Politics, Identity and a Career in Arts and Health

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Política, Identidad y una Carrera en Artes y Salud

Abstract

The routes by which artists arrive at and pursue careers in arts and health, as indeed in any field, will each be unique and will each uniquely influence an artist's practice and the impact of that practice upon audience and participants; and yet this critical topic has not been substantially addressed in the growing literature on the arts and health field. An autoethnographic approach enables the author to trace and relate his personal identity and actions to some of the significant political events of the times immediately preceding and following his conception, before analysing how these events led to an interplay of identity and politics that has moulded his own practice and career in arts and health. To artists working in the social domain such an autobiographical approach offers a model for a wider and deeper reflective practice, whilst opening - to audience, participants and commissioners alike - routes to deeper understanding of the artistic experience and processes with their uniquely shaped and shaping contexts, and to the consideration of a range of tailored support, mentoring and intervention mechanisms that will sustain and enrich the consequent value of these artistic experiences and processes as catalysts for cultural engagement and development.

Keywords
Arts and health, autoethnography, dislocation, Second World War

Resumen

Los caminos por los que los artistas y las artistas llegan y se dedican al Arte y Salud, al igual que en cualquier otro campo, serán únicos e influirán de manera singular en la práctica del artista y en el impacto de dicha práctica en la audiencia y en los participantes. Sin embargo, este punto no ha sido abordado de forma sustancial en la literatura emergente en el campo de Arte y Salud. Un enfoque auto-etnográfico permite al autor describir y relacionar su identidad personal y acciones con algunos de los acontecimientos políticos significativos de tiempos inmediatamente anteriores y posteriores a su concepción, antes de analizar cómo estos eventos significaron una interacción entre identidad y política que ha moldeado su propia práctica y carrera en Arte y Salud. Un enfoque autobiográfico ofrece a los artistas que trabajan en el ámbito social una práctica reflexiva más amplia y profunda. A su vez, la apertura –a la audiencia, a los participantes y al comisariado por igual– lleva a un entendimiento más profundo de la experiencia artística y de los procesos con sus peculiares contextos que conforman al artista y que el artista conforma, y a una variedad de mecanismos de apoyo a medida, de guía y de intervención que sostendrán y enriquecerán el consecuente valor de estas experiencias artísticas y procesos como catalizadoras de una implicación cultural y del desarrollo.

Palabras Clave
Arte y Salud, auto-etnografía, deslocalización, Segunda Guerra Mundial

"...it is not the consciousness of men that determines their existence, but their social existence that determines their consciousness." (Marx, 1971: 21)

Explanatory Note

For clarity I distinguish in this essay between *art therapists* and *non-therapy artists*. The former are qualified therapists who must have gained a first degree in the arts; the latter are artists who may indeed work in a therapeutic milieu - but they are more likely to do so without an explicit therapeutic intent and therefore will not have required any formal clinical training. Whilst their work may nevertheless be described (by those perhaps more qualified to do so) *as therapeutic*, their intentions, although primarily artistic, will range from the expressive and personal, the aesthetic and environmental, to the social and political - to name but a few of many artistic motivations.

Nevertheless, these distinctions are not rigid in the arts and health field, and many artists work across theoretical, philosophical and practice-defined boundaries.

But what of art? Whilst I have much sympathy with Gombrich's assertion "there is really no such thing as Art, there are only artists" (1995: 15), and Bierce's "**Art**, *n*. This word has no definition" (Hopkins, 1967), I have found Dissanayake's concept more helpful, of art as an evolved biological behaviour which she defines as the "making special" of our experiences (1995: 58). Dissanayake's non-hierarchical definition enables a suite of reconciliations particularly valuable to arts practitioners wrestling with the relationships between "fine art" and "participatory art-for-all", "artistic process" and "product". Echoing Gombrich and Bierce, Dissanayake writes:

I think our understanding of art as a human behavior would improve if we altogether banned the word art in its singular, conceptual form, just as we no longer find it useful to invoke a broad term, vapours, for diverse complaints that gain nothing from being clumped together. (1995: 53)

Structure of the Essay

Part 1: Introduction. **Part 2:** Autoethnography. **Part 3:** Two Biographies: Father; Childhood; Adulthood; Career. **Part 4:** Three Episodes with Commentaries, and a Discussion: Episode #1: Labelling Sagas: "we are how we are treated"; Episode #2: Head for the Hills; Episode #3: The Battle of High Elms; Discussion. **Part 5:** Summary, Conclusions and Lessons. References.

Part 1: Introduction

This essay positions and investigates my career in arts and health within the context of my continuing experience of a psychological displacement that can be traced to decisions taken within and arising from the political events of the first half of the last century. Generalising from a brief autobiography that excavates and examines the political

foundations of this displacement, and from three case studies or "episodes", I hope to draw lessons for artists, as well as for those who commission them to work in the domain routinely covered by the term "health". It is hoped that these lessons will lead to greater understanding of, and thus more effective support for, artistic practice in what are often challenging social contexts.

