives with a mental illness. He was diagnosed with schizophrenia at the age of 19 and has made use of creative spaces for purposes of processing the illness and the stigma that surrounds it. In an interview with *Moods Magazine* (Fall, 2005), Nigel talked about how creative spaces played a big role in his recovery, helped to bolster his self-esteem, sharpen his creative processes and give him a voice to express himself. In a *Globe and Mail* article (Andreatta, 2007) Nigel also reported that he believes that

recovery is not synonymous with a cure. Rather, he feels that what needs to be understood is that people with mental illness can achieve great things.

This study is a partnership between Artbeat Studio, Inc. and myself. Artbeat Studio, Inc. in Winnipeg, Manitoba creates a current opportunity to study the place for creative spaces in the lives of individuals with mental illness. For the purpose of this research, creative spaces are defined as spaces used by artists with mental illness to enable them to engage in the creative process. Creative spaces may be metaphorical places carried within the imaginations of artists themselves (Spaniol, 2001), they may be individual spaces created by or for an artist (Park et al, 1997) or they may be shared spaces created for a group of artists to experience and enjoy (Parr, 2006). The hope is that the research in this proposal establishes a connection between how artists living with mental illness are engaging in the artistic process and the role that creative spaces play in the daily lives of artists living with mental illness.

My interest as a researcher and as a long term service provider to individuals living with mental illness is to further understand issues regarding the relationship between individuals who live with mental illness and creative spaces. My hope is that by better understanding this relationship, I will be able to understand the significance of creative spaces in their lives and will be able to contribute to the knowledge base regarding the importance of creative spaces in the lives of artists living with mental illness. If it can be established that creative spaces help artists living with mental illness to meet personal and collective goals regarding their development as artists and as individuals living with mental

illness, then this research could have a direct relationship to the development and continuing support of creative spaces. As a result, this research will be pertinent to the creation and shaping of agencies such as Artbeat Studio, Inc.

Background

This project examines the value of the creative space at Artbeat Studio, Inc. as perceived by artists living with mental illness through phenomenology and Participatory Action Research. Artbeat Studio, Inc. is a creative space founded on the belief that creative endeavour is a significant process which can affect individuals' personal recovery from mental illness, empower individuals and groups of individuals living with mental illness to influence social perceptions, create opportunities for social inclusion and encourage the development of valuable skills (www.artbeatstudio.ca). The following section provides a brief history of the creation of Artbeat Studio, Inc.

Definition of the problem

Nigel Bart, founder of Artbeat Studio, Inc. believes that creative spaces are important in the recovery and empowerment of individuals living with mental illness. Nigel was an artist before he became ill with schizophrenia in 1994 (Bart, 2003). He turned to creative spaces to help himself through the painful early years of the disability process. He created a dramatic piece in 1996 for a University of Manitoba Fine Arts class which he called *Inside Out*. The assignment was to create a suitcase with an inside and an outside. "My intent

was to educate my classmates about schizophrenia by revealing my inside” (Bart, 2003: p.4). He also discovered a powerful self-help element in the work as well as an important vehicle for challenging mainstream cultural beliefs about social inclusion. *Inside Out* was made into a short film by the Partnership for Consumer Empowerment Program. Horst Peters, program coordinator of Partnership for Consumer Empowerment, shares Nigel’s vision: “Its message goes beyond raising awareness of schizophrenia, providing the viewer with the hopeful message of recovery, and a challenge to eliminate the beliefs, practices, and prejudices that are a barrier to recovery” (Bart, 2003: p.4).

Nigel’s experience with creative spaces was significant in his life (Winnipeg Foundation, 2006; p.5). He began to wonder if others living with mental illness would benefit from engaging with creative spaces in the same way. He began to research the question, asking other individuals whom he met through the Manitoba Schizophrenia Society. He found interest. He also found a limited belief that similar opportunities could be found for most people living with mental illness due to the various disabling social barriers experienced by individuals who live with mental illness. Poverty, social isolation, decreased physical functioning, social ostracism, shame, discrimination, loss of hope, loss of dreams, loss of dignity culminated, among other limiting socio-economic barriers, for most individuals in the belief that these opportunities would not present themselves (Andreatta, 2005; CBC, 2004; Turner, 2006). Nigel had been fortunate. He had a loving family who supported him throughout his illness and recovery. His mother was an artist who offered him unlimited use of her studio.

Where would other artists who lived with mental illness access studio space? Where would they find the economic means to purchase supplies? Who would support them and encourage them through the experience? (Winnipeg Foundation, 2006).

Nigel began to think about creating a space for others who live with mental illness to have access to the opportunities that had been made available to him. In 2003, he stated, "In the future I hope to share my knowledge and passion by developing an artistic self-help/recovery centre for people with mental illness" (Bart, 2003: p.4). He found support for his idea by reading about the lives of Robert Schwan, Ludwig Van Beethoven, Van Gogh and others. Nigel defined the problem in the following way:

Creative spaces enable individuals with mental illness to work towards recovery, empowerment and social inclusion while challenging the prejudices of mainstream cultural beliefs. And yet, these opportunities are unavailable to most individuals who live with mental illness due to the social stigma, poverty and general lack of resources experienced by those who are identified as mentally ill. Opportunities must be created (Turner, 2006; Winnipeg Foundation, 2006).

In response to this problem, Nigel created the Artbeat Studio, Inc.

As previously stated, this study is a partnership between Artbeat Studio, Inc. and myself. Both partners have an interest in solving the defined problem. Both feel a responsibility to support the development of creative spaces in order to enable artists living with mental illness to meet personal and collective goals regarding their development as artists and as individuals living with mental illness. Both are committed to taking action to bring this about.

Assumptions

A review of the historic literature regarding art and mental illness leads me to believe that creative spaces have always had significant impact on the lives of individuals with mental illness (Foucault, 1965; Spaniol, 2001; Waddell, 1998). In my own career, I have worked with individuals living with mental illness, creating creative spaces, for thirty years. I have found the spaces to be beneficial to individuals in a variety of ways. I have found them to be helpful in recovery from the most severe symptoms of mental illness, as the space appears to enable individuals to process and make sense out of their worlds in ways that have meaning for them. My assumption is that recovery from symptoms is not synonymous with healing, as mental illness is often irreversible, but that recovery from symptoms is part of a process of overcoming barriers which then allows individuals to return to relationships and find a safe and meaningful place in society. I also assume that creative spaces are helpful in challenging society's views of mental illness by creating opportunities for individuals with mental illness to educate others about themselves, thereby reducing the stigma attached to mental illness. I believe that engagement in creative spaces creates opportunities for relationship development and social well-being. Based on my experience, I also assume that artists living with mental illness participate in creative spaces in order to engage in purposeful activities, learn transferable skills and develop opportunities for employment. I believe that creative spaces are safe places within which to begin creative processes which might change the artists' places within mainstream society.

During preliminary conversations with the project partner, Nigel indicated that he had made an assumption that recovery and empowerment would be major motivators for most artists who sought to be part of the creative space at Artbeat Studio. He has indicated that, to date, his observations have led him to believe that this may in fact not prove to be the case for all artists. Artists have identified other motivations for and outcomes of participating in the creative space at Artbeat Studio, Inc. including artistic development, social and professional network development and access to adequate art space.

Theoretical Framework

This research project takes its theoretical direction from four different academic fields:

1. Creative arts therapy - a professional 'helping' field developed historically from the medical model with a focus on the use of creative spaces for purposes of professionally led recovery based activities (Burick and McKelvey, 2004).
2. The social model of disability – a model which suggests that socially created barriers are disabling to individuals as opposed to individuals being disabled by impairment. This model emphasizes the use of creative spaces for purposes of empowering individuals and groups of individuals with disability (Abbas et al, 2004).

3. Human geography – a discipline which attends to the sharing of spaces and belonging. This discipline suggests that the use of creative space can situate an individual within a context of social and cultural belonging (Parr, 2006).
4. Occupational therapy – a profession which believes that purposeful engagement in meaningful activities is important for mental health and that creative spaces provide opportunities for individuals with mental illness to prepare for a return to gainful employment and participation in society (Sedgwick et al, 2007).

These four frames of reference provide the lenses through which the research findings will be examined. These four frames of reference echo the reasons, identified by Nigel Bart, for the creation of Artbeat Studio, Inc. (Winnipeg Foundation, 2006; www.artbeatstudio.ca).

Creative arts therapy

Creative arts therapies, as helping professions, developed in response to the discovery that engagement in creative endeavour has multiple positive effects in the lives of individuals with physical, intellectual and mental disabilities (Heenan, 2006; Philips, 2002). The professions have been emerging since the early to mid twentieth century. They have their origins in early 20th-century psychiatry and its focus on the unconscious mind (Heenan, 2006). There are now several registered professions that use a variety of creative media as their therapeutic tools. These include Art Therapy, Music Therapy, Drama Therapy

and Dance/Movement Therapy (www.arttherapy.org; Brooke, 2006; Hogan, 2001). Hester Parr (2006: p. 150) states that there is “an insistent, if controversial, evidence base from art therapy which claims that participation in the arts (and not just the visual arts) has an important role to play in expressing the ill self, recovering from serious mental health problems and achieving social inclusion” (Baron, 1995; Johnson, 1998, Hogan, 2001, Miles, 1994). Creative arts therapies originated within mental health hospitals (Parr, 2006) as a therapeutic technique designed to help quiet “raw insanity” through artistic expression (Rhodes, 2000). The spaces created by this profession were professionally driven and were intended to create opportunities for healing for individuals who found themselves outside of mainstream society.

Historically, creative arts therapies have been associated with Freudian analysis and verbal psychotherapies (Heenan, 2006; Naumberg, 1996). A common assumption among creative arts therapies is that art is secondary to therapy (Parr, 2006). This places creative arts therapies in the realm of rehabilitative practice, a derivative of the medical model. Art becomes a tool for the rehabilitation of the damaged or pathological self rather than a skill used by the individual with mental illness to establish an identity as an artist (Hogan, 2001; Malchiodi, 1999; Willis, 2002). The assumption that healing and recovery are more important than art, which is an underlying principle of creative arts therapies, offers one approach to understanding the relationship between the value of creative arts spaces and recovery in the daily lives of artists living with mental illness.

The social model of disability

The social model of disability is central to the field of Disability Studies and the disability movement. “The Social Model of Disability is internationally recognized as the theoretical framework that informs the disability agenda and serves as a cornerstone of the movement of people with disabilities” (Gislason, et al, 2005: p. 5). The social model of disability argues that people with disabilities are disabled by socially constructed barriers which disable them in a variety of ways. The social model argues that physical, intellectual and mental health impairments are not as debilitating to individuals with disabilities as are the barriers to participation in social, cultural, economic and political arenas created by a society that devalues the differences inherent in disability (Davis, 1997; Linton, 1998; Tierney, 2002; Titchkosky, 2003; Wendell, 1996).

The social model has also served as a foundation to the disability arts and culture movement. This movement sees art as a powerful facilitator of social change through its ability to raise the consciousness of the collective mainstream (Gislason, 2004). Scholars and leaders within the disabilities movement emphasize the difference between the powerful use of art and art-making as cultural and political tools and art used primarily for therapeutic purposes, which is the role of art in other frames of reference (Barnes and Mercer, 2001; Gislason, 2004). Art spaces created by organizations that adopt the social model of disability focus on generating strong messages of empowerment and on crossing over into mainstream culture and society (Abbas et al, 2004; www.creativespirit.on.ca).

The social model of disability did not initially represent individuals with mental health disabilities, and has often been found to be limited in its ability to do so (Beresford, 2004; Tierney, 2002). It initially represented individuals with physical disabilities who did not experience as much fluctuation in their daily functioning, nor interference with thinking, as that experienced by individuals living with mental illness. The social model of disability's disregard for the daily realities of living with impairment has been experienced by individuals living with mental illness as unrealistic (Tierney, 2002). However, for the purposes of this study, the idea that disability is socially constructed as opposed to resulting from impairment factors significantly in understanding the role that creative spaces can play in the lives of artists living with mental health disabilities. If there were no social barriers resulting from stigmatization of mental illness, would there be a need to break into the collective mainstream consciousness through the use of art created in creative spaces or would creative spaces predominantly serve different functions in the lives of individuals living with mental illness? This research is, in part, be framed by the idea that creative spaces can be used to encourage the development of art which serves as a powerful tool with which to shape mainstream thinking. As 20th-century playwright Bertolt Brecht argued, "Art is not a mirror held up to reality but a hammer with which to shape it" (cited by Leavitt and McMurchy, 2002: p.1).

Human geography

Human geography is the study of human/environmental interface (Duncan et al, 2005). Massey (1999) describes debates in the field of human geography which focus on a relational understanding of space along with entities, objects and identities. She argues that social spatiality and places are products of social interactions. In studying the impact of space on the identity of artists with mental illness, Hester Parr (2006) speaks of how space can define *insiderness and outsiderness*. She makes the connection between space and belonging. She describes belonging as ever-changing but important to social wellbeing. Parr's (2006) research focus has been on the diverse spaces in which people with serious mental illness might experience difference or social inclusion or be fortunate enough to enjoy social or psychological stability.

From the perspective of human geography, this research focuses on the relative positions of inside and outside, difference and belonging, social exclusion and social inclusion that are experienced by artists living with mental illness in relation to their experiences in creative spaces, their experiences with the arts community and their experience in the social mainstream.

Occupational Therapy

Occupational therapy is based on the fundamental belief that engagement in occupation promotes health. From its earliest days, the profession has valued occupational engagement for persons with mental illness (Gewurtz and Kirsh, 2007). A historical review of occupational therapy and

mental health (Sedgwick et al, 2007) reveals that creative arts have been among the “tools of the trade” used in this field in order to work towards goals which include reality orientation, developing self-esteem, social and vocational retraining and a therapeutic outlet for suppressed emotion (Sedgwick et al, 2007). Goals also include prevention of mental health problems, return to gainful employment and participation in society (Sedgwick et al, 2007). Discharge from hospital often included referrals to creative spaces run by occupational therapists in community settings as less stigmatizing alternatives to medical follow-up for individuals with mental illness (Sedgwick et al, 2007). These historic goals are consistent with current practice in the field of occupational therapy. Yee (2007) states that our identities are often tied to what we do, underscoring the importance of the pursuit of meaningful occupations for purposes of establishing a sense of self. Re-engaging in past occupations or discovering new occupations are important for providing individuals with a sense of identity, purpose, pleasure, accomplishment and a mastery of skills.

Occupational therapy theory overlaps to some degree with creative arts theory inasmuch as both perspectives value the creative arts as a vehicle for the exploration and expression of emotional and psychological content and both theories describe the creative arts as significant to the recovery process. The theories diverge when the recovery process is no longer focused on the reduction of symptoms, but on empowerment and social inclusion. Occupational therapy theory describes the recovery process as linked to the process of

transcending symptoms and social stigma through the redefinition of self, the emergence of hope, the development of self, the development of self-empowerment, and the establishment of meaningful roles and relationships (Gewurtz and Kirsh, 2007). Occupational therapy theory also overlaps with the social model of disability to the degree that both models are concerned with the individual with the disability being central to all decisions that involve that individual and with inequalities and abuses of power (Hammell, 2007).

From the perspective of occupational therapy, this research focuses on the value that artists place on the creative space at Artbeat Studio, Inc. in relationship to opportunities for mastery and skill acquisition. The role of creative space as a place to learn purposeful activity designed to help the artists build an arsenal of transferable skills (i.e. self esteem, confidence, talent, uniqueness, employability) is examined. This person-centred philosophy, which places the individual at the centre of decision making and attends to the balance of power, guides the research methodology.

Delimitations

This project examines the reasons why creative spaces play a significant role in the lives of artists living with mental illness, as reported by the artists who engage in creative activities at the Artbeat Studio, Inc. themselves. It does not examine the physical realities or descriptions of the studio, unless this information is offered by the artists. The research is concerned with the artists' experiences with the space and the benefits derived from this experience. The

research is also concerned with the artists' wishes for the future place for creative spaces in the lives of individuals with mental illness. The project and the literature review focus on four main perspectives regarding the place for creative spaces in the lives of artists living with mental illness: Creative spaces and recovery; creative spaces and personal and social empowerment; creative spaces and social inclusion as well as creative spaces and the development of transferable artistic/employment skills. The project and literature review also examine the philosophy of the Artbeat Studio, Inc., its goals and objectives, as stated in the Artbeat Studio's publication (www.artbeatstudio.ca).

Statement of purpose and research question

As stated earlier, the purpose of the research is to examine the value of the creative space at Artbeat Studio, Inc. as perceived by artists living with mental illness. The research question is founded on premises derived from the four frames of reference previously described: creative arts therapies, the social model, human geography and occupational therapy. Creative arts therapy literature and philosophy postulates that desire for healing and recovery is a significant motivating factor in the choices that an individual with mental illness makes who engage in creative spaces. The social model proposes that art and art-making are powerful tools made available to artists living with mental illness by engaging in creative spaces, which are used to rally against social constructions of disability perpetuated by negative images of the mentally ill. The field of human geography suggests that art spaces create opportunities for

belonging and social inclusion as opposed to difference and social exclusion. The field of occupational therapy proposes that creative spaces which offer opportunities to engage in purposeful, creative activity help individuals with mental illness to achieve their goals, including recovery from symptoms of mental illness, empowerment and social inclusion. All of these frames of reference are significant in this study of the experiences of artists living with mental illness who are engaged in the creative space at the Artbeat Studio, Inc.

