

Myrto Papadaki

The power to imagine:

The arts addressing mental health stigma among adult learners

INTRODUCTION

In this essay the ways that adult education addresses mental health stigma will be examined. More specifically, theories of stigmatization will be mentioned that outline the direct link between stigma and power, as well as, the effects that this process has upon individuals and groups recovering from mental health illness. Drawing from critical approaches to adult education and the arts, it is claimed that arts, and in particular the activation of the imagination through the creative process can help address the issue of stigmatization in mental health. The notion of imagination will be approached through the work of two important pedagogues and thinkers in the field, Paulo Freire and Maxine Greene. Finally, specific examples of art education approaches will be highlighted that use the imagination and the arts as critical tool to address stigma, marginalization and social justice and their potential to addressing mental health stigma will be discussed.

STIGMATISATION

Stigma and stigmatization are concepts that have been subject to extensive research and development since the early 1960s, with application in a very diverse array of research fields. The amount of different definitions of stigma by different researchers has also been one of the main criticisms in the field, claiming that there is lack of clarity in relation to the concept and its characteristics (Link & Phelan, 2001; Bonnington & Rose, 2014). Other critiques claim that social scientists study stigma from a point of view that promotes theory instead of the actual experiences and views of the groups they study (Schneider, 1988). These critiques outline a need to take into account the documented effects of stigmatization on individuals and groups. For this reason in this essay the concept of mental health stigma will be approached through its components

and effects that it has upon individuals and groups. Also, the examination of case-studies that have used arts and imagination as critical educational tool to address stigma aims to bring actual experiences in a dialogue with theoretical perspectives.

In an early definition by Goffman (1963, p.3), stigma is described as reducing the person 'from a whole and usual person to a tainted, discounted one'. However more recent definitions attempt to place stigma within the socio-cultural and power structure within which it is manifested and emphasise its components. Link and Phelan (2001, p.363) define stigma as the 'co-occurrence of its components -labeling, stereotyping, separation, status loss, and discrimination'. They also continue to point out that the necessary condition for those components to manifest is the access to power -social, economic and political- visible or invisible. Another aspect that contributes to a critical approach towards mental health stigma is the suggestion that there is great similarity between stigma and oppression (Holley, Stromwall & Bashor, 2012). Power is thus acknowledged as key component in the process of stigmatization.

Apart from a theoretical concept, stigmatization has various documented effects on people who suffer from mental health issues. Those are expressed both at interpersonal and at personal level. At an interpersonal level, research shows that people with poor mental health are denied equal opportunities for employment, healthcare, medical insurance and access to housing, while they are more likely to be excluded from their local communities and be considered less trustworthy (Stuart, 2006; Smith, 2002). At a personal level, too, stigmatization can be seen as the internalization of public stigma leading to reduced self-esteem, feelings of guilt and anger, rejection and a general pathologisation of their behavioural and emotional states (Bonnington & Rose, 2014). Common misconceptions that are related to mental health illness also contribute to labeling and stereotyping, such as that people struggling with mental health issues have caused their disorder, that they are unable to make decisions about themselves and should be under constant supervision by health care workers (Rice et al., 2014). Overall, the marginalization and discrimination that groups and individuals are facing in regard with mental health often leads to physical and emotional violence that can take place within intimate and family relationships, at the workplace and within the healthcare system itself (Bonnington & Rose, 2014).

It is obvious from the above that stigma is a multi-faceted element, with various components that exist within specific frameworks of oppression and power. Addressing stigmatization would then also require action on different levels. As Link and Phelan (2001) suggest, action needs to be taken both within the dominant power structures to limit or alter the beliefs and attitudes that lead to stigmatisation, as well as, within the oppressed groups that face stigmatization in regard to how they see themselves within the specific power structure.

CRITICAL APPROACH TO ADULT HEALTH EDUCATION

Arts-based pedagogies can play an important role in addressing the fore-mentioned effects and components of mental health stigma, especially through community projects and initiatives. A critical approach of adult learning that aims to address this issue should take into account the multiple aspects of power in the field of health and education. As English (2012, p. 20) notes, such an approach should view individuals as ‘health creators’ rather than ‘health consumers’ of medical expertise. It would also encourage active participation and involvement within communities so that they can create their identities and definitions of health and well-being. For such an approach to happen, English (*ibid*) further claims that adult education practices should integrate creativity and the arts within the context of communities.