In English the word "health" covers a broad canvas of human experience, encompassing well-being, illness, life, death, joys, sorrows, distress, pain; and horror. The term *health service* evokes a clinical environment and ethos that is by definition stressful for its clientele, whilst being familiar, sometimes to the point of blaséness, to its personnel. But for those non-therapy artists who practice within a health service, and who may often be deemed as *staff*, this environment may be appreciably more stressful than it is for their clinical colleagues.

There may be two reasons for this: firstly, it is unlikely that these artists will have received the training or the induction necessarily afforded to health practitioners and, secondly, they may not comfortably "fit in" with the institutional systems that administer their chosen arena of practice. This potentially uneasy "fit" may compound the "outsider" status of an artistic engagement - a status already reinforced by the cultural expectations of the artistic vocation. These artists may thus pay a high price for the outsider status that is popularly adduced to their profession, whilst at the same time they may be cautious about revealing the emotional impact upon themselves of what will sometimes be the extreme experiences of those with whom they work. The cult of the individual, as epitomised by the artist in western culture, may therefore mean that a high psychological price is paid by the artist, and this price is unlikely to be recognised or addressed - by commissioners, managers, nor by the artist her or himself.

As explained above, the practitioners in question are those who have elected *not* to pursue training in any of the arts *therapies*. The fact that these artists come from "outside" the health domain may in itself be considered a benefit, but this very "outsider" status may also give rise to conflicts and risks, both for these artists themselves and thus potentially, by extension, for those who participate in their projects. For their part, those professional bodies representing the arts therapies in the UK have certainly articulated concern regarding such risks, where these may affect "clients"; indeed, in some cases they have done so to an extent that has either been perceived as a threat to the practice of non-therapy artists in the health domain, or at least to emasculate it to some extent. But, despite this concern, the corresponding risks faced by these non-therapy artists have not been adequately addressed.

This is not to say that these potential risks have not been considered at all. Following earlier skirmishes (Brown, 2006: 217-218), the British Association of Art Therapists (BAT), the professional body representing therapists who use the visual arts, offered to undertake the supervision of non-therapy artists (230-237). My doctoral thesis *Is Art Therapy?* examined the status of the debate at the millennium (*ibid*, ch.8); and currently the relationship is gaining momentum as an important topic for an emerging national arts and health network (http://www.cultureandwellbeing.org.uk/what-is-arts-in-health).

My full-time employment as an artist in the UK's National Health Service (NHS) began in 1978, when I was thirty-one years of age. During the 1980s I focused my work increasingly on the mental health field. In 1996 took early retirement from full-time NHS employment, primarily on mental health grounds - although I chose not to make this explicit at the time. That year I began researching for the doctorate I eventually gained in 2006.

During my post-NHS period I also practiced as a freelance arts and health consultant, and was active in a series of projects of local, regional, national and international significance, as I will describe. Since 2006 I have rekindled my vocation as an artist, at the same time establishing the *Arts for Health Archive* at the Manchester Metropolitan University (MMU). This archive is a unique collection that documents the pioneering years of the arts and health movement as it radiated worldwide from Manchester from the 1970s to the 2000s (http://www.artsforhealth.org/archive/). A driving force for my commitment to this project is a personal twinning of the ideas of legacy and justice.

What I described above as a "continuing experience of psychological displacement" arose mainly from the interweaving of two factors. One was my being dispatched, at the age of eight, into the British single-sex boarding school system; a decision made by my father when he was a prisoner of war (POW). The other factor, which gave rise to the first, has been a resonance across my life and work of the political events at the time of and preceding my conception (for the purposes of my evolving narrative, I define the latter as my *pre*-conception).

The first of these two life-forming factors generated, and cumulatively reinforced over my formative decades, a sense of dislocation that became sufficiently impregnated as to acquire self-destructive status at times of stress, whilst at other times passionately driving me to over-ride my anxieties in what I understood to be the interests of those with and for whom I worked.

The second of the two life-forming factors was embedded on my seeing, in 1957 at age eleven, a television documentary on the changes in Germany since the Second World War. This programme included newsreel footage of the liberation of Bergen-Belsen concentration camp. I was seriously disturbed by these grisaille images. As Renton (2001: 97) and Novick (1999: 103) have pointed out with regard to the UK and the USA respectively, in the 1950s and 60s knowledge and discussion of what later became known as the Holocaust was not general - it was certainly not taught in schools; indeed, as Renton points out, the subject was 'taboo' (*ibid*). I had known nothing whatsoever of these horrors, despite the fact that, in the 1950s, 'the war' of our still-young parents featured in my generation's childhood games far more than had the Cowboys and Indians of their generation. These games are thrown into a stark relief when one realises that the fathers of children such as myself and my friends may, like my own father, have witnessed at first hand some of the horrors of totalitarianism; but of these they would rarely speak except perhaps to their wives and lovers until later; in my father's case, not until a night of dismay in 1957. Becoming more aware of what it means to be human in the face of these terrible revelations about our nature and its capacity for cruelty, we experience a deep incomprehension and shame; of these things we are so embarrassed to speak.