The research question is: *What is the place for creative spaces in the lives of artists living with mental illness?*

Chapter Two: Review of the Literature

This chapter is a review of the literature describing some of the key roles that creative spaces play in the lives of individuals living with mental illness. Throughout history, creative spaces and mental health have been significantly linked. There are many theoretical perspectives which attempt to explain this phenomenon. Through a literature review of some of these theoretical perspectives, this phenomenon will be examined.

Creative spaces and mental illness: Historic connections

References are made to a significant relationship between mental illness and creative spaces throughout history in several bodies of literature. These historic connections have influenced the development of theories and practices and continue to lend meaning to modern connections. Although many authors from various disciplines write on the topic of a historic connection between creative spaces and mental illness, the book most often referenced is *Madness and Civilization: a History of Insanity in the Age Of Reason* written by Michel Foucault in 1965.

Foucault's perspective on madness and art

The difficulties demonstrated by society in dealing with the differences that are an inherent part of disability throughout history are well documented. Varying degrees of discomfort have been expressed, particularly concerning those considered to be mentally ill. During the Middle Ages, individuals believed to be

mentally ill were viewed as evil and were greatly feared (Foucault, 1965: p.xii). During the Classical era and the Victorian era they were confined (Foucault, 1965: p.38). In between these two periods, the Renaissance offered a reprieve. In *Madness and civilization: A history of insanity in the age of reason* (1965), Foucault describes the Renaissance as a time of relative freedom for individuals with mental illness. Foucault (1965) makes many references to works in the areas of literature, art, philosophy and theology created by individuals whom he assumes to be struggling with mental illness. He also describes characters found in literature and art who demonstrate difficulties with mental health concerns. They were placed within images and storylines which validated their existence as individuals within the periphery of society.

Foucault believed that “madness” in the Renaissance era was viewed as being similar to a heightened spiritual awareness. People considered “mad” were thought to be more truthful, closer to God and in communication with spiritual beings. Renaissance art and literature includes many examples of individuals, considered mad by society, whose stories have had an enduring influence on modern artistic culture. “Believing that mental aberrations provide access to inner reality and underlying truths, artists became fascinated by the inner workings of the mind, heightened emotionality, and eccentric behavior” (Spaniol, 2001: p. 221). References to individuals living with mental illness began to appear in everyday examples of life and living. “Madness traces a very familiar silhouette in the social landscape. A new and lively pleasure is taken in the old confraternities of madmen, in their festivals, their gatherings, their speeches” (Foucault, 1965:

pp. 36-37). Foucault does not describe any barriers to engaging in creative spaces during the Renaissance period. Artists with mental illness enjoyed equal access to creative spaces as did other artists (Foucault, 1965; MacGregor, 1989).

The Renaissance Period (Foucault, 1965) was followed by the Classical age, referred to by Foucault as the Age of Confinement, which proved to be a great disadvantage to individuals living with mental illness. This era lasted through the late eighteenth and nineteenth centuries. The focus, during this era shifted from a search for knowledge to a focus on orderliness and logic (Foucault, 1965; Evans, 1978). An individual's worth appeared to be determined by their ability to contribute to society, resulting in confinement for those who could not (Evans, 1978). During this lengthy age of confinement, opportunities were not created for individuals living with mental illness to engage in creative spaces.

The Classical Age is also known as the age of reason. This era lasted one hundred and fifty years. It was marked by a disbelief in mysticism, which was considered unreasonable. Foucault postulates that all things unreasonable were to be made reasonable and orderly. Unemployment, vagrancy and undisciplined living were considered worthy of forceful intervention, which was sometimes masked as charity and at other times, was met with punishment. Work was the preferred therapy of the Classical Age. All individuals were expected to work for their keep. Homeless, unemployed individuals filled the houses recently emptied of people with leprosy. Those with mental illness were swept up with the rest. Throughout this

period, individuals with mental illness began to be recognized for their differences, their inability to work, to be productive or to behave properly. They were offered no treatment, only confinement and controls (Foucault, 1965).

People identified as having mental illness emerged as the greatest threat to the required reason and order. They received the worst treatment. All semblances of honour and respect disappeared. There was no longer a place for madness in society or for that matter, in humankind. Mad men and women were reframed as animals and were treated as such. They were no longer of any value. Romanticism, spirituality and creativity were no longer associated with mental illness.

Towards the end of the Classical era, clergy, philanthropists and doctors began to take an interest in the plight of the mentally ill (Foucault, 1965). These interests resulted in attempts to address the inhumane treatment of individuals with mental illness. Clergy and philanthropists developed mental asylums, often in pastoral locations, where creative spaces were again developed. Gardening, handicrafts and artwork were encouraged. Doctors began to treat individuals as patients in need of physical cures. They began to treat the body with diet, exercise, cold water and hard work in order to alleviate mental health symptoms. Eventually, doctors began to talk to their patients, entering into discourse with them, in spite of their 'unreason', and the fields of psychology and psychoanalysis were born. The barriers were reinvented in the form of helplessness and forced dependency on professional intervention.

In his writing, Foucault describes opportunities for artists with mental illness to engage in creative spaces. These opportunities waxed and waned throughout the different eras. The Renaissance afforded artists with mental illness the best opportunities to engage in creative spaces. During this period, they had the most freedom, were allowed a peripheral place in society and would have had as much access to creative spaces as income and availability would allow. During the Classical era, these opportunities came to an almost complete stop. The forceful confinement, the chains, the public displays of individuals with mental illness would have afforded no opportunities for them to engage in creative spaces. Exceptions would only have been possible if madness was hidden from authority.

Towards the end of the Classical era, the reformed asylums began to offer opportunities for individuals to create and engage in creative spaces. Park et al (1994) and Parr (2006) describe examples of artists with mental illness who spent the majority of their adult lives in asylums at the turn of the 20th Century, producing volumes of artistic works within the creative spaces created inside their minds and translating them to products in the small spaces that they were allowed to turn into creative spaces. The products created within these creative spaces were, however, most often used by psychiatrists to make the case for enduring mental illness (Park et al, 1994; Parr, 2006), using the artwork to make and support psychiatric diagnoses. This is in contrast to Foucault's opinion that art is a powerful protective factor against the onset of mental illness. Foucault

states, "...the work of art...endlessly drives madness to its limits; *where there is a work of art, there is no madness*" (Foucault, 1965: p. 289).

Foucault's writing is in keeping with the social model of disability, the belief that disability is constructed by social attitudes, laws and actions. This is witnessed in the contrast between the attitudes, laws and actions of the Renaissance and the Classical periods.

Creative spaces and mental illness: Recovery from symptoms of mental illness

The arts and crafts movement of the 1930's and 1940's led to the development of several new "helping professions" which focused on the usefulness of creative spaces in the process of recovery from mental illness. The development of the professions of Art Therapy, Music Therapy, Drama Therapy and Dance/Movement Therapy during the last sixty years of the twentieth century further developed this finding (www.arttherapy.org; Brooke, 2006; Hogan, 2001). Therapists within each of these professions has published articles that support the use of creative spaces by professionals when working with individuals with mental illness (Burrick and McKelvey, 2004; Payne, 2006; Yee, 2007).

Creative arts and mental health literature that focuses on recovery from symptom of metal illness describes the usefulness of creative spaces to individuals with mental health disabilities in two milieus, the therapeutic value of creative spaces in professional creative arts therapy settings and the opportunities for recovery presented by community based creative spaces.

Creative arts therapy literature does not identify barriers to engaging in creative spaces presented to individuals living with mental health disabilities, perhaps because the creative arts therapist is in charge of the process and can make materials and opportunities available to the individuals they are involved with. In contrast, community based creative spaces have developed as a direct result of the barriers experienced by artists living with mental illness in their efforts to engage in artistic spaces (Gislason et al, 2004; Heenan, 2003, Parr, 2006; Parr, 2007a; Parr, 2007b). In many instances, these efforts were intended to provide opportunities for recovery to individuals living with mental illness in spaces that would also provide opportunities for personal and collective empowerment and social inclusion.

Creative arts therapy literature essentially describes the usefulness of creative spaces for therapeutic purposes only (Burrick et al, 2004; Hogan, 2001; Jennings, 1945). As a result, critics of creative arts therapies have claimed that the focus that creative arts therapies have on process over product creates barriers to engaging in creative spaces for individuals with mental illness by stigmatising creativity (Brewer, 2002). Creators of community based mental health and arts spaces have responded by attempting to minimize the barriers created by professionalization of the artistic process: "While traditional forms of Freudian art-based therapy have tended to be shrouded in mystique and regarded as the preserve of those with specialist training in the field, socially orientated art for health projects are much more accessible and versatile" (Heenan, 2003: p. 189).

In *Mental health, the arts and belonging*, Hester Parr (2006) describes how interest in the artwork of psychiatric patients 125 years ago placed the art of mental health clients in the category of “outsider art” or art not considered worthy of mainstream artistic attention. The artwork produced by Andrew Kennedy and other individuals with mental illness within creative spaces that were controlled by professionals was used to demonstrate the differences between individuals with mental illness and others, creating barriers to acceptance and serious involvement in the artistic process. At the turn of the twentieth century, it was not unusual for health care professionals to exploit the differences of people in their care who had mental illness or for the general public to demonstrate an interest in witnessing the “absurdities” of people with mental illness. In her study, Parr (2006) tracks the history of the role of creative spaces used by professionals to encourage the production of artwork that was used for identifying and labeling individuals with mental illness (since the late nineteenth century; Gilman, 1995; Lombroso, 1864) and the history of creative spaces used by professionals to encourage the production of artwork used for therapeutic purposes (since the middle twentieth century; Hogan, 2001). Art therapists also value the healing power of the art therapy setting itself: “The art therapist provides the ideal environment and necessary encouragement for the individual to do the personal work of healing” (Burick and McKelvey:p.51).

Community based creative spaces (which have been developing during the past 20 years) attempt to be less controlling, but are still designed, developed and directed by professionals (Gislason et al, 2004; Heenan, 2003; Parr, 2006).

Barriers experienced by artists attempting to use these creative spaces include the short term nature of these experiences (Heenan, 2003; Parr, 2006, Parr; 2007b) and the referral processes, which are often in the hands of professionals and can be quite lengthy (Heenan, 2003). These community based creative spaces focus on the overall therapeutic value of creative spaces (Parr, 2006). Heenan (2003) reports that the therapeutic value of creative spaces in recovery from mental distress is well known across international cultures. Community based creative spaces focus on the therapeutic value of creative spaces for purposes of healthy human development and recovery from mental distress. This focus on the therapeutic value of engaging in creative spaces creates opportunities for artists with mental illness to engage in creative processes throughout their lives as opposed to opportunities only being made available by professionals during acute phases of illness, which has been the case in traditional creative art therapy approaches.

The following are some examples of opportunities for increased well-being which demonstrate the intrinsic value of engaging in creative spaces.

Photographic journaling was the medium chosen by one researcher (Boisvert, 2003) who used a single case, self-study design to answer her question regarding her own survival from anorexia in an individually created creative space. Thematic analysis led to the identification of a metaphoric self-understanding and the author's identity as a hopeful self-healer.

In their article *To the "Infinite spaces of creation": The interior landscape of a schizophrenic artist* (1994), Park et al describe the creative works of Adolph

Wolfe, a man diagnosed with schizophrenia who spent most of his life in solitary confinement in a mental asylum. Wolfe turned to art early in his experience in the mental asylum and worked voluminously throughout the rest of his life. According to the authors, Wolfe is an example of an artist with mental illness who created creative spaces for himself in order to engage in the creation of artwork throughout his confinement. His work and his creative space are believed to have had a profoundly tranquilizing effect on him while also sharing his views and perspectives with others in spite of his separation from the world. .

According to Heenan (2003), creative spaces can play two roles in improving mental health outcomes. With the help of art therapists, creative spaces can be used to collect information which helps to develop therapeutic care strategies. Community based creative spaces play a significant role in reducing the impact of mental illness and in reintegrating individuals into the wider community.

Creative spaces and mental illness: Personal and social empowerment

Creative spaces have been used throughout history as a place for communicating or processing what it means to live with mental illness. Creative spaces have also been used as a place to challenge the social divisions between those considered mentally ill and mainstream society. During the Renaissance era, artists like Bosch pointed out the ridiculousness of these divisions by painting pictures that depicted the absurdity of those who keep themselves separate from people living with mental illness (www.newint.org). During the

Classical era or the 'Age of Confinement' as described by Foucault (1965), individuals with mental illness were seldom in a position to be able to share in creative spaces. Some examples exist, demonstrating that individuals with mental illness in confinement produced artwork while in confinement, perhaps to challenge the social structures in which they found themselves (Park et al, 1994; Parr, 2006; Rhodes, 2000). Since the beginning of the Disability Movement in the late twentieth century, creative spaces have come to be places for developing and showcasing artwork used as communication tools for establishing the personal and collective identities of individuals with mental illness (Abbas et al, 2004; Gislason et al, 2004; Leavitt and McMurchy, 2002; Parr, 2006; Parr, 2007a).

The Social Model of Disability has illuminated barriers that artists living with mental illness face on a daily basis and identifies how these barriers can be addressed through the development of creative spaces. Barriers experienced by artists with mental illness to engaging in creative spaces have been described by various studies (Gislason et al, 2004; Abbas et al, 2004). The Social Model of Disability provides the underpinning for the Disability Arts and Culture Movement (McLaughlin, 2003) and the Disability Arts and Culture Movement has as its goal "the creation, exploration and advancement of a Disability Culture" (Abbas et al, 2004: p. 4). The development of creative spaces "involves artists with disabilities creating work which expresses their identity as disabled people. The work of disability arts practitioners contributes to the expression of a disability culture. It is informed by disabled people's experiences, values and beliefs as disabled

people, and by a sense of their identity as members of a distinct group with a unique culture” (McLaughlin, 2003: p.13).

The Disability Arts and Culture movement considers issues of accessibility to creative spaces to be of paramount importance (Abbas et al, 2004). “It is important to move our understanding of accessibility beyond structural barriers to highlight the many ways in which attitudinal and systemic barriers prevent disabled artists from producing and/or showcasing their work. To enhance opportunities for disabled artists we must address a range of issues including access to quality training; access to artistic work reflecting diversity and thus creating performance opportunities; access to performance spaces; access to funding opportunities that promote Disability Arts and Culture; and dismantling attitudinal barriers that relegate disabled people to the status of consumers rather than producers of art” (Abbas et al, 2004: p. 2).

By utilizing the belief that “art is both a product of culture and a key mechanism by which the politics of a culturally-sanctioned norm are enforced” (Abbas et al, 2004: p. 5), the Disability Arts and Culture movement has progressed through three stages. The first stage focussed on gaining recognition for the fact that individuals with disabilities are indeed artists in spite of a social perception that any art produced by individuals with disabilities must be considered ‘art therapy’ and can only be created within a professionally led art therapy setting. The second stage has been the exploration of sharing creative space within the relative safety of communities made up of people with disabilities and the third stage is the current focus on taking the artwork created

by individuals with disabilities and the Disability Arts and Culture movement into mainstream communities and creative spaces (Abbas et al, 2004: pp.9-10). This third stage is seen as particularly significant from a political point of view as the mainstream stage is the arena where artists can challenge those who have oppressed them (Abbas et al, 2003; Walker, 1998). The following are some examples of creative spaces which emphasise personal and social empowerment.

The Arts Ability Project

In 2002 the Canadian Centre on Disability Studies launched the Arts Ability Project in four Manitoba locations. This two year project involved the development, implementation and evaluation of a variety of creative spaces in a variety of locations throughout Manitoba featuring visual art, drama, music, and dance programs. The programs were designed to empower children and adults with disabilities through creative self-expression. Through systematic observation, videotaped interviews, audio-recorded focus groups and written reports, information about the experience was gathered from program participants, support persons, artists-teachers, administrators, artist-apprentices and educational assistants. Analysis of the research findings indicated that participants of the Arts Ability Program enjoyed the opportunity to break from their regular routines and explore the arts. Some participants found the experience somewhat disorienting at first, but empowering once they got used to it. In general, participants felt that the program introduced them to supportive

environments, gave them opportunities to discover unrecognized talents, and introduced them to new ways of thinking, moving, expressing and experiencing their thoughts and feelings. While the majority of the participants have benefited from the program through empowerment, rejuvenation and inspiration, some have used the program as an opportunity to transition from participants exploring art to amateur artists entering into the world of art, seeking status as serious professional artists.