Creativity and the arts can be a powerful tool for social change and for addressing major social issues, including the stigma for mental health. This critical approach sees arts education more than just a means for developing artistic skills and aesthetic knowledge. Instead, the creative process is seen as a powerful tool to help learners develop critical thinking and become aware of their position within the existing power structures (Kokkos, 2013). The engagement with arts also presupposes that learners become actively involved in expressing their ideas, emotions, experiences and views. This role of learners as creators of their ideas marks a radical transformation from being passive spectators and consumers of the dominant ideologies (Clover & Stalker, 2007).

Art making in a community setting has several benefits on individual health and well-being, as it facilitates expression, communication and can help learners make their own meaning out of their life experiences. It can thus facilitate inclusion and bonding

within a community, as well as, nurture acceptance, compassion and understanding (Pearce, 2017). The creative process itself contributes to better health and well-being at an individual level, as it is documented to increase self-confidence and motivation for life and is considered therapeutic in itself (Argyle & Bolton, 2005). This view that acknowledges arts education as a therapeutic process is very different from arts (psycho)therapy, where the medical context is prominent and the focus shifts from creation to interpretation and diagnosis.

The positive effects of arts and creativity mentioned above have the potential to address the effects of stigmatization; not through a process of imposing a treatment or a label, but rather through providing a space for meaning-making, reflection, active participation and self-empowerment. As Smith (2002) notes in healthcare people become patients, while in an educational setting they become creators.

CRITICAL IMAGINATION

An educational approach that aims to question mental health stigmatization should then primarily aim to address the concept of medical authority, namely the uncontested power of health professional to define mental illness and mental health. To address this issue a ‘pedagogy of possibility’ (Kinsella, 2007, p. 43) where the arts can help individuals embrace life’s ambiguity and the partiality of their knowledge can provide the space for a radical critique of medical authority and for imagining alternative ways of defining and approaching mental health. Kinsella (2007) for instance proposes the engagement of health professionals with literary arts apart from a mere scientific curriculum of study. In this case, literature’s transformative potential is invoked to create more socially-responsible and critically aware practitioners.

This approach can be also traced to the Freirean view of ‘problem-posing education’ wherein ‘people know themselves to be unfinished; they are aware of their incompleteness’ (Freire, 2005, p. 84). By approaching individuals as ‘unfinished’ and incomplete beings, education then becomes a process, an ongoing activity rather than a finished business. Consequently, reality is revealed not as a finite, completed state of things, but a present condition that is limited yet susceptible to change. Such an approach is important when talking about arts-based pedagogies that fundamentally address the

use of imagination: when individuals see themselves as beings in a process of becoming, they are in a place to imagine themselves differently.

Imagination plays an important role in a critical pedagogical approach to mental health, where the arts offer ‘new perspectives of the lived world’ and permit us to ‘set aside familiar distinctions and definitions’ (Greene, 2000, pp. 3-4). This ability of imagination to open up new spaces, new possibilities is the first step towards action for change. In that sense, imagination is not seen as fantasy, separated from reality; but as a process that concerns the capacity of adult learners to imagine a different society and conditions to live in. This is particularly relevant when addressing individuals recovering from mental health issues, as it is often the case that the stigma takes over their entire identity -in Goffman’s (1963) view, they are reduced from whole human beings to mentally ill. Alternatively, they choose to hide their condition in secrecy or being forced to hide by family members, thus re-enforcing their exclusion from society (Noble, 2005). When seeking to support adult learners’ critical imagination through the engagement with arts can then be ‘one positive force to which we can turn’ (Clover & Stalker, 2007, p.1) as means for alternative meaning-making.

When addressing individuals who are recovering from mental health issues, in become aware of the limitation of stigma, not as the entirety of their identity but as a condition that can be changed, would then be important in addressing stigmatization. The concrete, practical aspect of art-making can also contribute to an imagination that is grounded within reality and is ‘concerned for using ideas and aspiration to reorganize the environment or the lived situation’ (Greene, 1997, p.5).