Considering and working outwards from these intertwining factors, I hope to show by using three sample episodes from my career in arts and health, firstly, how identity and politics have shaped the trajectory of my own career in the arts and health, both reinforcing its successes and undermining its potential; and, secondly, to generalise from my examination of these intensely personal factors in order tentatively to suggest lessons that might be learnt, by artists and by those who commission them to work in the health domain. I hope these lessons may enrich and sustain health-related arts practice through better mutual understanding of the motivations, the experiences, and the needs - whether or not these are articulated - of artists working in the difficult situations that are typical of the 'health' domain.

Part 2: Autoethnography

This article is autobiographical. Autobiography, or autoethnography, carries the risk of self-indulgence. Insofar as my purpose, however, is *explicitly* to place, investigate and draw conclusions from my own experience as it unfolded within the times and the rapidly evolving cultures in which I and my parents have lived, I hope to fulfill the expectation of Ellis and Bochner's (2000: 739) description of autoethnography as "an autobiographical genre of writing that displays multiple layers of consciousness, connecting the personal to the cultural."

Elsewhere Bochner and Ellis (2006: 111) state that autoethnography enables authors to explore "...the meaning of their struggles." It is by excavating such possible meanings from the clearly-defined archaeological site of my psyche that I modestly hope in this article to generalise from my "struggles", and to do so for the benefit of three constituencies. The first of these is that of the artist - in her/his artistic practice and its social applications; the second is that of the artist's commissioners - in their awareness of artistic consciousness and approach; and the third is the artist's audience - in the enhancement of its appreciation and understanding of the cultural and psychological hinterland to the work that the artist actually produces.

> Autobiography makes no claim to objectivity:
> When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they are revealing truths. These truths don't reveal the past 'as it actually was, aspiring to a standard of objectivity. They give us instead the truths of our experiences. (Devault, 1997: 261)

History is multifariously, densely, if not infinitely, layered; it is quantum. There is an infinite number of possible narratives, for example weaving my life, weaving yours, mapping the pathways by which your brain and mine meet here, on this page, in this journal, at this precise moment. What an astounding series of coincidences!

Chang (2008: 54) warns of the pitfalls of autoethnography:
1. excessive focus on self in isolation from others;
2. overemphasis on narration rather than analysis and cultural interpretation;
3. exclusive reliance on personal memory and recalling as a data source;
4. negligence of ethical standards regarding others in self-narratives; and
5. inappropriate application of the label autoethnography.

I have attempted to avoid Chang's pitfalls by:
1. ensuring that focus on myself is in relation to others and the times in which I have lived;
2. using narration specifically as data for background, analysis and cultural interpretation;
3. wherever possible and desirable, weighing reliance on personal recollection with narrative triangulation, referenced contextualisation, and verifiable data;
4. having regard to ethical standards regarding others in my self-narratives, by disguising the identities of individuals where thought desirable;
5. by addressing the above four pitfalls, hopefully avoiding too inappropriate an application of the label "autoethnography".

This essay forms part of a continuing project to create a narrative of my career in arts and health. McNiff (1998: 92), an art therapist, calls for biographies and autobiographies

of practitioners in and pioneers of his profession. There is, likewise, arguably a need to document the pioneering role of those non-therapy artists working in the health domain who are now reaching retirement and old age - as were the pioneers of Art Therapy at the time of McNiff's call.

The next section begins with a biography of my father who, like fathers everywhere, has been a pivotal figure in the narrative and in the course and tenor of my life. Background information for this sub-biography has come from literature and internet searches made since my father's death in 1998; from the memoirs he wrote whilst a POW in nazi Germany (Brown, J., 1942-45); and from tales told by the family fireside. Three case studies then describe episodes from my career for commentary, discussion and analysis.

Part 3: Two Biographies

Father

My father was born in 1921. He was an only child. His mother had a difficult birth. When he was in his teens she told him she had never wanted a child.

By September 1939 my father was about to study law at Manchester University. His study books had been purchased, and they remain unopened today on my daughter's bookshelves. He enlisted in the Royal Air Force (RAF) on Britain's declaration of war against Germany. After training he was assigned to 18 Squadron as a wireless operator/air gunner, flying mainly Bristol Blenheim light bomber aircraft.