The project also demonstrated to many people that creative spaces play a significant role in social and institutional transformation designed to empower people with disabilities (Gislason et al, 2004:p.84). The study made use of an empowerment evaluation model. "The Empowerment Evaluation model requires that evaluation results be shared with artist participants, artist animators, support workers, and administrators on an ongoing basis. The purpose is to ensure that staff is engaged in a continual process of personal reflection and program improvement." (Gislason et al, 2004:p.32)

The Arts Ability project used the Social Model of Disability as a lens to identify and address issues of power imbalances between individuals with disabilities and others within institutional environments as well as within other social systems. By adjusting the focus of the project from individual impairments to barriers experienced by people with disabilities on a daily basis to involvement in safe and supportive social and creative spaces, the project "challenged [the] ideas [of participants and community members] about who an artist is, what art

is, and reflected on the power and possibility of art as a tool for social transformation” (Gislason et al, 2004: p. 5).

Ryerson University's Disability Studies Program

Ryerson University's Disability Studies Program offers a major research concentration in Disability Arts and Culture. The program has access to excellent, well equipped and accessible creative and performing spaces. In the Ryerson University publication *Lights...Camera...Attitude!* (Abbas et al 2004: pp.9-10), the focus is on the use of creative spaces as vehicles to bring disability culture to the mainstream. “Despite the formidable resistance of a dominant culture largely hostile to or ignorant of disability issues, there are pockets of artistic activity in disability communities across Canada and around the world, as disability artists, activists and scholars take control of words, images and ideas that have until now worked against them...Cultural work brings people together in ways that enable them to recognize each other, and to challenge their exclusion from society. In that sense, it is an essential route to collective empowerment” (Abbas et al, 2004: p.4).

Further to the agenda to use creative spaces for therapeutic purposes, the creative spaces at Ryerson created opportunities for artists to engage with and challenge audiences to hear the artists' message and to be changed by it. “Under medical or therapeutic scrutiny, art loses its political and cultural edge. Indeed, although the artistic process has therapeutic effects for all, when these effects are seen as primary ones for disabled people, artistic products are robbed

of their legitimacy and power in critiquing culture and social meanings” (Abbas et al, 2004: p. 9). For this reason, the Ryerson report feels that creative arts therapies present a barrier to the engagement in serious art activity by artists living with mental illness. “How are disabled creators to be viewed as *artists* in a climate that devalues and/or pathologizes their work and frames it as treatment rather than aesthetic and/or political statement? “ (Abbas et al, 2004: p. 45).

The Ryerson report captures the relationship of disability art and performance with its audience within a performance space and concludes that creative spaces are powerful places within which to communicate what it means to live with a disability. The result is that audiences report feeling uncomfortable as much as they feel enlightened and informed (Abbas et al, 2004). The report states that an ongoing, supportive relationship between artists and audiences within supportive creative spaces is necessary in order to further the disability agenda through creative art.

In Canada the Disability Arts and Culture movement is less well developed than it is in the United Kingdom (Abbas et al, 2004). “Individual artists... continue to find it difficult to advance in the current climate. From the growth of the more developed Disability Arts and Culture movement in the U.K., we learned that the movement must be led by disabled artists and arts groups, and that support must be specifically allocated for the growth of this movement” (Abbas et al, 2004: 4).

The Ryerson report also states that the

... Disability Arts and Culture movement in Canada is at a crucial stage in its development: it has reached a point where it has produced a fair number of artists who have themselves generated considerable

momentum. There is very real interest in this movement and its place in a broad equity agenda, yet it is questionable whether the movement has the funding it needs to raise its profile and deliver its message to a broader audience. In order for Disability Arts and Culture to be artistically, culturally, and politically successful it must be given the support it needs to continue to grow and allow its message to reach beyond the disabled community and into the mainstream. Therefore, the question is not whether there is sufficient talent, interest, or resolve on the part of disabled artists, but rather if disabled artists in Canada will have access to the supports necessary to advance this phase of the disability movement. (Abbas et al, 2004: p.3)

The Ryerson program engages and studies the work of artists with a variety of disabilities. The excellent creative space available at Ryerson University has enabled much of the activities and accomplishments that the program has achieved to date.

Creative spaces and mental illness: social inclusion

Literature focused on the use of creative spaces for social inclusion is fairly recent. Early examples are seen in the Renaissance era works and are referenced by Foucault as previously noted (1965). Early twentieth century references are found in occupational therapy literature, describing the usefulness of creative spaces in helping individuals with mental illness reintegrate into society (Sedgwick et al, 2007). More recent references are found in human geography literature. As previously mentioned, in their article *To the 'Infinite Spaces of Creation': the interior landscape of a schizophrenic artist* (1994), Park et al examine the artwork of Adolf Wolfi (1864 – 1930), confined to a small room in a mental asylum for the majority of his adult life. In this isolated, separated

situation, he created a creative space in which he examined his memories of the world of his past in order to stay connected to it and to offer social criticism.

In the past two years (2006, 2007) Hester Parr has published three articles which demonstrate the role that creative spaces can play in *minimizing* the differences experienced by artists with mental illness between themselves and mainstream artists. In her studies, Parr describes what she calls “limit cases” (2006: p.151), examples which define the limits of inside and outside in relationship to creative art spaces and social inclusion. She describes therapeutic creative spaces as places which focus on the use of art for diagnosis and therapy (“representative of therapeutic pathways to insider-sameness” Parr, 2006:p.151) and creative spaces advocating the development of art for demonstrating difference, such as ‘outsider art’ or Art Brut (“representative of ultimate artistic difference-outsiderness” Parr, 2006: p.150, Probyn,1996; Rhodes, 2000). These terms describe art which exists outside of the mainstream of traditional art gallery and museum collections which has been created by people who often live outside of mainstream society. “Art Brut (raw art) was a term coined by the renowned French artist Jean Dubuffet to categorize his personal art collection; art created by people in mental institutions. Outsider Art is a term used by Hans Prinzhorn to describe his collection of art created by patients institutionalized with psychiatric illness” (www.creativespirit.on.ca).

Further to the above descriptions of creative spaces, Parr’s primary focus in her writing is to describe creative spaces used for minimizing difference and enhancing the sharing of spaces (Parr, 2006). There is considerable research

evidence that highlights the fact that barriers to social inclusion exist for individuals living with mental illness and describe the effects that stigma and social exclusion can have on them (Batty, 2001; Byrne, 1999; Heenan, 2003; James, 1998; Porter, 1998) . Heenan (2003) states that:

In the UK mental health difficulties cost the nation more to care and treat and cause more suffering and disability than any other type of disorder. Yet, despite this, levels of understanding about mental health and emotional difficulties have remained low. Myths and stereotypes prevail and these have led to the disempowerment and stigmatization of those who experience mental distress. The label mental illness is stigmatizing and misleading as it encourages individuals to think of 'the mentally ill' as a separate category from 'normal people'. (p. 179)

Stigmatization and barriers to social inclusion have been well described by Foucault (1965) in his depiction of the existence of individuals with mental illness throughout the ages. Parr (2006) attributes the experience of social exclusion to several factors. At the turn of the twentieth century, also the end of the age of confinement (Foucault, 1965) when asylums had become hospitals (Sedgwick et al, 2007), several examples emerged where confined individuals such as Andrew Kennedy and Adolph Wolfi produced a prolific body of artwork (Park et al, 1994; Rhodes, 2000). At the time of production, these bodies of artwork were used to confirm diagnoses. "Artwork in this case served to demarcate apparently fixed boundaries between madness and rationality" (Parr, 2006: p.1). Only later, after the death of the artists, did their work become recognized as art (Park et al, 1994). Society could not yet tolerate individuals with mental illness in their midst, professionals simply applied their professional understanding to the artwork and

the separate spaces in which these individuals lived ensured that no other interpretations were possible.

It is important to note however, that both Andrew Kennedy and Adolph Wolfi, have come to be recognized as gifted artists with significant contributions to make (Park et al, 1994; Rhodes, 2000). This recognition is consistent with the first stage of the Disability Arts and Culture movement (Abbas et al, 2004: p.9), recognizing individuals with disabilities as artists and moving social perceptions well beyond diagnosis and therapy. This recognition, however, did not result in social inclusion for the two artists (Parr, 2006). The second stage of the Disability Arts and Culture movement, which is the exploration of sharing creative arts within the relative safety of communities made up of people with disabilities, is consistent with Parr's (2006) focus on community based creative spaces. She argues that community based creative spaces are inclusive in their intent and varied in their activities (2006, 2007a, 2007b). She states, however, that it should not be assumed that community based creative spaces ensure that differences between artists living with mental illness and mainstream artists are minimized, indicating that to some degree, 'belonging' to such programs still sets individuals apart from mainstream communities. Stage three of the Disability Arts and Culture movement will take the artwork created by artists living with mental illness within community based creative spaces to mainstream communities. This stage is consistent with Parr's perception that 'belonging' to mainstream communities is the next step and that these barriers have not yet been overcome.

As previously mentioned prioritizing the connection between creative spaces and social inclusion is found largely in human geography scholarship and in descriptions of community based creative spaces. Human geography literature investigates the impact of mental illness on how and where people live and work as well as the impact of how and where they live and work on their mental health (Evans, 1978; Parr, 1997; 2006; 2007a; 2007b). Literature describing community based creative spaces (Gislason et al, 2004; Sedgwick et al, 2007; Woodside, 2006; Yee, 2007) focuses on achieving the greatest degree of social inclusion and integration possible. The importance of social inclusion is also referenced by many other disciplines (Abbas et al, 2004; Barnes and Mercer, 2001; Heenan, 2002; Leavitt and McMurchy, 2002).

Community based creative spaces offer excellent opportunities for increasing social involvement and improving social inclusion through relationship development, shared work and space and the opportunity to celebrate a job well done. "Arts Ability piloted the introduction and use of the arts as a tool for personal empowerment, communication, as a method to develop self-knowledge, and a way to transform relationships between people with disabilities, their peers and support providers" (Gislason et al, 2004: p.5). This is not quite the same focus as described by Parr (2006) whose goal is to create opportunities for 'insiderness' or belonging (pp.151-152), but it shares with Parr a desire to use creative spaces as a means for minimizing difference and sharing space. Social inclusion can be considered on several levels. Further to developing peer relationships and relationships with support providers (where these exist),

creative spaces offer opportunities for relationship with administrators, researchers, sponsors, policy makers, supporters, the media and the extended arts community as well as opportunities to engage with mainstream communities. In one study, Hester Parr used film making as the medium to learn about the connection between creative spaces and social inclusion. She states that creative spaces have been found to be helpful in “ facilitating empowering experiences of self-understanding, self-esteem, communication, advocacy and (contingent) community integration...” (Parr, 2007a: p.115). In another study, Parr (2007b) utilized gardening as the artistic activity and found it to be a significantly meaningful medium for the participants. “*Recovering Lives* is a 30-minute film which features four community mental health projects that engage arts and gardening work in helping people with severe mental health problems to live meaningful everyday lives. The main purpose of the film was to disseminate research findings about the ways in which the projects, and the individuals who accessed them, utilized and experienced artistic and natural spaces for mental health and social inclusion” (Parr, 2007b: p.118).

Community based creative spaces, such as those found within the Arts Ability Project, have multiple purposes including social inclusion and integration through relationship development, self esteem development, skills development and preparation for employment (Gislason et al, 2004; Sedgwick et al, 2007; Woodside, 2006; Yee, 2007). This focus on the value of creative spaces offers potential opportunities for artists with mental illness to engage in the creative process throughout their lives. Some examples follow (Parr, 2006).

Art Angel is a community based creative space in Dundee, Scotland. It has been operating since 2003 and is located in an arts centre close to the centre of the city. It is largely funded by the National Health Services of Scotland and the Dundee City's Regeneration Fund. Art Angel offers three streams of activity which echo the three stages of development previously described as part of the Disability Arts and Culture movement:

1. Art Angel operates weekly arts groups in a former asylum, now a local hospital, to enable individuals with mental illness to create art.
2. Art Angel operates community group arts workshops in visual art, photography and writing.
3. Art Angel hosts LUNA, a next-step arts organization which is run by people with mental illness who take part in a number of arts activities including film making, performance and writing projects.

Art Angel has up to 60 artists living with mental illness registered with them at any given time.

The Trongate Studios in Glasgow, Scotland, offers studio space and gallery space to as many as 70 artists living with mental illness at any given time. These studios are associated with an organization called Project Ability and are seen as a permanent part of the range of services offered to individuals living with mental illness in Glasgow. These creative spaces are funded by arts councils and by the national Health Services of Scotland.

Creative spaces and mental illness: The development of transferable artistic/employment skills

References to learning and mastering artistic skills are made throughout the literature previously described, but are most clearly found in occupational therapy literature (Sedgwick et al, 2007; Yee, 2007). Mee and Sumsion (2001) assess the meaning of occupation for a group of individuals with mental illness who engage in creative space, in this case in wood workshops. Through inductive analysis, the theme of building competence emerged, including the acquisition of skills, learning to cope with challenges and experiencing achievement. Occupational therapy also focuses on the fit of the environment to the person engaging in occupation within that environment (Letts et al, 1994; Rebeiro, 2001; Strong et al, 1999) emphasizing the importance of effective creative spaces for artists living with mental illness, if they are to achieve a level of competence and skill that allows them to transfer their new knowledge into recognized artistic skill. This acquisition of skill is necessary in order to enable the artists to achieve the third stage of development of the Disability Arts and Culture movement, taking the artwork created by individuals with mental illness into the mainstream community.

Further to occupational therapy literature and skill building, a focus on producing a finished and marketable product is found in emerging descriptions of creative spaces independently published on the World Wide Web. An example of a creative space whose main focus is on the production of artwork marketable in the mainstream follows.

The Creative Spirit Art Centre

The Creative Spirit Art Centre opened in Toronto in 1992. The goal of the centre is to provide art education and studio space to people with disabilities. The creative space is designed for people with disabilities to create, exhibit and sell their art.

“The Creative Spirit Art Centre has five specific goals:

- To provide education for people with emotional, mental and physical disabilities
- To provide a public gallery where artwork can be exhibited and collected; and where other members of the creative community who are involved with the centre can exhibit their work.
- To provide an information and resource centre
- To sell artwork, to provide support to the artists and the art centre.
- To encourage the development of relationships between artists from disabled and non-disabled communities by providing a place where they can meet, exhibit and exchange their ideas.” (www.creativespirit.on.ca).

The Creative Spirit Art Centre deals with artists with disabilities who often have no formal art school training. They specialize in exhibiting and selling Art Brut or ‘outsider art’, art that originates outside of the mainstream.

Artbeat Studio, Inc.

Winnipeg's Artbeat Studio, Inc. is specifically designed by and for individuals with mental illness. "Artbeat Studio is a community based, mental health consumer generated, peer directed, and recovery-oriented program" (www.artbeatstudio.ca). The purpose of Artbeat Studio is "[t]o enable consumers of mental health services and their caregivers to access opportunities to engage in creative expression for the purpose of promoting recovery and empowerment through art activity. Artbeat Studio promotes 'recovery' through solidarity with poor for justice, community, compassion, courage, hope, joy, humour, and faith." The goals of the Artbeat Studio are to provide studio space, resources, community contact, professional development and opportunities to artists with mental health disabilities and to "provide opportunities for formal research that explores the multidimensional relationship between the creative process and mental health" (www.artbeatstudio.ca).

The philosophy of Artbeat Studio recognizes the importance of "the artistic process as a valuable resource which can affect personal recovery, build interpersonal relationships, and change society (breaking down myths about mental illness and disability)". The studio recognizes the arts and culture industry as a provider of meaningful work, above and beyond recreation. Training and ability in the arts are recognized as highly transferable skills to other occupations (www.artbeatstudio.ca). The practice of the Artbeat Studio, Inc. is to offer six month mentoring opportunities to ten artists who live with mental illness. These artists are provided with studio space, mentoring and opportunities to show their

work. The studio receives significant media attention and has a loyal following. The hope is that serious art careers can be launched through a relationship with Artbeat Studio, Inc. Artbeat Studio, Inc. is located in the exchange district in downtown Winnipeg. This district is well-known as a place for the development of the arts. It is conducive to the development of creative spaces.

Conclusion of the review of the literature

The literature on creative spaces and mental illness is historic, diverse, complex and at times conflicted. And yet, in spite of the diversity *and* conflict, certain themes emerge in every body of literature reviewed. These themes include the value of creative spaces in the lives of artists with mental illness in regard to recovery from symptoms of mental illness, empowerment, social inclusion and the acquisition of skills. My research asks artists with mental illness if these themes do indeed describe the place for creative spaces in their lives and whether or not the Artbeat Studio, Inc. offers opportunities to the artists consistent with these themes.

Gaps also exist in the literature. This project attends to the following gaps in order to address the research question: *What is the place for creative spaces in the lives of artists with mental illness?*

- Peer directed, consumer generated, recovery-oriented creative spaces have not been studied in the literature. There is no literature describing the experience of the artists with mental illness who have engaged in such a

program. Research is needed in order to assess whether such a model meets the needs of the participants.