ADULT EDUCATIONAL STRATEGIES

Working through the arts in non-formal and informal settings to address mental health stigmatization can be an effective setting where adult education can reach, as English (2012) notes, ‘the grassroots of the problem’. Working with community arts can mean many different things and approaches, especially when attempting to nurture a critical perspective and collective consciousness. It also involves challenges concerning primarily restricted funding, ‘enforced partnerships’ with governmental or other agents and high competition (English & Mayo, 2012, pp. 138-139). As Shaw and Meade (2013) remark, there is always the danger that such attempts become undermined by

neo-liberal narratives of economic growth and cultural development. In the case of mental health, attempts to address stigmatization through critical imagination can be neutralized by integration into existing concepts, such as the health-illness dichotomy or mental capital. In other words, arts in mental health have the potential to critically address stigmatization, as much as, to reinforce it by reproducing the existing power narratives ‘within a stunted, repetitive and sanitized discourse’ (Shaw and Meade, 2013, p. 195). Adult educators working in the field need to be aware of both these aspects in order to address mental health stigma in a way that empowers individuals and communities rather than attempts to accommodate them within the existing power structures.

According to Argyle and Bolton (2005) there are two distinct approaches that arts in a community setting can address active engagement and critical imagination. One is the process-based approach, where participants are actively involved in the process of creating a work of art. The second is the product-based approach, where the focus is on the experience of works of art, which can then initiate critical reflection, discussion and meaning-making. The case-studies outlined below have been chosen to demonstrate how both process-based and product-based approaches can contribute to critical thinking and address stigma within non-formal community settings.

In the UK, a country with a strong community development sector, there are examples of projects that sprung out of local communities that aim to bring into discussion both the established, medical notion of “mental illness”, as well as, the social aspect of what is mental health is. Centres such as the “Looking well in Bentham” or the “South Tyneside Arts Studio” run weekly art programs where they bring together members of the local communities that have or have not experienced mental health issues (Everitt & Hamilton, 2003). Through offering a shared space for creation the aim is to facilitate social bonding between members of the community, as well as, to challenge the label of “mental health needs” (ibid) that often accompanies members of projects aimed exclusively at people with mental health issues. In Scotland, organisations such as Project Ability and Theatre Nemo are involved in addressing mental health stigma by running arts workshops (theatre, arts, music etc.) aimed at inpatients in mental health hospitals or community centres. They also address the wider community by organizing exhibitions of artworks created in their various workshops. Their aim is

both to nurture participants' creativity and promote inclusion, as well as, raise awareness about the stigma of mental health (Project Ability, 2015; Theatre Nemo, 2014).

Another process-based approach that is rooted in critical pedagogy and has been used extensively within communities to raise awareness and address social change is popular theatre, as an active form of art distinct from theatre aimed at spectatorship and entertainment. As Etmaski (2005) notes, popular theatre involves different art forms (music, visual arts, movement, storytelling etc.) and aims to engage both participants in the process of its making, as well as, the audience. The process of popular theatre involves active participation and creative exploration of the themes, patterns and identities that underlie individual and community living as means of raising awareness and making meaning. As Noble (2015) notes, popular theatre as educational tool gives the space for participants to re-imagine their identities, establish a sense of autonomy and reclaim individual and collective power through imagining a new world. The creative potential of popular theatre is reflected in its presence within various community development initiatives and movements in different countries.

An example of integrating popular theatre into mental health movement is "Mad Pride", a contemporary movement that has its roots other historical movements such as Black Liberation, anti-psychiatry and Women's Liberation and is celebrated annually in several countries (Toronto Mad Pride, 2017). Often following the model of the LGBTQ pride events, activists of the movement have sought to reclaim the terminology of madness to challenge the contemporary medical labels (Schradler, Jones & Shattel, 2013). In this context they have been using arts-informed practices as means for protest and raising awareness on the stigma of mental health. An (in)famous such practice is the "bed push", a public performance where protesters are dressed as nurses pushing a bed that resembles the beds of psychiatric wards. In their festival events, they also include performance, documentary screenings and art workshops. In this informal educational setting, critical imagination is integrated through creative action and public protest to directly undermine the dominant language of stigma.