My parents met in 1942 and married on 28 August that year. My mother did not see my father again until June 1945. Immediately following their wedding he returned to his squadron which in November was posted to Algeria. Less than a week after arriving in North Africa his aircraft was shot down during a raid on Bizerta aerodrome in neighbouring Tunisia. My mother received a telegram stating her husband was 'missing, believed killed'. This information was published in the Manchester Evening News (Fig.1). It was several weeks later that she heard he was a POW.

↑ Figura 1. Manchester Evening News, 1942

My father's wartime journal, which I read only after his death in 1998, includes an admiring and technically detailed account of his pilot's forced landing on the only relatively flat area on a hillside. The pilot was Bill Langley Williams and he and my father had already begun a lifelong friendship. I am named after Bill.

The three crew members were captured and flown to Italy in the company of Afrika Korps soldiers going home on leave. They were handed over to Italian forces and imprisoned in a series of camps. On the Italian surrender the British command ordered prisoners to stay in their camp until the arrival of the 8th Army. Some were not prepared to wait; in another camp, for example, Eric Newby (1971) escaped to spend the remainder of the war with shepherds and partisans in the Appennines. But my father was among the majority who stayed in camp. One morning they awoke to find the guard towers occupied by German troops.

Separated from his RAF companions, he was taken in a train of POWs to Germany and admitted to the POW camp Stalag IVB, near Mühlberg on the Elbe (Fig. 2).

↑ Figura 2. Stalag IVB, Mühlberg, Saxony. Photograph: Wikipedia Commons

As a non-commissioned officer (NCO) my father was not compelled to work. He devoted himself to reading, and to writing the account of his courtship of his new bride, of his departure immediately after their wedding, of his capture, and of his hopes for a future of which no-one could be sure.

On 23 April 1945 the camp was liberated by Russian cavalry, some of whom used the German guards who had not already fled for live sabre practice. The prisoners had been fortunate, however, in that their camp was close to the anticipated convergence of the Soviet and American forces, so its occupants had not been evacuated deeper into Germany on a forced march such as those endured by prisoners from other camps. The Soviets were in no hurry to repatriate the western allies. My father was one of many whose impatience overcame their apprehension concerning the often unpredictable behaviour of their liberators, and some time in May he and a band of fellow ex-POWs walked to the Elbe and crossed to the American lines. Having virtually lived off the land since liberation, my father was by this time comparatively well-fed, despite a winter of severe shortages of food and fuel in the camp. His unexpectedly good health gave rise to a homecoming that merged farce and horror and of which I was not to hear until April 1957.

Observing the backgrounds and resources of his fellow prisoners, my father's diagnosis was that the prisoners best equipped to cope with privations such as those experienced by POWs were those who had been sent to boarding schools. The prescription he thus formulated, as a young man of 24, was for his sons to be educated at the peculiarly British version of such schools.

My father never showed me his wartime writings while he lived. Following what the family feared might be a terminal illness in early 1998, and after a lifetime of prevarication, he agreed that he and I could meet in November, when he would show me his writings and we would discuss what should become of them. But he died in September. He knew the end was coming but, significantly, he had made no attempt to destroy his writings, which were still in a large faded foolscap manilla folder amongst the papers in his bedroom drawer.

He had been working towards a book. He had only written four of a planned total of eight chapters before the end of the war**.** These chapter headings were listed on a contents page, at the foot of which was a conclusion and an epilogue; in a wooden hut on the Saxon plains, three years before I was born, my father had written in prussian blue ink: *Conclusion - "Ronald Langley".*

These are the full forenames I was given on my birth in March 1946. And at the foot of this contents page is written in pencil, at an unknown later date, but presumably before the birth of my brother in 1954: *EPILOGUE - TO MY SON*

He always said that no-one would find his writings of any interest. They were sentimental, he would say; they described his love for his wife, my mother; he could not remember dates and places, so he could not fill in the blank spaces he had left for security reasons.

But among these papers was a folder containing a faded pencil-written text that I read in 1998 with mounting pangs of empathy and sorrow. Over forty close-written pages he described and analysed his bewilderment at his secret emotional attachment towards a fellow prisoner.

His book never materialised. Immediately upon his return from Germany in June 1945 he was instructed by his father-in-law to start work at the family's dye works the following Monday. In the meantime, the reunited couple took their postponed honeymoon at the Anglers Hotel by the shore of Ennerdale Water in the English Lake District. Here I was materially conceived, in a room overlooking the lake. The hotel was demolished in 1961 to allow for the water level to be raised to provide water for the local area. Like my father's book, this water scheme never materialized.

Despite the fact that he had decided to be a writer, for the rest of his life my father rarely wrote a letter, and he did not read another book until he retired from the family business.