- Disability Arts and Culture literature assumes that individuals with disabilities are primarily motivated to use their artwork and to engage in creative spaces in order to further the empowerment agenda of the Disability Arts and Culture movement. Research is needed to establish if this is true.
- All bodies of literature reviewed speak about the importance of social inclusion. Evaluations of the experience of social inclusion within community arts projects and programs exist. Research is needed to see if the experience of social inclusion transfers to mainstream communities as a result of involvement within creative spaces.

Chapter Three: Research Methodology and Methods

In this chapter, the principles of the research methodology, along with a description of the research design and a description of how the methods were implemented for this research project will be presented.

Principles of the research methodology

In order to answer the question, "*What is the place for creative spaces in the lives of artists living with mental illness?*" the following two research methodologies were used: phenomenology and Participatory Action Research.

Phenomenology

This study used a phenomenological approach as it was important for the artists to tell their stories in their own words and voices (Spaniol, 2001). Speziale and Carpenter state that "[t]he goal of phenomenology is to describe the lived experience," (2003 p. 53). Interviews were loosely structured. The artists were able to explore and describe their personal experiences regarding mental illness and creative spaces. They contributed willingly and knowledgeably to the interviews and were able to add to the information collected through questioning by elaborating on details and placing their answers into personal current and historic contexts.

Participatory Action Research

Participatory Action Research was the methodology of choice for conducting the research. In the research project, the partner, the administration and the artists at Artbeat Studio, Inc. and I shared the responsibilities of the research project. The partner and I formed a reciprocal collaboration (insider-outsider team) and took part in a cooperative, co learning experience. The research was conducted by myself *with* the partner. Participatory Action Research (PAR) has its roots in emancipatory research, action research and participatory research. These three historic roots of PAR are described below:

In conducting this research, careful attention was paid to capturing the voice of the artists (McNiff 2002; Oliver 1992). People with disabilities have historically not felt that their voices have been heard in the research process. There has been a move, in the disability community, toward *emancipatory research* (Herr and Anderson, 2005). Emancipatory research is closely linked to the social model of disability (Davis, 1997; Linton, 1998; Titchkosky 2003; Wendell, 1996). In the field of Disability Studies researchers try to ensure that participants' voices are heard in disability research. The definition of voice in research in Disability Studies is consistent with the understanding that voice is a medium of expression, a wish, choice or opinion openly or formally expressed and that voice is synonymous with influential power (Merriam-Webster Online Dictionary www.m-w.com/cgi-bin/dictionary). As bell hooks notes, "[t]he moment of voicing is already itself a moment of transformation and empowerment" (1994: p.84).

Emancipatory research stresses the importance of the participation of disabled people throughout the research process (Barnes and Mercer, 2004). The following core principles of emancipatory research were employed in this research (Barnes and Mercer, 2004: p.120):

- The rejection of the individual model of disability and its replacement by a social model approach
- The following of a partisan approach with accountability to disabled people and their organizations in their political struggles for empowerment
- Reversing the traditional researcher-researched hierarchy and social relations of research production
- Accepting a plurality of research methodologies and methods

Working with these goals in mind helps to insure that the issues that are important to the disability community are studied and that people with disability are no longer exploited for the benefits of other peoples' agendas. Herr and Anderson (2005) state that emancipatory knowledge interests orient the researcher toward the investigation of the human potential, ideology and power within organizations and society. They also state that any methodology that forms part of a cycle of ongoing critical reflection can be used in emancipatory research.

Action research is a form of emancipatory research (Herr and Anderson, 2005). It is inquiry that is done by or with insiders to an organization or community, but never to or on them. Action research is oriented to action that organizational members wish to take to address a concern. In action research,

the participants' voices must be heard (Barnes and Mercer, 2004; Herr and Anderson, 2005; McNiff, 2002).

Participatory research has roots dating back to the 1970s. Influenced by Paulo Freire (1970) and Gaventa and Horton (1981) participatory research became a significant research option in North America and Latin America during the last three decades, focusing on the generation of themes or issues of vital importance to communities. De Schutter and Yopo (1981: p.68) describe the following characteristics of participatory research:

- “The point of departure for participatory research is a vision of social events as contextualized by macro-level social forces;
- Social processes and forces are understood within a historical context;
- Theory and practice are integrated;
- The subject-object relationship is transformed into a subject-subject relationship through dialogue;
- Research and action (including education itself) become a single process;
- The community and researcher together produce critical knowledge aimed at social transformation;
- The results of research are immediately applied to a concrete situation.”

The combined principles of participatory research, with its focus on issues of vital importance and action research with its focus on actively addressing concerns result in Participatory Action Research (PAR). Participatory Action Research involves an active relationship between the researcher and research participants with the shared purpose of actively addressing a concern of vital

importance. This relationship attends to the position that the researcher takes relative to participants of the organization being researched, which is referred to as the 'Positionality of the Researcher'. The positionality of the researcher is decided based on the quality of the partnership between the researcher and the research participants as well as on the contribution that the research is expected to make. The range runs from self-study to more traditional outside researcher driven information collection methods. According to Herr and Anderson (2005), reciprocal collaboration (insider-outsider teams) is as close to ideal participatory action research as a research team can get. Ultimately, positionality depends on many factors, including the relationship development possibilities between the researcher and the local community. As previously stated, reciprocal collaboration is the position that was taken in this project.

Participatory action research consists of four steps which often spiral round several times in the process of a study:

1. *Develop* a plan of action to improve what is already happening
2. *Act* to implement the plan
3. *Observe* the effects of the action in the context in which it occurs
4. *Reflect* on these effects as a process for further planning and subsequent action (Herr and Anderson, 2005: p.5)

Research design

For the purposes of this thesis, the steps of the participatory action plan required me to:

- *Develop* a plan of action to improve what is already happening. To complete this step, I –
 1. Studied the information available related to the history and creation of the Artbeat Studio, Inc.
 2. Studied the literature related to the topic of mental illness and creative spaces.
- *Act* to implement the plan. To complete this step, I –
 1. Completed a thesis proposal outlining my research goals and proposed phenomenological and participatory action research design.
- *Observe* the effects of the action in the context in which it occurs: To complete this step I –
 1. Interviewed Nigel Bart, founder and program director of the Artbeat Studio, Inc. I assessed his perception of the value of the creative space at Artbeat Studio, Inc. to artists living with mental illness.
 2. Interviewed Lucille Bart, executive director of the Artbeat Studio, Inc. I assessed her perception of the value of the creative space at Artbeat Studio, Inc. to artists living with mental illness.
 3. I collected information from the artists. I used interviews and field notes (Berg, B.L., 2004) to assess the artists' perceptions of the value of the creative space at Artbeat Studio, Inc. See Methods section for details.

- *Reflect* on these effects as a process for further planning and subsequent action (Herr and Anderson, 2005: pg. 5): To complete this step, I –
 1. Analyzed the interview findings and field notes. See methods section for details.
 2. Summarized findings.
 3. Discussed the findings
 4. Drew conclusions
 5. Made recommendations

For the purposes of this thesis, the reflection process is completed at this point.

Methods

The methods used in this study are consistent with the theoretical frames of reference discussed in Chapter One and support phenomenological and Participatory Action Research methodology.

The terms 'methods' and 'methodology' are not synonymous. A methodology is a specific philosophical, political, and ethical approach to developing knowledge. Research methods are the actual techniques, tools, and strategies employed to acquire knowledge and manipulate data, compatible with the chosen methodology (Hammell, 2007: p.366).

Setting of the study

Artbeat Studio, Inc. is located in the exchange district of Winnipeg, Manitoba. This district is well known as a region that houses many creative spaces which focus on art, art-making, as well as on the showing and selling of art. It is also within the city core, which is an area of the city that houses many

people living in low income circumstances, including people with mental illness and many artists. Human geography encourages research that considers space and context. The interviews took place within the Artbeat Studio facility to remain contextual and accessible and to enrich the results of the process. None of the interview candidates preferred another setting. They all chose to meet at Artbeat Studio, including the two artists who were no longer attending at the studio.

Participant selection

I recruited artists, on a volunteer basis, from the artists engaged with the Artbeat Studio, Inc. and from graduates of the Artbeat Studio, Inc. Every six months, the studio offers mentoring and opportunities to engage in the creative space at Artbeat Studio, Inc. to a new group of ten artists living with mental illness. I wrote and distributed a letter of invitation explaining the purpose of the research project and a request to participate (Appendix A) to present and past participants. I explained to them that involvement was completely voluntary and confidential and that there were no consequences to non-participation. This letter included an informed consent form (Appendix C for artists), clarifying the expectations and possible outcomes of the project. I informed the artists that identifying themselves was not necessary and that they were welcome to choose the place for the interview. I asked the program director to distribute these letters of invitation to artists presently and previously engaged with the Artbeat Studio, Inc. I asked them to contact me by e-mail or by telephone. Five of them contacted me by telephone; one approached me in person while I was at Artbeat

Studio. I reiterated that they were welcome to choose a pseudonym in order to maintain their confidentiality and we discussed where they would like to conduct the interviews. I reviewed the project parameters with them. I selected two women and three men to be project participants on a first come, first served basis.

Data collection

There were a total of seven participants for this study: one administrator, Lucille Bart, the executive director of the studio; one program director, Nigel Bart, also the founder and an artist living with a mental illness; three participants and two former participants of the Artbeat Studio, Inc. Multiple perspectives of data collection, known as 'triangulation', were utilized. Triangulation adds depth and validity to the study. It is used as a "means of mutual confirmation of findings and validation of findings" (Berg, 2004: p. 5). Theory triangulation was also used (Berg, 2004). Considering several frames of reference added depth as well as breadth to the study. The social model of disability is a model which describes research that examines assumptions and social structures that 'disable' people, creative art therapy is a profession which is interested in examining processes that encourage psychological, emotional and spiritual growth and occupational therapy is a profession which is interested in research that demonstrates positive outcomes to peoples' lives, as they define it themselves. As previously noted, human geography is a discipline which is interested in research that attends to the significance of spatiality and context in the lives of individuals and groups.

The multiple methods employed in this research were used to examine the value of the creative space at Artbeat Studio, Inc. as perceived by artists living with mental illness from the perspectives of each of these four theoretical frames of reference. The study included two main data collection procedures, which are outlined below:

1. Interview with administration

Lucille Bart, the Executive Director of Artbeat Studio, Inc. and Nigel Bart, the Program Director and founder, were interviewed. They were asked to provide a historic representation of their reasons for creating the studio, their goals for the studio as well as pertinent information regarding the value that they believe is inherent in participation in the creative space at the Artbeat Studio, Inc. They expressed interest in engaging in research that "...explores the multidimensional relationship between the creative process and mental health" (www.artbeatstudio.ca). The interviews took place in person at the Artbeat Studio, Inc. location. Informed consent was received prior to the interviews (see Appendix B for administration). The interviews were conducted using semi-structured interviews. The semi-structured interviews were a series of questions which allowed the individuals to elaborate on the subject of the question. I was prepared to use probes occasionally to help them elaborate on the questions, but this proved unnecessary. The probes served as more of a checklist for the participants to ensure that they had covered the material as thoroughly as they wished to, instead. The semi-structured interviews were an effective method of

finding information regarding the topic, while also encouraging the collection of individual insights on the part of the interview participants (Berg, 2004). The interviews have been audio taped and transcribed verbatim for analysis. The transcribed audio tapes have been reviewed with the administrators prior to analysis for confirmation of information and for opportunity for correction. This is known as member checking (Doubt and McColl, 2003). The interviews had been numbered and matched to the participant until member checking had taken place. After member checking, all references to the identity of the participants were destroyed. Field notes were taken in order to collect information on non-verbal communications. Audio tapes, transcriptions and field notes were kept at my place of employment (which is a counselling centre with appropriate security systems in place for handling confidential information) in a locked drawer within my locked office and destroyed once the final report was completed. See Table 1 in Appendix D for interview questions.

2. Interviews with artists

I designed my interview guide for the artists after reading several excellent studies which combined participatory action processes with the collection of personal stories and resulted in amazingly rich understandings of people's stories and perceptions of their experiences. Don Shackel's (2008) study of the experiences of First Nation people with disabilities and support provision, Ralph Wilson's (2005) study of creative arts and people with physical disabilities and Susan Spaniol's (2001) study of the link between art and mental illness all used

interviews with people with disabilities that were designed to illicit their personal stories. They used open-ended questions which allowed for loosely structured interviews. This process created a situation where the research participants could set the agenda and the researcher could follow their lead.

Using these studies as samples for developing questions which engage the artists, I developed semi-structured interviews, with probes, which allowed the artists to develop their answers and tell their stories, while still addressing the issues that I would like to hear about. The artists who volunteered were interviewed using a semi-structured interview schedule designed to elicit their responses to questions regarding their experiences as artists who live with mental illness and the place for creative spaces in their lives as experienced at Artbeat Studio, Inc. As part of the interview, they were asked to show me some artwork that supported their comments and answers to the interview questions. I asked them to describe the artwork along with its meaning for them. I asked them clarifying questions about the artwork. The interviews were audio taped in their entirety, including the description of the artwork. Following completion of the interviews, the audio tapes were transcribed verbatim for coding. The transcribed audio tapes were reviewed with the artists prior to analysis for confirmation of information and for opportunity for correction (member checking). The interviews were numbered and matched to the participant until member checking had taken place. After member checking, all references to the identity of the participant were destroyed. Field notes were taken to record non-verbal information. Audio tapes, transcriptions and field notes were kept at my place of employment in a

locked drawer within a locked room and destroyed once the final report was completed. See Table 2 in Appendix D for interview questions.

Data analysis

Interview results and descriptions of artwork were analyzed separately using simple content analysis. The emphasis in the analysis was on identifying categories and discovering common themes. The analysis was conducted in three stages:

1. Open coding

The first stage involved open coding, a process of identifying pieces of information and labeling them (Berg, 2004; Boisvert, 2003; Doubt and McColl, 2003; Speziale and Carpenter, 2003; Woodgate and Degner, 2003). The transcribed interviews were coded for words that describe pieces of information. This information was then cross referenced against the field notes to ensure that all data was considered in the open coding process.

2. Identify categories

The second stage involved grouping the coded information into categories which consist of phenomena that appear similar (Doubt and McColl, 2003; Woodgate and Degner, 2003). These categories were given names that were descriptive of the contents of the categories. Effort was made to ensure that the categories were consistent within, but distinct from each other (Doubt and McColl, 2003). Initially, there were sixteen categories identified. The information

within these categories was certainly consistent, but there was recognizable overlap across categories. Upon further analysis, it became clear that these categories could be regrouped into six categories. These six categories now contained information that was, indeed, still consistent within each category but more clearly distinct from each other (Doubt and McColl, 2003). Four of these six categories paralleled the themes that emerged from the literature review; that is, the value of creative spaces in the lives of artists with mental illness in regard to recovery from symptoms of mental illness, empowerment, social inclusion and the acquisition of skills. In order to stay consistent, I named these four categories Recovery, Empowerment, Social Inclusion and Skill Acquisition. The other two categories described the physical experience of being in the creative space at Artbeat Studio and the next steps that the artists would like to see taken in regards to creative spaces in their lives and in the lives of other artists living with mental illness. I named these two categories Physical Space and Next Steps.

3. Identify themes

The third stage involved the process of searching for themes that cross categories. Strategies that were used throughout the process of analysis, in order to establish categories and themes, included questioning, hypothesis testing, checking for disconfirming information (Doubt and McColl, 2003: p.142), charting information, reflexivity, partner consultation and measuring against feedback from participants through phone calls or e-mails. Three powerful and unexpected themes emerged across all categories. The themes were unexpected because

they did not specifically align with any of the themes that emerged from the literature review. Instead, they described contingent foundational realities inherently necessary for the artists if they are to move from a place of separation from society and into the mainstream community. The three themes that crossed all categories were Safety & Acceptance, Exploration & Development and Integration & Expansion.

Validity

Multiple methods were employed in data collection (interviews and field notes) from multiple data sources (the administrator, the founder and the artists). The goal was to increase the validity of the findings through triangulation of methods and sources (Berg, 2004).

Once the interviews were transcribed, the participants were sent transcripts of their interviews via email or mail. The preferred method of correspondence had been discussed and agreed to prior to the interview with each participant. They had the opportunity to read through the transcripts and make changes as they saw fit. Coding took place upon return of the corrected transcripts. This process of member checking (Doubt and McColl, 2003) increases the validity of the findings. The interviews were then cross referenced with the field notes. The interview question regarding the artists' artwork, which included the program director who is also an artist living with a mental illness, provided rich, detailed and somewhat different information. I decided to analyze the descriptions of the artwork separately. This resulted in three groups of data

that were analyzed separately and then cross referenced against each other. The cross referencing of the interviews against the field notes followed by cross referencing the findings of the artists against the findings of the administrator and the founder as well as the findings of the descriptions of the artwork increased the validity of the findings. Analyzing the data from multiple theoretical perspectives also increases the validity of the findings.