Creating personal narratives by people who have suffered mental health-related discrimination can also be a way of learning and meaning making. In particular, zine creation, a means that combines visual arts and storytelling, can be a powerful tool for personal expression, as well as, for revealing social and historical structures that sus-

tain stigma. The form of zines itself is linked to small, noncommercial and experimental artforms that are created and distributed by their authors and often contain a critical or subversive content towards society (Cameron, 2016). In a case-study of working through zine-making with women who have suffered long-term depression, Cameron (2016) claims that zines can offer an alternative space for a Freirean pedagogy of hope, very closely linked to the artistic and meaning-making processes of zine creation. As adult educational tool, zine making can be seen as a space where creators have the opportunity to unfold and reflect on their stories using word and image. Apart from that it also connects to communities, social and cultural settings and the human experience; in that sense, if shared zines can also be seen as means for collective learning and meaning making in both formal and informal settings.

Process-based educational strategies concern the experience of artworks as source for learning, developing critical thinking and nurturing imagination, meaning-making and awareness. In working with mental health, experiencing art can contribute towards recovery, as it addresses the entire spectrum of the human experience (Argyle & Bolton, 2005). It can also contribute to critically addressing mental health stigma, to the extent that great works of art have sought to question the status-quo of their time and the dominant stereotypes and power structures. This subversive function of artworks is not always self-evident, and it often needs to be socially and historically contextualized in order to become apparent¹. The contextualization of artworks in anti-stigma interventions becomes apparent in a contemporary example: the Scottish Mental Health Arts Festival is one of the largest festivals addressing the stigma related with mental health through the contribution of artists working with various media and agents from the voluntary, public and community sectors (Aldam et al., 2017). The aim behind the initiative was to explore the links between mental health and creativity and influence the negative beliefs associated with the stigma. It was reported that for this aim to be achieved, the sole contact of the public with the artworks is not enough, as it can have the adverse effect, namely to reinforce the prejudice and existing negative beliefs around mental health. It is the placement of the artworks within an environment of ‘personal interaction’ and ‘meaningful collaborative activity’ that can

¹ This is especially the case with the avant-garde movements of the 1920s and 1930s in Europe, where propaganda and totalitarianism of the time sought to accommodate them in order to establish a cultural and political hegemony, through an “aestheticisation of politics, whose function was to conceal the problems and contradictions of the system, not to reveal them” (Borja-Villel, 2012, p. 7).

contribute to changing preexisting attitudes (ibid, pp. 300-301). Kokkos (2013) in developing a method for incorporating artworks within a critical educational context, acknowledges the potential for art towards unearthing critical thinking, should the aesthetic process be placed within a context of dialogue and reflection on issues that concern learners.

CONCLUSION

Overall, mental health stigma is a multi-faceted issue that has documented effects both at individual and at collective level. In this discussion, adult education that addresses mental health stigma is a movement towards social justice, to the extent that stigmatization results in documented discrimination and violence against people facing mental health challenges. The implementation of the arts within a critical educational context has the potential to address public prejudice and contribute to changing the established negative beliefs that accompany the stigma concept. The activation of imagination through the engagement with the arts, either through a process of creation or through experiencing artworks, also has the potential to develop a critical perspective towards stigma. Such a perspective also involves the possibility for learners to imagine and create alternative identities beyond stigma, resulting in empowerment and meaning-making beyond the established medical concepts.