It is now time to examine the other significant decision he had made as a POW - a decision he did succeed in fulfilling: that his son, pre-conceived in nazi Germany as *Ronald Langley Brown*, would be sent at age eight to a private boarding school for boys.

Childhood

These events, occurring during and in the aftermath of the Hitler war, are ingrained upon my identity and have significantly influenced my life trajectory, my actions and my career.

Before "going away" to school at eight, I played war games ("our dads' war") with my playmates in the street. What did I know of the British class system? I was not aware that my parents only lived in what they considered to be a lower middle-class suburb of semi-detached houses because times were hard after the war, they could not afford a home in the kind of "professional" district in which their own parents lived. My first experiences, at boarding school in 1954, of living among the sons of families from those (to me) alien and affluent districts was unexpectedly unpleasant. It would become all the more so because one of my school contemporaries lived near enough to our home to know of my comparatively "lower-class" status which, in any case, my broad Bolton accent confirmed. School holidays became times of fear too, on account of this bully's home being across the class divide but a mere two streets from our ramshackle house. Withdrawal and dislocation took hold.

When I left home in 1954 for my first term at Harecroft Hall Preparatory School, between the Cumbrian Mountains and the Irish Sea, my parents gave me two going-away presents. One, here beside me as I write, was Kenneth Graham's *The Wind in the Willows* (1926), a well-loved tale of anthropomorphic animals living beside an idyllic English riverbank, and written in what conservative England persists in recalling as an idyllic golden age before the First World War. Inside the front cover, in my mother's sloping upper-case blue ballpoint, is the inscription: *R. Langley Brown*

This formulation of my name reflects the transition begun some years before towards the name by which I am now known; from my first name *Ron* (after my maternal uncle, a dashing Spitfire pilot who fought in what was then known as The Far East), to *Langley* (after the Blenheim pilot, but for whose skill I would not have been conceived).

The second present, which I did not possess for more than one night, was a boxed set of Tri-ang 'Push and Go' tin and plastic toy trucks. At the instigation of the bully from my home neighbourhood, my well-spoken dormitory companions systematically destroyed each one of these six toys on the first night of my first term at this institution.

↑ Figura 3. A weekend 'exit' from an English boarding school, Cumberland, 1955.

With the exception of half-term weekend "exits" (Fig.3) my first school year was bewildering and miserable. When I returned home I became reclusive, so as to avoid the boy who lived in the "posher" district two blocks from our street. As a result of this withdrawal I acquired a reputation on our street for being a "stuck-up" kid who went to a posh school and was now "too good" to play with his old friends. Three months is a long time at age eight and nine; and the legacy of this vicious circle persists in a recurrent social phobia.

I was unable to overcome the insidious feeling that my behaviour and my very personality had become a deep disappointment to my father, whose hopes and dreams for a post-war idyll were sullied by an increasingly shy and withdrawn son who grew into a sullen and rebellious adolescent who joined the great tide of rebelliousness of the 1960s.

Every Friday of my first term at boarding school, our teacher Mrs. C. would chalk "our" letters home on the blackboard for us to copy and hand back to her for posting:

Dear Mummy and Daddy,
On Sunday we went to Church...
On Monday we played football...
On Thursday we went for a run...
On Friday...

After that first term of prescribed correspondence I rarely wrote home. This fracture of contact with a child whom she had not wanted to be "sent away" caused my mother such distress that our relationship was permanently damaged; a situation doubly painful for her as she had fought unsuccessfully to dissuade my father from sending me away.

By this time I was doing well scholastically, and I had acquired friends at school (but I no longer had friends at home, due to my reclusivity). I arrived home one end-of-term to find that my parents possessed a television set. One evening in April 1957, shortly after my 11th. birthday, a clipped voice from this bakelite marvel in the corner warned that the programme to follow was "unsuitable for children, old people and those of a nervous disposition." I was told to go to bed. I responded "but I'm not a children." Half-smiles and nervous looks were exchanged.

The UK Chief Rabbi Dr Jonathan Sacks has stated that the newsreel of the liberation of Bergen-Belsen concentration camp "belong[s] to the defining images of human history" (2005, Retrieved 30 November, 2011, from http://news.bbc.co.uk/1/hi/world/europe/4445529.stm.). For every one of us who has seen those images there has been that first time. They are so momentous, so psychologically undermining, that it is one of those things rarely talked about. After all, those of us who have merely seen *images* of those events, who have not lived, seen, suffered or died the reality, in all probability have lives of comparative ease. Linked to many months of nightmares and loss of sleep was a dawning and lasting guilt and confusion in the recognition that my prevailing emotion of fear was repeatedly activated by the images of the victims, alive and dead, individual, bulldozed and in ghastly pits and mounds.