Chapter Four: Research Findings

This chapter addresses the research question, *What is the place for creative spaces in the lives of artists living with mental illness?* The research examined the reasons why creative spaces play a significant role in the lives of artists living with mental illness, as reported by the artists who engage in creative activities at the Artbeat Studio, Inc. themselves. The research sought to explore the artists' experiences with the space and the benefits or challenges derived from this experience. The research also sought to establish the artists' wishes for the future place for creative spaces in their lives. This chapter explores these questions from three perspectives: the perspective of the artists, the perspective of their artwork and the perspective of the administrators.

The artists engaged willingly with the interview process and offered very complete answers to the questions. They were knowledgeable in their field and gladly shared their artwork with me. As mentioned previously, they all chose Artbeat Studio as the location for their interviews. The observations of non-verbal communications, which were made throughout the interviews and recorded in the field notes, indicated that they were all clearly comfortable in the setting and were comfortable engaging in the interview process. The interviews all took place in the program director's office. In each case, the program director offered the space to the artist and the artist accepted the offer. The observations of non-verbal communications, which were made throughout the interviews and recorded in the field notes, indicated that they were all clearly comfortable using the space for this purpose. There were no discrepancies between the audio

taped verbal information and the nonverbal observations. All sources of information indicated that the topic of the Artbeat Studio was important to them and that they were happy to share their stories.

The administrators also chose Artbeat Studio as the location for the interviews. Each chose their own office as the location in which to conduct the interviews. They specifically chose times that would not interfere with the artists' use of the space and would not interfere with the operations of the studio. The field notes taken during the interviews with the administrators in order to record non-verbal information also showed no discrepancies between what they were saying and how they were saying it. All sources of information also indicated that the administrators were pleased to speak to the issue of the place for creative spaces in the lives of artists living with mental illness.

The findings from the interviews will be summarized in three groups: artists' interviews, description of artwork and administrator's interviews. Within each group, the findings will be organized by the six identified categories: recovery, empowerment, social inclusion, skill acquisition, physical space and next steps.

Artists' interviews

One of the assumptions made by myself as well as by the partner agency, Artbeat Studio, prior to engaging in this project was that the creative space at Artbeat Studio would be meaningful to different people in different ways. Analysis of the artists' interviews certainly confirmed this assumption. Nevertheless, the

artists' responses to the questions as a group fell into the following six categories in spite of individual variations. Pseudonyms will be used to share the artists' stories. The artists will be referred to as Chad, Craig, Alice, Stella, Ajax and Andrew.

Recovery

The issue of recovery was addressed in each artist's interview. Many references were made to the fluctuations in mental health that were experienced as a daily reality among the artists. At the time of the interview, two of the artists described themselves as struggling significantly as they were currently experiencing a low period. The other three expressed feeling more or less stable. The issue of recovery received the second highest level of attention overall throughout the interview process. It is important to note, however, that the issue of recovery was not addressed from a perspective of negativity or despair, but rather as an ongoing fact of life. The artists who reported that they were struggling were actively engaged in organizing their lives so as to regain overall stability. In the meantime, they were continuing to engage with the creative space at Artbeat Studio in ways that were similar to the other artists.

The artists talked about mental illness being part of their identity. Most had integrated the fact that they lived with a chronic and recurring mental illness into their daily existence. Some still wondered from time to time whether or not what they experienced was in fact a mental illness or whether their symptoms were to be expected as a normal course of life. Craig described himself as living with a

mental illness, but added, "Part of who I am is the mental illness that I have. Having a mental illness is not the only thing... that describes me." Stella still wondered if she actually had a mental illness, believing that she might simply be a "...normal person going through normal reactions to a very abnormal situation." Ajax indicated that, "It took me a while before it really dawned on me that I was ill. It had affected my life to a huge extent"

Either way, they had all arrived at the point where they knew that they needed to find comfort and balance in their lives in regards to their symptoms and they all found opportunities to deal with this at the Artbeat Studio. Ajax stated, "I believe in my own self-directed art therapy." Chad described how writing something out caused the issue to lose some of the power it had over him. He added, "Doing artwork, because you do a lot of linear designs...it's like a deliberate act of therapy...When I'm drawing, I'm very focused and it's very helpful." Craig simply said, "So it's a medium for me to get okay." Stella noted, "This has been the best opportunity that I have ever had."

The artists also reported that the creative space at Artbeat Studio made it possible for them to get past the daily struggle of coping with the symptoms of mental illness and focus on other things. Alice stated, "Being with a group of people that also have a mental illness is helpful. We don't have to talk about it or delve into each others' symptoms or whatever. We just know that we all have this thing that we have to deal with and it's just unspoken acceptance, so that then we can focus on the art." Chad stated, "Socially, my relationships interpersonally with people, those are very, very important things for me for my continuing

recovery and good health.” Ajax reported that he was functioning much better since coming to Artbeat studio, “Now I exercise every day, take these meds, eat, and don’t eat processed food. What’s the end result? A lot more even, can produce a ton more.” Alice reported, “I think in some ways [mental illness has] been more of a part of the way I see the world and interpret it into my art.”

Empowerment

The artists all resonated with the idea of empowerment. They felt strongly that the creative space at the studio enabled them to feel empowered on several levels. They described having arrived at the point where they could call themselves artists. Craig informed me that,

On an individual level, I’m doing something that has been suggested for me to be doing for years and years and years, and I’m doing it, and I’m good, you know, I’m good enough. In all the ways that that suggests, in every way I’m good enough... It’s made me realize that, yes, I am a good artist... It’s empowered me to realize that I’m a valuable person.

Chad said, “I was put in a catalogue, I was written about, it made what I did very special. I was treated very special, very importantly, professionally... A book with your art in it, a show, it kind of was empowering.” Ajax summarized his thoughts by saying, “My hypothesis was, okay, well, creating art is empowering, can make you better.”

The artists also stated clearly that the experience of being part of a group of artists that were recognized for their professionalism was empowering. Craig reported,

I think we as a group draw strength from each other... With my work and with other people's work ... as we work off each other and as we critique with each other, everybody's work is booming, everybody's work is changing. Everybody's work is becoming more confident"

Chad felt strongly about being part of a group, "For me it was the sense in numbers. Having people who, who are artists and who also have mental illness".

Ajax talked about the impact that the activities at the creative space had on the group: "Some of them, this is their project, these are the results, this is how it works. And it works... They have an exhibition at the end that includes everybody as individuals but also as a group, finding a theme that works with everybody."

Alice added,

When we have the final show at the end of the six months and we start meeting other people from the art world and ... we're thought of as artists and we're accepted as artists a lot more in that community and the mental health thing really goes to the back burner, you know, its not a big deal.

Some of the artists also had something to say about stigma. They had experienced significant difficulties with the stigma associated with mental illness and had suffered great losses as a result. They had lost marriages, homes, families and jobs. These individuals were grateful that the creative space offered an opportunity for the artists to protect themselves from the sting of stigma, regroup their resources and respond to it with health and humour. Craig told a story about meeting another artist at a different studio: "I told him that I was from Artbeat and his face just dropped, and I said to him 'but don't worry I don't explode'." Stella added, "I think as far as stigma goes, there's so far to go.... But, no, I can't see Artbeat Studio as being anything but helpful towards that... Maybe

it will help a lot, the stigma part of it...if people see that artists or people with mental illness are not just a bunch of raving maniacs.”

Social Inclusion

The issue of social inclusion was important to all of the artists. It came up gently and repeatedly in the context of all the questions that they were asked, whether they were about inclusion or not. Multiple, interchangeable terms were used: belonging, acceptance, support, safety and inclusion. Inclusion was described with significant affect. During the interviews themselves, I was sure that this issue would be the issue of greatest importance to the artists simply because of the affect that each artist displayed when discussing issues of inclusion. It surprised me to find that it was, overall, one of the two issues that received the least attention in terms of time spent on it. The issue is of great significance to the artists, worthy of eloquent statements. It is not one, however, that is uppermost on the minds of the artists, probably because it does not seem to cause them distress at this time. They are content in this creative space. They feel like they belong here. Craig summed up his thoughts on the subject by saying, “I feel ‘part of’ here....I’m among people, I’m among other artists, and I’m also among people who don’t judge.” Chad described the experience by saying, “Yeah that inclusion, that real sense of inclusion” and Ajax stated, “There’s no secrets, this is who I am, this is how you see me, so when you do find a kindred spirit or find people that are kindred, they’ll probably be around forever. So that’s huge.”

Skill acquisition

In contrast to the issue of social inclusion, the issue of skill acquisition received by far the most attention. And yet, the affect associated with discussions of skill acquisition was matter-of-fact, focused, pointed and had a forward moving momentum. During the course of the interviews, I recognized that this issue had significance to the artists, but I missed the sheer importance of it to them at the time, due to the matter-of-fact tone with which the issue was presented. Upon analyzing the data it became clear that this issue was very important to the artists as they spend a lot of time talking about it. The artists spoke of several levels of skill acquisition that they were able to work on during the course of their involvement within the creative space.

The artists expressed appreciation for the fact that the creative space gave them a reason to get up every morning and gave them a place to go. Ajax felt that it was really important that all of the artists had the opportunity to, “get up, go out of your house, get on the bus, walk, drive, whatever it is. Come here, come in, sign in.”

The artists expressed appreciation for the fact that they had access to a well designed, well equipped creative space which made it possible for them to practice their craft. Ajax summed up his thoughts by saying, “The materials are here... There's none of those kinds of barriers, you couldn't get this, you couldn't get that.” Craig reported, “A lot of artist services are big parts of it.” He also said, “They're [the artists] able to make use of resources that they have.”

The artists described the importance of being productive. They were very clear about the benefits to their mental health inherent in productivity and occupational engagement. Stella stated, "Spaces like Artbeat Studio can have an effect on your life as an artist with mental illness and I think this is the most fantastic thing that could happen to people with mental illness." She added, "Even if I don't feel inspired, I still paint because that's what I'm here for." Chad said, "I know this now, and me coming here has been a catalyst for me to activate stuff that I wanted to do, work I wanted to do. And then if I'm active doing the things that I love that are my passions, if I can just work this all out." Ajax stated that the studio, "Allowed me to do my work, whereas before it may not have happened. Maybe I will be well enough to enter the labour force." Stella felt that, "There's many, many ways that it's helped."

The artists talked the most about their appreciation for the opportunity to develop their artistic skills and their positions as artists in the mainstream community. Four of them reported having made the transition to the status of artist while at Artbeat Studio. One reported having regained the ability to produce artwork during his time at the studio. Craig described the experience by stating, "Due to the Artbeat experience, I feel that now I can call myself an artist." He described the experience for others in the following way, "I can see marked differences in three months, real fast, either their art evolving or them evolving." Ajax had a picturesque way of describing the impact of the creative space on the artists by stating,

You got this carrot that's solid, it's orange, it has a bit of carotene, it has all these things, and then we're going to stick it in the boiling water, being the studio, and we're going to create. Something's going to come out of it, a number of things, so I think it's a catalyst.

The artists also recognized and described the acquisition of transferable employment skills. They credited the creative space and the learning opportunities at the studio with their ability to increase their skill set and to feel better prepared for employment. Chad, Ajax, Craig and Alice reported that their future goals included self-employment as a working artist. Stella expressed interest in volunteering to help develop more, similar opportunities for others who lived with mental illness in the area of arts or perhaps in other areas of interest as well: "I would love to volunteer and help with fundraising, and I would love to help them out in any way I can."

Physical Space

A fifth category that was identified by analyzing the interviews is titled *Physical Space*. This title does not fully describe the comments made by the artists in this category. Further to describing the actual physical space and its contribution to the experience that the artists have at the studio, this category also includes the artists' reflections on the emotional experience of being in this creative space, the visceral effect that they feel when they walk into the space and the human contributions that are made by the directors that the artists feel contribute significantly to the overall impact of the creative space.

The artists described the location, physical layout and use of space as excellent: Craig reported,

“The space I think is fantastic. I think that the concept of the space and the execution of the materials that they have used is innovative, it’s... it’s great. For most people the lighting is good, the front gallery is good, the lounge and the ability to make food or to have food made for us is fantastic.”

Ajax felt that all barriers to producing artwork had been removed by the physical reality of the space,

“There’ll be food, if you need to shower in the sink, a towel, that kind of stuff -- it’s got all the services from computers to frames to tools for doing framing, all the different things that artists need to learn.”

When asked if there was room for improvement, most said there was always room for improvement, but in truth, they had little to suggest. Stella hesitantly offered the following suggestion for improvement: “It happened to be that the space I was in had no big overhead lights” and then upon further reflection she added, “There’s nothing I would change except ...and I mean this is something that probably is beyond anybody’s capability, is the fact that it’s always freezing.” Ajax simply stated, “So improvements? Yeah, just get a kitchen that’s more functional for teaching.”

Many comments were offered about emotional and visceral reactions that the artists experience when they walk into the space. Stella and Alice both repeated several times that being at Artbeat Studio was the best experience they had ever had. Stella qualified her comments by adding “except for the birth of my children.” She added, “it’s exactly what I needed, when I needed it. It got me unblocked. It gave me permission to call myself an artist.” The artists described the experience as “beautiful”, “fabulous” and “God-given”. Chad described that

his first reaction upon entering the creative space was to say, “Whoa, yeah, this is what I’m looking for.”

The artists described the overall human contributions made to the creative space as significant. Some of the artists feel that this contribution serves as a good model for the potential future development of similar creative spaces. Others wonder if this contribution can be duplicated. They described the administrators as having positive energy, always being upbeat, having great ideas and being great to talk to. Craig expressed his appreciation for the human contribution by saying, “There's so much knowledge walking around here every day.”

Next Steps

The artists appeared to really enjoy the questions about next steps. Craig indicated, with humour, that a possible next step could be to extend the stay at Artbeat to a year. The suggestions regarding next steps made by the artists appeared to fall into three categories. They believed that consolidating the existing creative space was important. The artists felt that it was important to get more funding, continue operating and to see the space grow. Craig said, “I would like to see some people step forward and deliver some serious financial, um, contributions.” Chad felt it was important to “...have art shows, not sales, to show people in the community, and in the art community, as well as general public, you know, all of this wonderful, fantastic art that’s created by people who they may have otherwise, other attitudes about. Yeah”.

The artists also believed that Artbeat Studio should be used as a model to develop more, similar creative spaces. Ajax felt that the model could be used world wide: "Here's something that could be used. Here's an idea that could be used globally, not just particular to the Exchange in Winnipeg." Stella felt that similar creative spaces based on the Artbeat model could be developed in smaller communities throughout Manitoba. She mentioned Swan River and Brandon in particular. Ajax suggested, "I think let's just add another 100 studios ... Probably the health care system and a lot of things will benefit hugely by it." He also added, "But this kind of thing, I can see it being useful from day one to the end. It has many layers and it addresses many issues of many different illnesses, mental illnesses."

The artists also believe that launching an artist run, shared creative space modeled after the basic Artbeat Studio design for working artists who have graduated from Artbeat Studio, Inc is a very good idea. Craig reported that he would like to "...see the alumni studio functioning smoothly and consistently as a place for the people who have been here, to go, to have studio space." Ajax stated that he also would like to see the alumni studio set up and running smoothly. He added, "I'm thinking of setting up community kitchens, teaching people how to cook or prepare them for culinary work, or just have a place to go and eat if you don't have money or learn some skills."

Descriptions of artwork

Each artist's interview ended with descriptions of their artwork. This included the program director's interview as he is also an artist who lives with a mental illness. The information shared by the artists through the showing and the description of their artwork demonstrated a different focus than did the interview questions. The artwork was personal. It spoke directly from the artist to the audience and it was about issues that were important to the artist as an individual. Analysis of the artwork revealed fewer categories. The personal topics of recovery, empowerment and skill acquisition were explored.

Recovery

The artists use their artwork in powerful ways to help themselves manage their symptoms on a day to day basis. They use colour, texture and various media to provide themselves with sensory information that helps them feel better: Craig talked about painting when he was feeling sad, "This was done on a day when I was feeling a little bit sad. Not very good at all. there are subtle details... the background..." Stella talked about how painting made her feel better, "Scenery and landscapes make me happy. They give me a sense of happiness and contentment." She added that certain colours make her feel better as well: "I love reds and purples. I like putting yellows and oranges along with purple. There's something about that..."

The artists use their artwork to help organize themselves and their thoughts in order to help themselves function better, reminiscent of Adolph Wolfi

(Park et al, 1994). Chad described the effect that certain lines and drawing styles have on his thinking: “When I first started doing it, it became very emergent, starting with lined paper and my duotang...They’re all black and white... all these lines and the way they’re chasing and swooping, it’s very relaxing, it helps me to focus.”

The artists use their artwork as a cathartic experience. Stella described a painting that she had created during a low time: “The first one I ...did when I was having flashbacks and I did it at home. It’s called Broken Chains, Irreparable Heart.” She also described a painting that she created to help process her feelings: “This one I call Catharsis, a middle-aged woman and she’s just looking at this beautiful sunset and having almost like a rebirthing experience.”