REFERENCES

- Aldam, G., Dickie, R., Knifton, L. & Davidson, L. 2017. Lessons from a national mental health arts festival. *American Journal of Psychiatric Rehabilitation*, 20(3), pp. 298.
- Argyle, E., Bolton, G., 2005. Art in the community for potentially vulnerable mental health groups. *Health Education*, 105(5), pp.340-354.
- Bonnington, O., Rose, D., 2014. Exploring stigmatisation among people diagnosed with either bipolar disorder or borderline personality disorder: A critical realist analysis. *Social Science & Medicine*, 123, pp.7-17.
- Borja-Villel, 2013. Introduction. In: J. Mendelson, ed., 2013. *Encounters with the 30s*. Madrid: La Fabrica/ Museo Reina Sofia. pp. 6-9.
- Cameron, P., 2016. "I still have my hands": Rural women, depression and zines. In: S. Butterwick, R. Carole, eds., 2016. *Working the margins of community-based adult learning*. Sense Publishers. pp. 15-26.
- Clover E. D. & Stalker, J., eds., 2007. *The arts and social justice. Re-crafting adult education and community cultural leadership.*, England & Wales: National Institute of Adult Continuing Education.
- Dubin, P., 2011. Blueprinting a Freirean pedagogy of imagination: Hope, untested feasibility, and the dialogic person. *Journal of Adult and Continuing Education*, 17(1), pp. 23-39.
- English, L., 2012. A critical theory of adult health learning. In: English, L. (ed), *Adult Education and Health*. pp.13-25.
- English, L., Mayo, P., 2012. *Learning with Adults. A Critical Pedagogical Introduction*. Sense Publishers.
- Etmaski, C., 2005. Voyeurism, consciousness-raising, empowerment: opportunities and challenges of using legislative theatre to 'practice democracy'. In Clover & Stalker (ed), *The arts and social justice*, pp. 105-123.
- Freire, P., 2005. *Pedagogy of the oppressed*. 30th anniversary ed. New York: Continuum International Publishing.
- Goffman, E., 1963. *Stigma: notes on the management of spoiled identity*. Harmondsworth, Middlesex: Penguin Books.
- Greene, M., 2000. *Releasing the imagination: essays on education, the arts, and social change*. Jossey-Bass education series.
- Greene, M., 1997. Teaching as possibility: a light in dark times. *The Journal of Pedagogy. Pluralism & Practice*, 1(1), [online] Available at: <http://www.gayleturner.net/Maxine%20Greene.pdf> [11/12/2017].

- Holley, L. C., Stromwall, L. K., Bashor, K. E., 2012. Reconceptualizing stigma: toward a critical anti-oppression paradigm. *Stigma Res. Action*, 2(2), pp. 51-61.
- Kinsella, E., 2007. Educating socially-responsive practitioners: What can the literary arts offer health professional education?. In Clover & Stalker, eds., *The arts and social justice*, pp. 39-58.
- Kokkos, A., 2013. The use of Aesthetic Experience in unearthing Critical Thinking. In: Mayo (Ed), *Learning with adults: a reader*. Sense Publishers. pp. 205-217.
- Link, B.G. & Phelan, J.C. 2001. Conceptualizing Stigma. *Annual Review of Sociology*, vol. 27, no. 1, pp. 363-385.
- Noble, S.E. 2005. Mental illness through popular theater: Performing (in)sanely. *New Directions for Adult and Continuing Education*, vol. 2005, no. 107, pp. 45-53.
- Pearce, E., 2017. Participants' perspectives on the social bonding and well-being effects of creative arts adult education classes. *Arts & Health*, 9(1), pp. 42-59.
- Project Ability, 2015. *Project Ability 2014/15 Programme Report*. [pdf] Project Ability. Available at: http://www.project-ability.co.uk/filemanager/documents/2015/1415_annual_report_edit.pdf [20/12/2017].
- Rice, S., Richardson, J. & Kraemer, K. 2014. Emotion Mediates Distrust of Persons with Mental Illnesses. *International Journal of Mental Health*, 43(1), pp. 3-29.
- Schneider J. W., 1988. Disability as moral experience: epilepsy and self in routine relationships. *Journal of Social Issues*, 44, pp.: 63-78.
- Schrader, S., Jones, N. & Shattell, M. 2013. Mad Pride: Reflections on Sociopolitical Identity and Mental Diversity in the Context of Culturally Competent Psychiatric Care. *Issues in Mental Health Nursing*, 34(1), pp. 62-64.
- Shaw, M. & Meade, R., 2013. Community development and the arts: towards a more creative reciprocity. In: P. Mayo (Ed), *Learning with adults: a reader*. Sense Publishers. pp. 195-204
- Smith, M., 2002. Stigma. *Advances in Psychiatric Treatment*, 8, pp. 317-325.
- Smith, R., 2002. Spend (slightly) less on health and more on the arts. *British Medical Journal*, 325, pp. 1432-3.
- Stuart, H., 2006. Mental illness and employment discrimination. *Current Opinions in Psychiatry*, 19, pp. 522-526.
- Theatre Nemo, 2014. *Annual Report 2013-2014*. [pdf] Theatre Nemo. Available at: <http://theatrenemo.org/wp-content/uploads/2015/07/Annual-Report-2014.pdf> > [20/12/2017].
- Toronto Mad Pride, 2007. *History – Toronto Mad Pride*. [online] Available at: <http://www.torontomadpride.com/history/> [20/12/2017].