My mother was weeping. I was shaking. We stayed up late; talking, listening. Crying. My mother had seen the Belsen film at a cinema in April 1945, when my father was still in Germany. Families with menfolk in POW camps had been filled with anxiety as they waited for loved ones to come home. Many POWs who endured evacuation marches from their camps were similarly reduced to emaciation, but, as I have described, my

father's camp was not evacuated, and he returned comparatively fit and well.

> In my doctoral thesis I wrote of my parents' reunion:
> ...she feared her husband would return a living skeleton; this was why she embraced the frail elderly taxi driver who delivered my father home ... [she] dragged him into the house whilst my father, sleek and healthy after a month's foraging across Germany, was unstrapping his kit-bag from the luggage rack at the back of the taxi. (Brown, 2006: 130)

I was filled with even greater admiration for my father once I had seen the evidence of what he and his generation were fighting against. When he told me he had been aware by the start of the war (HMSO, 1939) of the persecution of the Jews in Germany, I had assumed that this was the reason he had enlisted in the RAF on the declaration of war. When I mentioned this to him in the 1980s he said: "No, it wasn't; I joined to save the [British] Empire."

But he witnessed evidence of nazi barbarism. One evening by the heat of the gas fire he told us how on arrival in Germany his group of POWs disembarked at a station called Jacobsthal. Here they spent several days in a transit camp. He described a new pump clearly designed to provide a trickle of water for inordinate effort; latrines with a waist-high sloping plank on which a weakened prisoner was forced to hold up his body solely by his arms or fall into the faeces. He described the embarrassment of the German guards and officers.

For years I doubted my father's memory; I could find no reference to a camp named Jacobsthal. Later, an internet research revealed that Jacobsthal was another name for Zeithain, an immense camp for Soviet POWs, thousands of whom died of starvation and disease (http://en.stsg.de/cms/node/921. Retrieved 30 July, 2011). Jacobsthal had also previously served as a transit camp for Jewish victims en route to extermination in the East; here was the rationale for the sadistically designed facilities which had shocked the POWs and their escort. It is unlikely he did not also witness the neglect and starvation of the Soviet POWs, whose compound adjoined his.

It may have been on account of my acclimatisation at Harecroft that the move to St Bees public school ('public', in the eccentrically British case, meaning 'private') at age 13 was less traumatic than my introduction to the casual bullying (but no less traumatic for that) I had experienced at preparatory school at the age of eight. But the bullying at St Bees was disciplined; it had structure, it manifested itself in rituals of psychological cruelty cemented in place by long tradition. As I will describe later, a particularly unpleasant element of this psychological abuse was directed and carried out by senior boys of 17 and 18. At age 13, these rituals inspired dread. But by age 17, I saw them as pathetic and ludicrous. When we became prefects at 18, a friend and I had no desire to oversee or be party to these rituals, rather wherever possible to subvert them with mockery and to dissuade their practice.

At that time I still believed my father had joined the RAF to fight nazi racism. I still persist in suspecting this may have been the case to some extent, and my suspicion may be borne out by his support of the UK Labour government's legislative acts such as the repeal of the laws against homosexuality**,** the abolition of the death penalty, and opposition to the South African regime. In his middle years he epitomised the more liberal branch of the British Tory (Conservative) party, as many of his political opinions attest.

If there was any careers advice available at St Bees School I have no memory of it. Or I may not have considered it necessary, as I had a vague assumption that I would, like so many of my contemporaries, enter the profession of my father. But by 1964 the Lancashire cotton industry was in terminal decline. Following in the footsteps out of which my father stepped to fight Hitler, I applied to law school; but I failed the entrance examination requirements in Latin. After a year of further half-hearted choices I applied to art college. I was accepted.

Adulthood

In the second summer between leaving school and beginning art school I discovered excessive alcohol, as well as Dada and Surrealism in the bookshops of Bournemouth. Marcel Jean's *History of Surrealist Painting* (1960) was a transformational moment (particularly *ibid*: 117). Surrealism's mix of rebellion, beauty and freedom resounded deep within a twenty-year old, adrift among the bars by the shores of the English Channel.

I resisted and rebelled against the formal aspects of my arts foundation course. I slapped my tutor when he tried physically to manhandle me into a still-life class. And I resisted, again, the academic elements of the graduate fine art course at Leeds School of Art; why should I be expected to *write* on an art course? I did very little actual *art*. Yet I was surprised to find I was not alone in my dissatisfaction with what I perceived at that time to be a stultifying art education in a stultified society. Many of our fine art student cohort of 1967 walked out en masse from our first history of art exam. There were no repercussions. The times... they must have been a'changing.