The artwork also serves as a means of reality testing. It helps the artists to reconstruct the everyday experience of living with a mental illness into something quite manageable. They often use humour in the retelling of the story. Alice described an educational piece: “And this one has more to do with mental health, like the commercial...It’s actually the other way around, so my brain is scrambled and then you add drugs and its, you know ...[a recognizable fried egg].” Ajax reported using artwork to introduce his reality to others: “I’m this guy, this is my drawing, this is my cooking, this is what I’ve done to help myself and my illness.” He also used artwork to educate others about mental illness, “I did that like a self-portrait, two poles. This is me in north and then I had one in red which was me in south.”

Empowerment

In many ways, the empowerment agenda came through more clearly in examining the artwork than it did in the answers to the interview questions. When producing their art, the artists tend to focus on issues of great importance to them. Empowerment and self actualization are clearly topics of great importance. An interesting trend appeared to present itself: the more current and acute that the symptoms of mental illness were, the more personal the topics presented in the artwork appeared to be. Alice described a scene from her past: "This one was when I was still married and this was looking out onto the front street and I never had a name for it and when I was at Artbeat, I decided to name it 'I thought I was home' because, you know, I wasn't." Craig described a piece that had had great significance for him in the early part of his time in the creative space:

Now this was early on, I would say within the first month or so, I really needed to do this, I really needed to get this out; and I was really, really surprised at what...it just poured out. It just poured out...I love this because of the trueness, the colours, the brushstrokes, and the honesty, and because this is all about body image for me, or the lack of good body image. There's no head, there's no legs, just here. So rather than just doing the face, I did the parts that I hate the most.

Artists who described themselves as having achieved a greater level of stability tended to demonstrate an interest in exploratory, challenging social topics that were both personal and intended to make the audience rethink their position on issues of importance to themselves. Andrew described a piece designed to introduce others to a spiritual perspective:

This... tunnel represented ... my spirituality... The first stage was sort of a very naïve view of spirituality and the next was like a dark night, the dark

parts of your soul and then the final stage was this unstoppable optimism where, and there's humor involved in everything else and that was the journey I'd made, and everyone could experience that.

Craig also used artwork to challenge social positions regarding sexual identity: "This is part of the gender ... series... You can see the change, especially in the eyes and the colouration of the skin, there's a little more freedom in that one." Ajax wanted to challenge the way people think about nutrition and self-care,

"The ingredients that are highlighted are recommended by medical science, nutritionists and dieticians. It's like blueberries and things that are hugely beneficial to us, stuff that is here, cultivated here, wild rice, cranberries, blueberries, any of the berries that are affected by sunlight, like that's where they get all their great properties, is from the sun."

Artists whose symptoms had been stabilized for a fairly lengthy period of time often gravitated to topics designed to educate the audience about issues related to mental illness and social injustice. In these cases, art had indeed become a hammer with which to shape reality (Leavitt and McMurchy, 2002).

Alice described a piece with an anti-war message:

This is a collage, a very heavy collage. People liked it, it's interesting, but no one would ever buy it because its got like, this is like fake blood coming down, the World Trade Centre, our new reality, the combination of the flags, it's just totally anti-war.

Andrew described a piece intended to educate society about diversity, mental illness and acceptance:

I was submerged in the soil and I was buried. It was the middle of winter, and I slowly emerged from the soil ... and just stretched my arms out, kind of like a tree. And that was all about growth and sort of in a very impactful way, I was playing that I was a part of nature.

Skill acquisition

The focus on skill acquisition again took centre stage in terms of the artists' descriptions of what their goals were in producing their artwork. Even when the topic was related to the empowerment agenda or designed as a self-directed therapeutic exercise, the artists' fascination with mastering their craft shone through. These artists love to work. They love to experiment with new techniques and they love to learn. They regularly challenge themselves to improve their skills. Craig stated,

I'm trying to be more deliberate with each and every stroke and, um, my colours; trying to be more lightweight, more pastel rather than so solid in my colours and the way that I produce the work.

Ajax described introducing the idea of writing recipe books as art: "Writing and drawing as components of the book. Adjacent to each recipe is a drawing." He also described his fascination with doing new things with unusual elements: "I like to hang sand, I like to hang rocks. I like to hang things that normally are down here or they're falling, and now we can look at it." He added, "I didn't even know what I was doing. When I do, okay, I like it, and then I have to spray it down. Like I do it flat because the sand will fall off, and then I've got to spray it with the lacquer." He ended with the following comments, "Whether it works or not, it's an idea. It had a start and it has an end...I like to be the one -- I'm a pioneer."

Administrators' interviews

The interviews with the administrators included some questions that were not included in the interviews with the artists. Specifically, they were asked to describe the history of the development of the Artbeat Studio, Inc, its goals and the developmental process. The history and goals of the studio were described in Chapter One and in Chapter Two. The interviews confirmed the findings in the literature regarding the development of the Artbeat Studio, Inc.

Beyond that, the questions for the administrators echoed the questions that were asked of the artists. The administrators' answers to the questions covered all of the six previously identified categories:

Recovery

Ever since Artbeat Studio was an idea, recovery has been a major motivating factor for the administrators in bringing the idea to life. The administrators have learned the benefits of a creative space to the recovery process for an artist living with mental illness. The executive director described how the program director's own experience in his mother's studio during a time of acute symptoms of mental illness had been very beneficial,

After his diagnosis with schizophrenia he went, for the year, working with me in my pottery studio and experienced recovery to the extent of reconsidering going back to university....So it was actually probably within six months after that in that following year that he became strong enough to be able to go back to studying and we could really see that doing his creative work was helpful for him.

They wanted to recreate the experience for others. They were concerned about the issue of access to creative spaces that would be encountered by other artists with mental illness. They were acutely aware from talking to other artists with mental illness that this was a very real problem for them. The program director described how he discovered this:

I started realizing that 80% of the [mental health] consumers that I met were artistic... There was definitely a gap there that needed to be filled, and it sounded like a really strong dream idea and I knew artists who didn't make it through, like killed themselves or just got shipwrecked.

Recovery does not mean a cure from mental illness to the administrators. It means overcoming barriers. The program director described what it takes to overcome barriers to the recovery of the symptoms of mental illness:

The main goals of the studio... are to instill art, encourage artists with mental illness to begin their road to recovery, inspire hope in artists, inspire, well not inspire but encourage empowerment and healing.

He described how creative space can assist with the recovery process,

Part of recovery is finding hope in life and realizing that you can do very meaningful things in life, regardless of a disability.... Part of recovery is having meaningful work, a meaningful opportunity or a meaningful existence.

Empowerment

Empowerment is a significant issue to the administrators. They are strong advocates for people with mental illness, trying to create opportunities for them to take control of their own lives. The executive director described it in the following way: "So I think just having that feeling like they can have some control over their lives and some say, and how... they're important... They'll share their stories,

they'll share their art and...they're glad to have a voice." The program director stated, "I think, you know, they become more assertive ... and they start making healthy decisions about their lives and taking back the power into their own hands and not feeling helpless."

They believe that the creative space at the Artbeat Studio enables artists with mental illness to achieve great things. One described it as follows,

They learn from each other a lot and collectively, you know, the whole process of working together as a strong team, they start to build their identity and build their, their inner voice, as a collective team... They form friendships, relationships and they learn techniques, they become educated with each other and I think collective empowerment means something about reducing self stigma.

The other administrator stated,

"... the artists are shifting now, they come in as a mental health consumer but here they're also an artist and a whole number of other things and they have more of a holistic acceptance of who they are and that's very empowering... They see the media who want to come and visit our space and many of them offer to be spokespeople for that."

They also believe in the power of the creative space in supporting the artists as a group to position themselves as serious artists in mainstream society, offering opportunities to challenge stigmatizing ideas about mental illness. One administrator reiterated that a goal for the creative space was

To help them to go on to self employment and giving them skills to go back to work or to do art as a career or to go back to school, to volunteer and to help these artists get re-engaged into the community where they've been isolated for so long and also to reduce stigma, because art has a magical sort of ability to touch people in a way where it reduces stigma.

He added, "One painting can change one person's attitude about their perception of mental illness and that's a big goal that we've accomplished."

The other administrator also noted,

You know, we're always concerned with the stigma and the various mental health issues and "Art Beat" is just an amazing way of breaking down those barriers and approaching these difficult issues and the public is very, very supportive of what we're doing.

Social Inclusion

The administrators both believe that the creative space at the studio is built on the premise that social inclusion is important to artists living with mental illness. The opportunities offered by the studio, which include opportunities to meet with each other, meet with the administrators, go on tours of other art studios, take part in shows and meet regularly with the visiting public, are designed to create opportunities for social inclusion at all levels for the artists. One stated, "They're in a community of artists who're all dealing with similar issues and they, you know they're not stigmatized." The administrators described the importance of being flexible and available throughout the low periods of mental illness, describing how periods of hospitalization could be accommodated due to the flexibility of the creative space, "If the artist has circumstances that prevent them from coming, we don't exclude them, like from the final exhibition." The other administrator described how "...social inclusion is huge, in terms of getting better and stronger. But it all starts in this space, on this floor." They shared an interesting finding, "We've had people apply to us who don't have

mental health issues, just because it's a great place and to me, that's... we're breaking down the barriers and it's awesome."

Skill acquisition

Similar to the findings from the artists' interviews and the artwork, skill acquisition was seen as a very important opportunity created by the studio. When the program director was asked what he thought was the most meaningful opportunity that the creative space offered its artists, he replied, "I think that the biggest opportunity is to regain, as artists, to regain their footing and uh, this sounds cheesy but they start to live again, live life. And living is actually ... its huge."

The administrators recognize the value of the artwork that is created by the artists and try to ensure that the creative space is conducive to the production of artwork. One stated,

They're here for the art and all the aspects of the art...everything from painting, drawing, collage, sculpture, poetry writing, the literary arts. We've got a writers circle going too We've got the pottery, stained glass...and the music is starting to come in. And we've even got cooking now.

The other added,

You can develop mastery just by having fun with a paintbrush...we have critiques where we discuss the artwork at length and artists will give each other hints and techniques and guide each other with encouragement to try new things ... They go out to see exhibitions in the community and they see that art can be a really serious vocation so they practice.

The administrators stay connected with the alumni and report many accomplishments:

So the majority of them... though they may be doing many of the volunteering, education and other employment, the majority are still acting as self-employed artists and taking commissions and continuing with their art work endeavors and if there's an artist who goes somewhere, they all participate.

Physical Space

When the administrators spoke about the actual space at the Artbeat Studio, they spoke mostly about the physical space itself. They described finding the space through a known contact who knew what they were looking for. They described being attracted to it due to its location in the exchange district and its proximity to other art establishments. One believed that the location would be beneficial to artists with mental illness for a variety of reasons: "We looked into this place, we saw okay, there's a lot of potential here. It was really a wrecked warehouse with something in it that we all saw; it had a lot of potential." The other added, "We're in a very artistic community here and you know, having artists come together, who usually would be isolated, they form relationships with each other, they expand their network outside of art."

The administrators also described the goals that they had for the use of space: creating studio spaces, office spaces, common spaces and gallery spaces. They talked about how the studio originally was not going to be used for shows, but the idea to use the space for showing art grew out of need and

brought with it so many benefits that they made it a permanent feature of the studio.

We found that most of these exchange galleries are not accessible and our own space was just so beautifully developed that the group decided we should have our exhibitions here at our own site... The benefits of having the show here, it's just been amazing... the breaking down of stigma, the public likes to come on these art studio visits because it's like a tour, it's an attraction and they're intrigued by our program because they know it's something unique and new and when they come here, then that'll help the disability side of things just not be a factor... We have over 250 people on our openings and they come and stay the whole evening and so it's... it's amazing.

They talked about issues of physical and social accessibility and described how the space was designed to bring people together or to give them their own separate spaces,

You know, we had the beautiful lighting from the windows; we didn't want to take away that. At first we didn't think we'd have exhibitions here but as we thought about it that became an idea that kind of stuck, that we would have exhibitions here and so, we built portable partitions... we knew we needed to put up some dividers, but we didn't want to close things off all together because we're trying to community build... having the privacy has been important, and the little "Do Not Disturb" balls that we have hanging on there. It gives them some control over their space.

Next Steps

The next steps that the administrators are hoping for are largely focused on finding ways to consolidate their core funding. One administrator stated,

We need to focus on ... our future planning and our sustainability, fundraising... we could see like small 'Artbeats' inside each community so that community base is really important... You know Artbeat is a finger print in terms of what we do. We've never come across anything quite like it. And so, but it works, you know it's like a formula that works and if we can sort of finger print our way wherever.

They also want to focus on enabling the development of a creative space for the alumni of the Artbeat Studio. In other words, they have the same goals for the future as the artists do:

So, after Artbeat... is just to care for the artists that go through and we could see having more...see the program evolving a bit more... Looking after the alumni is important; it's kind of like the aftercare... We've got almost sixty alumni now and... they've been looking at having an alumni association... For instance, the triple four Kennedy studio we've got for our alumni artists, in partnership with Manitoba Housing and the WRHA. The studio is based for alumni artists and it's free space for them and they do art mentorship for the tenants in the block. So it's like, giving them an outlet to do something for the community as well, that's been another powerful experience for them ... Maybe that can develop.

Summary of Findings

The findings from the analysis of the interviews with the artists who attend or have attended the creative space at Artbeat Studio as well as an analysis of the descriptions of the artists' artwork and the findings from the administrators' interviews were presented in this chapter. My discussion of these findings tries to address the research question in Chapter One: "What is the place for creative spaces in the lives of artists living with mental illness". Findings from all three groups of data indicated that the acquisition of skill is the issue of greatest importance to the artists who engage in the creative space at the Artbeat Studio, Inc., followed closely by recovery from the symptoms of mental illness and empowerment. Other issues of importance include the enjoyment of the physical space, social inclusion and planning the next steps regarding the place for creative spaces in the lives of artists with mental illness.

Chapter Five: Discussion

In this section I will discuss the themes that cross the six categories of findings: recovery, empowerment, social inclusion, skill acquisition, physical space and next steps. The four frames of reference identified in Chapter One will guide the discussion. The initial assumptions made in Chapter One will then be revisited and compared to the findings. At the end of this chapter, the gaps in literature which were identified at the end of Chapter Two will be addressed.

As mentioned in Chapter Three, three themes were consistently identified across the six categories in all three groups of data. These three themes have a somewhat chronological order to them, inasmuch as the findings seem to indicate that theme two cannot be accomplished unless theme one is present and embarking on theme three appears dependant on accomplishing theme two. However, the findings indicate that the need to experience theme one does not disappear when experiencing theme two and the need for theme two also remains when embarking on theme three. In other words, the themes are developmental. The themes are: Safety & acceptance, Exploration & development and Integration & expansion.

Safety & acceptance

The need for safety and acceptance consistently presents itself across the six categories. The presence of this theme is supported by art therapy literature which advocates that creative spaces should be safe and supportive (Burick and McKelvey: p.51). The art therapy frame of reference is also very accepting of the

reality of mental illness and understands its fluctuating nature (Hogan, 2001; Malchiodi, 1999; Willis, 2002). Human geography literature also supports the theme of safety and acceptance. Parr (2006) uses the term belonging to describe this theme in her studies of the effect that spaces have on individuals with mental illness. The social model of disability puts emphasis on the acceptance of artists with mental illness as *artists* and in this way supports this theme. The acceptance of the contributions made by artists with mental illnesses as art is consistent with the first stage of the Disability Arts and Culture movement (Abbas et al, 2004).

The participants of this study identified the need for safety and acceptance in order to support their recovery from the symptoms of mental illness, to feel empowered, to feel included, to produce work and to feel comfortable in a physical setting. Their suggestions for next steps include attention to safety and acceptance. Ajax summarized the experience by stating, "It's a place for people to begin, almost like they can rebirth here." Stella reported, "Here it's like a safe sort of an environment. Being here in such a supportive atmosphere helps."

Craig added, "It's a place where my symptoms could be lessened.....where I could deal...or make peace with my symptoms, in a safe place."

Exploration & development

In the presence of safety and acceptance, exploration and development is possible. This theme presented itself clearly in all three groups of data and across all six categories as well. It was palpable in the descriptions of the artwork. The pleasure with which the artists and the administrators spoke about

their artwork and the artwork of others, the descriptions of social relationship developments and the enthusiasm expressed about new opportunities created for them all speak to the theme of exploration and development. This theme is supported by art therapy literature as this frame of reference supports the use of creative spaces for the purpose of exploration of self and the development of mental health strategies (Hogan, 2001; Malchiodi, 1999; Willis, 2002). This theme is also supported by the social model of disability. The second stage of the Disability Arts and Culture movement supports the development of creative spaces within the relative safety of communities made up of people with disabilities. Within these communities, the movement supports the exploration of artistic creation and performance and the development of the identities of individuals with disabilities as artists (Abbas et al, 2004). Human geography supports the use of creative spaces for the exploration of relationships and the development of "...self-understanding, self-esteem, communication, advocacy and community integration..." (Parr, 2007a: p.115). Occupational therapy also supports the exploration of self for purposes of developing self-understanding and self-esteem, but it also supports the exploration of new learning and new activities while developing competence, skills, coping strategies and while experiencing achievement (Mee and Sumsion (2001).