In 1966 my girlfriend of that time, my best friend, and I attended the concert by Bob Dylan at Manchester's Free Trade Hall, where slow hand-clapping, jeers, whistles and a cry of 'Judas!' met the second set in which Dylan replaced his acoustic guitar for electric, introduced the Hawks and stunned us with the searing rage of *Like a Rolling Stone* and *Ballad of a Thin Man*. The aching beauty of *Visions of Joanna* and the surreality of *Desolation Row* had already been delivered in the unaccompanied first set, during which you could have heard a pin drop. But the dense, electrified second set soared with a rage, mystery and a power that, for me, fulfilled André Breton's (1999: 160) requirement that "beauty will be CONVULSIVE or it will not be at all." This concert delivered the expression and endorsement of what many of my generation were feeling at that time: frustration, anger, and an agonised longing for something of a profound and challenging beauty, beyond the soporific firesides for which our parents' generation longed with so much justification after the horrific events of the first half of that century.

I began painting in earnest in the early 1970s, after leaving art school, and exhibited in several galleries. I was haphazardly pursuing my vocation as a surrealist. In 1978 I joined a team of artists in the National Health Service (NHS). We were not therapists.

Career

Unlike many of my fellow art students, I had no intention of becoming a teacher. Whilst my friends were starting their school careers, I was exhibiting around North West England. In 1972 I was offered an unpaid post as what was described as *curator* of an arts centre that was to be established in a 17th century stone barn in Chorley. The Lancashire County Council's Art Advisor and I recommended to the project's trustees that we should describe

the venue as a *community arts centre*. The experience was initially exhilarating , but the Gillibrand Centre was under-funded and expensive to heat and after a brief season it closed in 1975.

We then moved to Brighton on England's south coast, where my wife Adrienne undertook her post-graduate art teacher's certificate. In 1976 our young family moved to the Derbyshire Peak District, where Adrienne had been appointed as a secondary school art teacher. I looked after our son and painted sporadically. The following year I applied unsuccessfully for the position of caretaker at the primary school which my son had recently begun to attend. One of my interviewers was a parent governor, Peter Senior.
After my interview, Peter told me he had acquired funding from a government employment scheme to establish a team of formerly unemployed young artists in a Manchester hospital. I joined this team in 1978.

The Manchester Hospitals Arts Project (now Lime, one of the foremost providers of arts in health in the UK: http://www.limeart.org) made murals, staged exhibitions by professional artists and staff, and arranged performances across a growing radius of hospitals and community clinics. From the early 1980s I focused on the mental health services, whose users I engaged in making artworks for healthcare settings, either as group site-specific projects, or as individual and group exhibitions. Those with whom I worked gained skills but would then be 'discharged' from the hospital within which they had had recourse to the very arts activities that were, in a growing number of cases, perceived to have impacting beneficially upon their progress to improved well-being (Creed, 1984).

Three friends, all members of the Hayfield car pool commuting the daily 20 miles between Manchester and home, Peter Senior, Consultant Psychiatrist Dr Francis Creed, and myself, conceived of a venue to provide continuing opportunities for creative development following patients' discharge from hospital. In 1986 I became Director of START Studios (as it was then), a new arts centre for users of Manchester's mental health services.

During START's initial period, our team of artists expanded and individual studios were set up in different media and artforms. One of the new artists suggested modifying the organisation's title to reflect the unity-in-diversity that was emerging, and for the next few years START became START Studios. It is now called START Manchester, to distinguish it from START in Salford (which I helped establish in the mid 1990s, at a time when I envisaged START as a generic title for a growing network of similar studios. In the event, different localities adopted individual names for their aspiringly individual projects. I was happy about this, as I was more disposed to sowing seeds rather than pursuing a business model such as franchising).

START soon incorporated, firstly: SNAPS (START's News and Photography Service), and, secondly: START Out, an outreach programme for the growing number of members who had gained a level of expertise that enabled them to work for payment with professional artists on commissions and other projects in the community outside the health domain.

I was soon responding to and advising those seeking to establish START-type projects in other localities. At the same time, I was fighting to resist the erosion of START's fragile philosophical independence as an arts centre within the mental healthcare system. This was attempting to square a circle, tilting at windmills. I did not accept this at the time, but it was clear that my stress levels and overwork were beginning to cause difficulties for my

colleagues. I was bored with my role, dissatisfied with my abilities as a manager - a role I had never wished for and had hoped to avert by titling myself "director". My expectation, and my assumption regardless of the feelings expressed by my colleagues, was that the course of START was now set and that the artists could look after their own studios - as long as I fulfilled what I (and I alone, it transpired) considered to be my task: to roll out the START approach, thus securing the funding to enable the adventure to continue and develop, with or without me.