The participants of this study really believed that they could learn and grow at Artbeat Studio. The artists talked about exploring new relationships, activities, creative media and even new food. They believed that they could develop better self-management strategies, more supportive friendships, better

skills and abilities and better artwork. Their appetite for learning new skills was enormous. Ajax summarized the experience by saying, "There's lots of transferable stuff with lots of occupations, and where else are you going to figure that out, than working with other people in a place that's like this?"

The administrators matched the passion of the artists in their enthusiasm to create opportunities for exploration and development for the artists. One of them stated, "They learn from each other a lot and collectively, you know, the whole process of working together as a strong team, they start to build their identity and build their inner voice, as a collective team."

Integration & expansion

The participants' stories indicate that a period of safe exploration and development is followed by a period of integration and expansion, the third theme to cross all categories. Occupational therapy literature supports this theme in its philosophy (Sedgwick et al, 2007) and in its literature, emphasizing the importance of effective creative spaces for artists living with mental illness, if they are to achieve a level of competence and skill that allows them to transfer their new knowledge into recognized artistic skill in mainstream communities (Letts et al, 1994; Rebeiro, 2001; Strong et al, 1999). The theme of integration and expansion is also supported by the social model of disability as the acquisition of skill is necessary in order for the artists to achieve the third stage of development of the Disability Arts and Culture movement, taking the artwork created by

individuals with mental illness into the mainstream community (Abbas et al, 2004).

At the time of the interviews, three of the artists were getting close to the end of their mentorship at Artbeat Studio and two were alumni of the studio. Life after Artbeat was very much on their minds. The issues of integrating their new learning and experiences and expanding their contexts was present whether they talked about recovery, empowerment, social inclusion, skill acquisition, the physical space or next steps. Talking about next steps was significantly linked to this theme. Even during low periods of mental health functioning, the artists, who felt safe and accepted and had experienced opportunities for exploration and development, concerned themselves with integration and functioning. They wanted creative spaces to be a part of their future. Craig reported, "I would like to see the alumni studio functioning... smoothly and consistently as a place for the people who have been here... to have studio space". Alice gave some background to the importance of developing a space for alumni:

I know for myself and for some other people when our time at Artbeat finished, for probably four to six months, we were really depressed, ... all of a sudden it was gone, and, that was really hard. What to do with myself. I wasn't around these important people anymore. It was a bit of a loss. ... I think what would be nice ... is to have another space they've been trying to develop over on Kennedy, for alumni to go to. ... So, just having something to go to after your six months is up would be important I think.

Ajax also stated,

So this has an ending, so then what do you do? So you go to the alumni thing, right, another extension of this but more or less run by alumni, so they prepared you to run it and you participate in how it works, and then now you got a chance to go and be part of that.

The administrators were equally committed to supporting the future development of creative spaces for the alumni of the program to enable them to continue to integrate their learning and to expand their opportunities for recovery, empowerment, social inclusion and skill acquisition. The administrators also believed that being part of the creative space at Artbeat Studio, Inc. allowed the artists to internalize the positive elements of the creative space, enabling the artists to take their accomplishments with them wherever the future takes them:

It's like this, you know of course they have the show and all that ... but what they take with them after Art beat is all the internal structure that's been built in them over the past six months ... when they walk away from here, they take hope, they take knowledge, experience, caring, compassion, new friendships and now that can't be stripped away from them.

Assumptions Revisited

In Chapter One I stated some of the assumptions that the partner agency, Artbeat Studio, Inc. and I had regarding the impact that the creative space at Artbeat Studio might have on artists with mental illness. These assumptions are summarized below:

- Recovery is part of a process of overcoming barriers which then allows individuals to return to relationships and find a safe and meaningful place in society
- Creative spaces are empowering because they are helpful in challenging society's views of mental illness by creating opportunities for individuals

with mental illness to educate others about themselves and reduce the stigma attached to mental illness

- Engagement in creative spaces creates opportunities for relationship development and social well-being
- Artists living with mental illness participate in creative spaces in order to engage in purposeful activities, learn transferable skills and develop opportunities for employment
- Creative spaces are safe places within which to begin creative processes which might change the artists' places within mainstream society
- Recovery and empowerment are major motivators for artists who seek to be part of the creative space at Artbeat Studio
- Other motivations for and outcomes of participating in the creative space at Artbeat Studio, Inc. include artistic development, social and professional network development and access to adequate art space

It is clear that the identified categories of recovery, empowerment, social inclusion and skill acquisition were predicted by the assumptions made prior to the start of the research. Upon revisiting these assumptions, it is also clear that the themes of safety, exploration, development and expansion could be seen as natural outcomes of analyzing the categories. The categories of physical space and next steps were not predicted and the themes of acceptance and integration were not foreseen from the assumptions. The energy associated with describing the enjoyment of the creative space itself, acquisition of skills and expansion to new levels of community living were also not anticipated.

At the end of Chapter Two, gaps in literature were described. These gaps in literature can now be addressed:

- Peer directed, consumer generated, recovery-oriented creative spaces have not been studied in the literature prior to this study. There was no literature describing the experience of the artists with mental illness who engaged in such a program. The findings of this research make it possible for us to say that this model clearly meets the needs of the participants of such a program.
- Disability Arts and Culture literature assumes that individuals with disabilities are primarily motivated to use their artwork and to engage in creative spaces in order to further the empowerment agenda of the Disability Arts and Culture movement. This assumption was not found to be true among this particular group of artists in this creative space. The primary motivation for engaging in artwork and taking part in creative spaces identified by the participants was the production of the work itself. They are passionate about art. Some of the work might be useful as tools for furthering the empowerment agenda of the Disability arts and Culture movement, but much of it speaks to other, varied agendas.
- All bodies of literature reviewed for this project speak about the importance of social inclusion. Evaluations of the experience of social inclusion within community arts projects and programs exist. Research is needed to see if the experience of social inclusion transfers to mainstream

communities as a result of involvement within creative spaces. The findings of this project indicate that it does. The artists reported feeling much more a part of the arts community, following their involvement in the creative space at Artbeat Studio, Inc. which is the community that they want to be a part of.

Chapter Six: Conclusions and Recommendations

This project asked the question: “What is the place for creative spaces in the lives of artists with mental illness?” Theoretical frameworks were from the perspectives of creative arts therapy, the social model of disability, human geography and occupational therapy framed the study. The methodology was phenomenological and employed participatory action research principles. The partner agency was the Artbeat Studio, Inc.

The participants were artists currently or previously engaged with Artbeat Studio, Inc. along with the administrative staff of the studio. The artists also provided descriptions of their artwork, which provided a third source of information. The participants willingly engaged in the interview processes, telling their stories and sharing their artwork. They talked about how important the creative space at Artbeat Studio, Inc. was for them. They valued the space for a variety of reasons. They really enjoyed the physical reality of the space, the way it was designed, the equipment and supplies that were available to them and the access to resource information, books and people. They valued the way the studio was run and, in particular, valued the abilities of the people who ran it. Each of them considered themselves fortunate to have been able to be involved with the Artbeat Studio, Inc. The artists also valued the social opportunities presented by the studio. They felt that the studio provided them with a safe place of belonging. They felt ‘part of’ at Artbeat. They felt accepted, both as artists and as people who live with mental illness. In this creative space, they felt that the issue of having a mental illness could move into the background, allowing the

issue of being an artist to move into the foreground. They believed that they could work out issues related to recovery of symptoms of mental illness in this creative space, knowing that from time to time the symptoms would be back in the forefront of their lives as they knew that the symptoms of their illness would fluctuate. The artists felt that they were empowered in this creative space, as individuals and as a group. Most significantly to them, they felt that this creative space let them explore new opportunities as people and as artists and to develop their skills. They enjoyed seeing themselves through the eyes of others and realizing that they were, indeed, artists who were seen as such by the other artists in the creative space, the administrators, other artists in the community, the media and the general public who regularly come by for shows and to see what they are doing. As their new learning integrated, they were ready for expansion. The artists all concluded that they wanted to be able to be part of a similar creative space for as long as they could and that they were willing to commit their considerable resources and experiences in organizing, planning and operating businesses to getting this done. Ideally, they wanted to be able to help consolidate the existence of Artbeat Studio, Inc. as well as being part of a movement to setting up other, self-run creative spaces, modelled after Artbeat Studio, that would make it possible for themselves and others to continue to enjoy the benefits of being part of a creative space.

Creative spaces have become very important places to the artists with mental illness who participated in this study. Three themes emerged: Safety and acceptance, Exploration and development and Integration and expansion. They

all believe that the creative space at Artbeat Studio, Inc. created a (1) *safe and accepting environment* that allowed them to (2) *explore and develop* into functioning and contributing artists who have a place in the community. The artists have (3) *integrated and expanded* what they have learned during their time in the creative space of the studio. The administrators believe that the artists have internalized much of what they have learned at Artbeat Studio, Inc. and that the artists will keep a metaphorical place for creative spaces in their minds as they leave the Artbeat Studio. The artists certainly appeared to have thoroughly integrated the learning experiences that they had while participating in the creative space at the Artbeat Studio, Inc., but the artists' focus on expansion in the future is to help create an alumni studio, modeled after the Artbeat Studio, Inc. that they can attend. They have thoroughly enjoyed the experience of participating in a creative space and they want this to continue to be part of their everyday lives.

The participant's emphasis on integration and expansion lays the foundation for recommendations. All of the participants expressed an interest in being part of developing more creative spaces such as an alumni studio modeled after the Artbeat Studio, Inc. They had ideas and suggestions based on the individual skills that they possess. There were many recommendations that evolved out of the interview process. They suggested hosting more art shows to generate more interest in the talent that has grown out of the creative space at Artbeat Studio, Inc. They also suggested developing a fund-raising strategy, making use of volunteers as a work force. They suggested developing an

advocacy strategy, organizing the alumni, developing and administering an alumni program which would include offering classes and holding workshops. They suggested generating new, innovative ideas to capture the imagination of the public.

They suggested possible considerations for carrying out these recommendations, including writing a business plan, developing a social enterprise model and proposal and hosting a gala show.

Chad ended the interview with the following: “Oh, thanks for taking an interest in Artbeat Studio and the people, and what happens to people later.”

References:

- Abbas, J., Church, K., Frazee, C., Panitch, M. (2004). *Lights...Camera...Attitude!* Ryerson RBC Institute For Disability Studies Research and Education: Toronto.
- Andreatta, D. (2007). Struggling against stigma. Retrieved December 31, 2007 from <http://mentalthopenews>.
- Barnes, C. and Mercer, G. (2001). Disability culture: Assimilation or inclusion? *Handbook of disability studies*. Ed. Albrecht, G., Seelman, K., & Bury, M. London: Sage Publications. 515- 534.
- Barnes, C. and Mercer, G. (2004). *Implementing the social model of disability: Theory and research*. Leeds: Disability Press.
- Bart, N. (2003). *Inside out*. Partnership for Consumer Empowerment: Winnipeg, Manitoba.
- Beresford, P. and Wallcraft, J. (1997). Psychiatric system survivors and emancipatory research: Issues, overlaps and differences', in Barnes, C. and Mercer, G. (eds.) *Doing disability research*, Leeds: The Disability Press.
- Beresford, P. (2004) Madness, distress research and a social model. In Barnes, C. and Mercer, G. (eds.) *Implementing the social model of disability: Theory and research*. Leeds: The Disability Press.
- Berg, B. (2004). *Qualitative research methods for the social sciences*. Boston: Pearson Education, Inc.
- Boisvert, Jennifer A. (2003) A Visual Diary of an Anorexic Woman: Development of a Hopeful Self-Healer Identity. In *Canadian Journal of Counselling*, 37, 28-34
- Brooke, S.L. (2006). *Creative arts therapies manual: A guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, drama, and poetry therapies*. Springfield, Illinois: Charles C. Thomas
- Burrick, C.R. and McKelvey, J.B. (2004) Watercolors, pastels, and paintbrushes are therapeutic tools. . *Behavioral Health Management*, 24 (6) 50-52.
- CBC (2004). Artist proposes studio to treat mental illness. *Arts and Entertainment*. Retrieved December 31, 2007 from www.cbc.ca.

Davis, L. J. (Ed). (1997). *The disability studies reader*. London: Routledge

De Schutter, A. and Yopo, B. (1981) *Participatory research: A methodological option for adult education. Patzcuaro, Michoacan: CREFAL*.

Disability Studies and Research Institute (2005). Available at:
<http://www.dsari.org.au/>

Doubt, L. & McColl, M.A. (2003). A secondary guy: Physically disabled teenagers in secondary schools. *Canadian Journal of Occupational Therapy*. 70 (3), 139-150.

Duncan, J.S., Johnson, N.C. & Schein, R.H. (2004). *A companion to cultural geography*. Malden, MA: Blackwell, Ltd.

Evans, D.M. (1978). Alienation, mental illness and the partitioning of space. *Antipode*. 10 (1), 13-23.

Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason*. New York: Vintage.

Freire, P. (1970). *Pedagogy of the oppressed*. New York: Herder and Herder.

Freire, P. (1993). *Pedagogy of the city*. Trans. Donaldo Macedo. New York: Continuum

Gaventa, John and Horton, B. D. (1981). A citizen's research project in Appalachia, USA. *Convergence: An International Journal of Adult Education*, 14(3), 30-42.

Gewurtz, R. and Kirsh, B. (2007). How consumers of mental health services come to understand their potential for work: Doing and becoming revisited. *Canadian Journal of Occupational Therapy*. 74 (3), 195-207.

Gilman, S. (1995). *Images of difference*. Reaktion Press, London.

Gislason, M., Krogh, K. and Nygaard, V.L. (2004). *Arts ability program evaluation* edited by Lisa Helps. Winnipeg : Canadian Centre in Disability Studies.

Hammell, K.W. (2007) Reflections on...a disability methodology for the client-centred practice of occupational therapy research. *Canadian Journal of Occupational Therapy*. 74 (5), 365-369.

Heenan, D. (2006). Art as therapy: an effective way of promoting positive mental health? *Disability and society*. 21 (2), 179 -191.

Herr, K and Anderson, G.L. (2005). *The action research dissertation: A guide for students and faculty*. Thousand Oaks: Sage Publications.

Hogan, Susan. (2001) *Healing arts: The history of art therapy*. London: Jessica Kingsley Publishers Ltd.

hooks, b. (1994). *Teaching to transgress: Education as a practice of freedom*. New York: Routledge.

Jennings, D.(1945). Their fingers say more than their words. *The Saturday Evening Post*. 218 (5), 26-78. Retrieved June 15, 2007 from [Saturday Evening Post](#).

Johnson D. R. (1998). On the therapeutic action of creative arts therapies: the psychodynamic model. *Arts in Psychotherapy*. 25 85 – 99.

Leavitt, S. and McMurchy, G. (2002). Art smarts: Information and inspiration for Canadian artists with disabilities. Published by Society for Disability Arts and Culture (S4DAC). Retrieved February 24, 2008 from www.s4dac.org/artsmarts_handbook.html.

Letts, I., Law, M., Rigby, P., Cooper, B., Stewart, D., Strong, S. (1994). Person-environment assessments in occupational therapy. *The American Journal of Occupational Therapy*. 48 (7): 608-618.

Linton, S. (1998). *Claiming disability*. New York: New York University Press.

Lombroso, C. (1864). *The man of genius*. London: Walter Scott.

MacGregor, J. M. (1989). *The discovery of the art of the insane*. Princeton: Princeton University Press.

Malchiodi C (1999). *Medical art therapy with adults*. Jessica Kingsley: London.

Massey, D. (1999) Space-time, 'science' and the relationship between physical geography and human geography. *Transactions of the Institute of British Geographers*. 24 (3), 261–276.

McLaughlin, K. (2003). *Towards inclusion: Arts & disability information booklet*. Published by the Arts Council of Northern Ireland and the Department of Culture, Arts and Leisure. Retrieved December 15, 2007 from www.artscouncil-ni-org.

McNamara, J.. (1996). Out of order: Madness as a feminist and disability issue. In Morris (ed.) *Encounters with strangers: Feminism and disability*. London: The Women's Press.

Mee, J. and Sumsion, T. (2001). Mental health clients confirm the motivating power of occupation. *British Journal of Occupational Therapy* 64 (3): 121-128.

Miles M. (1994). Art in hospitals: does it work? *Journal of the Royal Society of Medicine*. 87 161–163.

Naumburg, M. (1966) *Dynamically orientated art therapy: its principles and practices*. New York: Grune and Stratton.

McNiff, J. (2002). *Action research: Principles and practice*. London: Routledge/Falmer.

Moods: Healthy living through understanding, (Fall 2005). Mississauga, Ontario: Concerned Publishing Inc. Retrieved July 16, 2006 from www.moodsmag.com

Park, D. C., Simpson-Hously, P., and de Man, A. (1994). To the “Infinite Spaces of Creation”: The Interior Landscape of a Schizophrenic Artist. *Annals of the Association of American Geographers* 84(2): 192-209.

Parr, H. (1997). Mental health, public space and the city: Questions of individual and collective access. *Environment and Planning D: Society and Space* 15 (4), 435 – 454.

Parr, H. (1999). Bodies and psychiatric medicine: interpreting different geographies of mental health, in Butler, R. & Parr, H. (ed) *Mind and body spaces: geographies of illness, impairment and disabilities*. London: Routledge.y

Parr, H. (2006). Mental health, the arts and belonging. *Transactions of the Institute of British Geographers*. 31: 150-166.

Parr, H. (2007a). Collaborative film-making as process, method and text in mental health research. *Cultural Geographies*. 14 (1): 114-138.

Parr, H. (2007b). Mental health, nature work and social inclusion. *Environment and Planning D: Society and Space*. 25: 537-561

Payne, H. (Ed.). (2006). *Dance movement therapy: Theory, research and practice*, 2nd ed. New York, NY: Routledge.

Phillips, R. (2002). *Arts, health and well-being*. London: The Nuffield Trust.

Rebeiro, K.L.(2001). Enabling occupation: the importance of an affirming environment. *Canadian Journal of Occupational Therapy*. 68 (2): 80-89.

Rhodes, C. (2000) *Outsider art: spontaneous alternatives*. London: Thames and Hudson.

- Sedgwick, A., Cockburn, L. and Trentham, B. (2007). Exploring the mental health roots of occupational therapy in Canada: A historical review of primary texts from 1025 – 1950. *Canadian Journal of Occupational Therapy*. 74 (5), 407–417.
- Shackel, D. (2008). The experiences of First Nations people with disabilities and their families in receiving services and supports in First Nations communities in Manitoba. Unpublished thesis.
- Spaniol, S. (2001). Art and mental illness: where is the link? *The Arts in Psychotherapy*. 28: 221-231.
- Speziale, H. J S., & Carpenter, D. R. (2003). *Qualitative research in nursing*. Philadelphia: Lippincott Williams & Wilkins.
- Strong, S., Rigby, P., Stewart, D., Law, M., Letts, L., Cooper, B. (1999). The application of the person-environment-occupation model: a practical tool. *The Canadian Journal of Occupational Therapy*. 66 (3): 122-133.
- Tierney, S. (2002). Anorexia: Illuminating impairment or dishonourable disability. *Disability Studies Quarterly*. 22 (3) 6 – 20.
- Titchkosky, T. (2003). *Disability, self and society*. Toronto: University of Toronto Press
- Turner, J. (2005). Artbeat Studio. *The Manitoban*. 92 (28). Retrieved December 31, 2007 from www.themanitoban.com.
- Waddell, C. (1998). Creativity and mental illness: is there a link? *Canadian Journal of Psychiatry*. 43: 166-172.
- Wang, C.C., Yi, W. K., Tao, Z.W., Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health promotion international*. 13 (1) 75-86.
- Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge
- Willis J. (2002). *The art of good health: a practical handbook*. National Health Service Estates HMSO: London.
- Wilson, R. (2005). What Is the Relationship Between People with Physical Disabilities and Their Creativity in the Arts? University of Oregon. Retrieved July 16, 2008 from <http://hdl.handle.net/1794/945>

Winnipeg Foundation (2006). Artistic vision: Innovative program empowers through art. *Working together: A magazine of the Winnipeg Foundation*. Fall 2006. Retrieved December 31, 2007 from www.wpgfdn.org.

Woodgate, R.L. and Degner, L.F. (2003) A substantive theory of keeping the spirit alive: The spirit within children with cancer and their families. *Journal of Pediatric Oncology Nursing*. 20 (3) 103-119.

Woodside, H., Schell, L. and Allison-Hedges, J. (2006). Listening for recovery: the vocational success of people living with mental illness. In *Canadian journal of occupational therapy*. 73 (1). 36-43.

www.artbeatstudio.ca

www.arttherapy.org/aafaq.html

www.creativespirit.on.ca

www.newint.org

Yee, S. (2007). Re-capturing an important piece of self through leisure occupations. *Occupational therapy now*. 9 (1). 11-13.

APPENDIX A:

Letter of invitation to participate in the research project written to artists

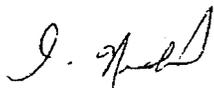
Nickel
Researcher
Disability Studies
September 18, 2008

Dear Artist:

My name is Irmie Nickel. I am completing my Master's degree in disability studies. During the past few years, I have become very interested in the Artbeat Studio, Inc. so I approached Nigel and Lucille Bart to see if they would like to partner with me in a research project. They have expressed interest in doing so. What we as research partners are interested in learning about is your view of the value of the creative space at Artbeat Studio, Inc. This may be different for different people. We would like to hear your view. The name of the research project is 'The place for creative spaces in the lives of artists with mental illness'. I am inviting you to participate in this research project. Involvement in this project is completely voluntary and confidential. There are no consequences to saying no to this invitation. I am including an informed consent form with this letter. This form describes what we hope to achieve with this project, what it will involve and what the possible results are likely to be. If you decide to participate in this research project, you may choose to do so without revealing your identity.

Please let me know if you are interested in participating in this project. You may contact me by email at aulneau.ed@shaw.ca or by telephone at 235-7426. I am looking for 5 participants for this project. I will make my selection for participation on a first come first served basis. I hope to hear from you.

Thank you,



Irmie Nickel

APPENDIX B:

Consent form for administration

Appendix B: Consent form for administration

The place for creative spaces in the lives of artists with mental illness.

A research project by Irmie Nickel, a student in the Interdisciplinary Master's Program in Disability Studies at the University of Manitoba.

You have been invited to participate in a Participatory Action Research project. The purpose of this study is to examine the value of the creative space at Artbeat Studio, Inc. as perceived by artists living with mental illness.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information

What will I have to do?

Participation in this study will involve completing a 20-30 minute interview in-person at the location of your choice. In the interview you will be asked questions about yourself and the place for creative spaces in your life as well as your perspective on the artists at Artbeat Studio, Inc, and the place for creative spaces in their lives. The interviews will be tape recorded and transcribed at a later date. The transcribed audio tapes will be reviewed with you prior to analysis for confirmation of information and for opportunity for correction. The interviews will be numbered and matched to you until member checking has taken place. After member checking, all references to your identity will be destroyed. I will also be taking notes during the interview.

What are the risks and benefits of participating in this study?

There is a minimal emotional risk to you. Since the interviews will discuss your beliefs, feelings and experiences regarding your engagement in creative art and the Artbeat Studio, Inc. and your perspective on the experiences of artists attending Artbeat Studio, Inc., you may experience some feelings of frustration, irritation or excitement, depending on the experiences that you have had in the past. This could make the interview slightly uncomfortable. However, during the interview, you can stop at any time or choose not to answer some questions.

There are important benefits to this research. You may become more aware of some opportunities that the studio offers artists. You may have opportunity to share your frustrations regarding difficulties that you have encountered. You may have good recommendations to make regarding the future direction of the

Artbeat Studio, Inc. You may be able to influence policy regarding the future support of the Artbeat Studio, Inc. or the future development of similar creative spaces.

Will my identity be kept confidential?

Your identity will be kept confidential by the researcher. The interviews will be numbered and matched to you until member checking has taken place. After member checking, all references to your identity will be destroyed. The final report and any subsequent papers will not use your name or any identifying characteristics. Your name will not be associated with your responses. Audio tapes and notes will be kept at the researcher's place of employment in a locked drawer within a locked room and destroyed once the final report has been completed.

What will you do with my answers?

The answers to all the interviews will be analyzed and compiled into a thesis, which is a requirement of the Interdisciplinary Master's Program in Disability Studies at the University of Manitoba. A version of the thesis may be submitted for publication in an academic journal at some point or presented at a professional conference. At a later time, the information that has been collected will be shared with you and with the artists at the studio in order to plan next steps. These next steps could include the production of a show, a 'coffee table book', etc.

Can I see the final results?

The final paper will be completed by May, 2009. If you would like a copy of the full report and/or the executive summary, you can obtain one by emailing the researcher at aulneau.ed@shaw.ca.

If you have questions, please contact Irmie Nickel, the researcher (contact information below). This research has been approved by the Joint-Faculty Research Ethics Board. Any ethical concerns about the research can be reported to the Human Ethics Secretariat at (204) 474-7122 or email margaret_bowman@umanitoba.ca.

Thank you for your interest.

I _____ (print name) understand what the study is about and what I will have to do. My signature below indicates that I want to participate in this study:

Participant's signature

Date

Email address

Phone number

Researcher's signature

Date

Irmgard Nickel
Aulneau.ed@shaw.ca
(204) 987-7099 or (204) 667-8383

Supervisor: Dr. Nancy Hansen
hansenn@cc.umanitoba.ca

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

APPENDIX C:
Consent form for artists

Consent form for artists

The place for creative spaces in the lives of artists with mental illness.

A research project by Irmie Nickel, a student in the Interdisciplinary Master's Program in Disability Studies at the University of Manitoba.

You are being invited to participate in a Participatory Action Research project. The purpose of this study is to examine the value of the creative space at Artbeat Studio, Inc. from the point of view of artists living with mental illness.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information

What will I have to do?

Participation in this study will involve completing a 30-40 minute semi-structured interview in-person, at a location of your choice. It is not necessary to identify yourself for this interview. In the interview you will be asked questions about yourself, your involvement with creative arts, Artbeat Studio, Inc. and the place for creative spaces in your life. You will also be asked to show me a piece of artwork that supports your comments and answers to the interview questions. I will ask you to describe the artwork along with its meaning for you. I will ask you clarifying questions about the artwork. The interview will be tape recorded and transcribed at a later date. The transcribed audio tapes will be reviewed with you prior to analysis for confirmation of information and for opportunity for correction. The interviews will be numbered and matched to you until member checking has taken place. After member checking, all references to your identity will be destroyed. I will be taking notes during the interview.

What are the risks and benefits of participating in this study?

There is a minimal emotional risk to you. Since the interview will discuss your values, feelings and experiences regarding your engagement in creative art and creative spaces, you may experience some feelings of frustration, irritation or excitement, depending on the experiences that you have had in the past. This could make the interview slightly uncomfortable. However, during the interview, you can stop at any time or choose not to answer some questions.

There are important benefits to this research. You may become more aware of the value of engaging in creative art and creative spaces. You may have opportunity to share your frustrations regarding experiences that you have had.

You may have good recommendations to make regarding the future direction of creative spaces, such as the Artbeat Studio, Inc. You may be able to influence policy regarding the future support of the Artbeat Studio, Inc. or the future development of similar creative spaces.

Will my identity be kept confidential?

Your identity will be kept confidential. The interviews will be numbered and matched to you until member checking has taken place. After member checking, all references to your identity will be destroyed. The final report and any subsequent papers will not use your name or any identifying characteristics. Your name will not be associated with your responses. Audio tapes and notes will be kept at my place of employment in a locked drawer within my locked office and destroyed once the final report has been completed.

What will you do with my answers?

The answers to all the interviews will be analyzed and compiled into a thesis, which is a requirement of the Interdisciplinary Master's Program in Disability Studies at the University of Manitoba. A version of the thesis may be submitted for publication in an academic journal at some point or presented at a professional conference. At a later time, the information that has been collected will be shared with the administration of the Artbeat studio, Inc. and with yourselves at the studio in order to plan next steps. These next steps could include the production of a show, a 'coffee table book', etc.

Can I see the final results?

The final paper will be completed by May 2009. If you would like a copy of the full report and/or the executive summary, you can obtain one by emailing me at aulneau.ed@shaw.ca.

If you have questions, please contact me, Irmie Nickel (contact information below). This research has been approved by the Joint-Faculty Research Ethics Board. Any ethical concerns about the research can be reported to the Human Ethics Secretariat at (204) 474-7122 or email margaret_bowman@umanitoba.ca.

Thank you for your interest.

I _____ (print name) understand what the study is about and what I will have to do. My signature below indicates that I want to participate in this study:

Participant's signature

Date

Email address

Phone number

Researcher's signature

Date

Irmie Nickel
Aulneau.ed@shaw.ca
(204) 987-7099 or (204) 667-8383

Supervisor: Dr. Nancy Hansen
hansenn@cc.umanitoba.ca

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

**APPENDIX D:
Interview Guides**

TABLE 1: Interview guide for the Executive Director & the Program Director

-
1. Could you please tell me something about yourself?
(Prompts: Would you describe yourself as living with a mental illness?
Would you describe yourself as an artist?)

 2. Where did the idea of creating the Artbeat Studio originate from? (Prompts:
Family experience with mental illness? Personal experience with creative
arts? Personal belief in the effectiveness of creative arts?)

 3. Why was the Artbeat Studio created? (Prompts: To create a creative space
for artists with mental illness who might otherwise not have access to
creative spaces?)

 4. What were the goals for creating the creative space at the studio? (Prompts:
Address barriers to recovery from symptoms of mental illness? To personal
and collective empowerment? To social inclusion? To employment?)

 5. How was the creative space at the studio developed? (Prompts: Who
decided what the space should include? How were these decisions made?
What factors were considered when making these decisions?)

 6. Does the creative space at the studio create opportunities for artists with
mental illness to engage in producing creative arts? (How? What types of
artwork are they engaging in? How are they doing it?)

 7. Does the creative space at the studio have value for artists with mental
illness in experiencing recovery from symptoms of mental illness? (Prompts:
How can it help? Is this important to artists at the studio? Do they show
signs of recovery from symptoms?)

 8. Does the creative space at the studio have value for empowering artists
living with mental illness? (Prompts: Individual empowerment? Collective
empowerment? How?)

 9. Does the creative space at the studio have value in contributing to social
inclusion? (Prompts: Inclusion within the studio? Inclusion within the arts)
-

community? Inclusion within a community of individuals with mental illness?
Inclusion within mainstream society? How?)

10. Does the creative space at the studio have value in contributing to the development of mastery and skill acquisition? (Prompts: Does it contribute to the development of self esteem? Confidence? Talent? Uniqueness? Employability?)

11. What would you identify as the most meaningful opportunity that the creative space at the studio creates for its participants?

12. What would you say is the most significant experience that the artists at Artbeat take with them when they leave the studio?

13. What do you think the next steps should be for the studio?

TABLE 2: Interview guide for the artists

-
1. Could you please tell me something about yourself?
(Prompts: Would you describe yourself as living with a mental illness?
Would you describe yourself as an artist?)

 2. Please tell me something about yourself as an artist. (Prompts: When did you first become involved with creative arts? What drew you to artwork?)

 3. Please tell me something about your experiences as an artist with mental illness. (Prompts: Has mental illness created difficulties for you as an artist? When did you first become involved with Artbeat Studio, Inc.? What has the experience at the studio been like for you?)

 4. Do you think that spaces like Artbeat Studio, Inc. are valuable? (Prompts: Do they create creative spaces for artists with mental illness who might otherwise not have access to creative spaces?)

 5. Do you believe that spaces like Artbeat Studio, Inc. can have an effect on your life as an artist with mental illness? (Prompts: Address barriers to recovery from symptoms of mental illness? To personal and collective empowerment? To social inclusion? To employment?)

 6. What do you think of the creative space at the studio? (Prompts: Is the space adequate? Is there room for improvement? What would you change?)

 7. What do you think of the relationship between the creative space at the studio and opportunities for artists with mental illness to engage in producing creative arts? (How? What types of artwork are you engaging in? How are you doing it?)

 8. Please describe the relationship for artists with mental illness between the creative space at the studio and recovery from symptoms of mental illness? (Prompts: How can it help? Is this important to you?)

 9. Please describe the relationship for artists with mental illness between the
-

-
- creative space at the studio and empowerment? (Prompts: Individual empowerment? Collective empowerment? How?)
-
10. Please describe the relationship for artists with mental illness between the creative space at the studio and belonging? (Prompts: Inclusion within the studio? Inclusion within the arts community? Inclusion within a community of individuals with mental illness? Inclusion within mainstream society? How?)
-
11. Please describe any value that the studio might have for you in contributing to the development of artistic and other skills? (Prompts: Does it contribute to the development of self esteem? Confidence? Talent? Uniqueness? Employability?)
-
12. What would you identify as the most meaningful opportunity that the creative space at the studio creates for artists?
-
13. What would you say is the most significant experience that the artists at Artbeat Studio, Inc. take with them when they leave the studio?
-
14. What do you think the next steps should be for the studio?
-
15. Do you have some artwork that describes some of the things you have told me about? Please tell me about it. (Prompts: Please describe the work. Describe the figures, the colours, the setting, the medium, the overall effect. What is the work about? What does it mean to you?)
-

APPENDIX E: Ethics Approval Certificate

APPROVAL CERTIFICATE

10 November 2008

TO: Irmgard Nickel (Advisor N. Hansen)
Principal Investigator

FROM: Wayne Taylor, Chair
Joint-Faculty Research Ethics Board (JFREB)

Re: Protocol #J2008:145
"The Place for Creative Spaces in the Lives of Artists with Mental
Illness"

Please be advised that your above-referenced protocol has received human ethics approval by the **Joint-Faculty Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- if you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to Kathryn Bartmanovich, Research Grants & Contract Services (fax 261-0325), including the Sponsor name, before your account can be opened.
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/ors/ethics/ors_ethics_human_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.