I had naively thought that once in motion START would virtually run itself, given the availability of funds. My naivety in this case was an apparently contradictory symptom of my illusion of central position, a position I had come to inhabit as a response to the long-term anxieties and the perceived need for a carapace of security from within which to function in the human world. I was becoming exhausted and unable to meet a growing number of conflicting demands and expectations. START Out provided opportunities for me - as well as for the START members for whom it was intended - to work away from Manchester. I helped establish an arts project at the Devonshire Royal Hospital in Buxton, where we now lived. I looked to the Buxton project as an option to at least cut back on the daily three-hour commute to and from Manchester.

But the Buxton project met opposition from traditional and powerful factions within the hospital. My work in other localities involved difficulties too, which I no longer had the energy to address, as I was spread too thinly. In addition to my development work, and against the advice of friends and colleagues, I staged a joint exhibition of my own artwork and that of a START member. A motive for this, which I realised only later, was to assert my self-image as, first and foremost, an artist as opposed to a manager.

I had a mental breakdown and, with the agreement and warm support of my managers, worked away from Manchester for the months until my agreed early retirement (at 50). I helped develop a number of projects that included START in Salford (http://www. startinsalford.org.uk/) and the (now defunct) UK Arts in Mental Health Forum This Forum held its first residential weekend in 1995, for which I organised a large exhibition of work by professional and user/artists, representing the growing artistic activity in the mental health field around the UK. For reports on the two Forum residentials, see Verrent (1997, 1999).

Whilst START has continued to flourish (http://www.startmc.org.uk), from 1996 I worked intermittently on my PhD at the Manchester Metropolitan University, gaining my doctorate in 2006. After representing the UK and *Arts for Health* at the 1997 Experts' Group and final conference of the UNESCO ten-year Art in Hospital project, I devised the themes and programme for CHARTS, the 1999 *World Symposium on Culture, Health and the Arts* held at the Manchester Metropolitan University.

In the mid-2000s I served as a board member of Bridgehead, a newly formed artist-led company which responded to the perceived need for artists (especially those facilitating the creativity of others) to explore new collaborations and directions. Bridgehead represented a range of arts disciplines, undertaking an action research programme to develop collaborative projects and workshops for further potential 'cohorts' of artists and aspiring artists across a widening network of geographical localities and communities of interest. The programme of CoLabs (collaborative workshops) that I devised explored the basics of the arts – movement and gesture, mark and making, text, voice and sound - as a means to familiarise participants with each others' modes of practice and as a step towards testing new methods of collaboration across artforms.

Several of the Bridgehead artists were of or near retirement age, some going through life-threatening illnesses, and these circumstances led to an emergence of an aim that usurped the original purpose of the company, which had been to radiate the experience to new cohorts. Our first cohort so relished the opportunity provided by the preliminary aim of Bridgehead to enable artists whose careers had been working with others - perhaps at the expense of their own creative development - to rediscover their inspiration and explore new and collaborative ways of working, that the directors became less disposed to develop the project beyond the close-knit group that had formed (Hyatt and Brown, R., 2004). This reluctance to roll out the Bridgehead approach to further communities signalled the demise of the company, which closed in 2008. I was elected chair to oversee the winding up of Bridgehead, and this was not a happy experience.

In the exploration of the artforms of other practitioners, Bridgehead led me to a brief and fulfilling career as an actor, playing the lead in several productions of *fragile***theatre**, a semi-professional theatre company.
In 2009 I returned to visual arts practice, making paintings, drawings and constructions and exhibiting annually at the Buxton Festival Fringe.

Concerned to secure the legacy of the careers in which we and our colleagues have been so fortunate as to engage, in 2010 Peter Senior and I rescued 14 filing cabinets of archives from destruction by damp in an abandoned building in Manchester. The *Arts for Health Archive* (see above) is now established at the Manchester Institute for Research and Innovation in Art and Design (MIRIAD: http://www.miriad.mmu.ac.uk/) at the Manchester Metropolitan University, and will form part of a worldwide network of archives and resources relating to the practice, development, history, science and philosophy of arts and health. Beginning in 2011, I am piloting under- and postgraduate studies drawing upon the Archive. One of these programmes involves a team of final-year *History of Art and Design* undergraduates and *Art as Environment* postgraduates in curating an exhibition, centred upon a replica of a destroyed mosaic mural, reassessing and, in an unexpected and gratifying dynamic, reactivating the 1980s project that I shall discuss in Part 4 as "Episode #2: Head for the Hills".

Part 4: Three Episodes with Commentaries, and a Discussion

My intentions in this essay have been:
    - to explore the extent to which politics have influenced my identity and career;
    - to suggest lessons that may be learnt the better to sustain understanding generally between artists and those who commission and work with them.

Following the above biographies I now aim to demonstrate in more detail how the ways in which I conducted my career have been influenced by my father's experiences during WW2 and by persecutory politics such as those against which he (amongst many) stood.

My father's decision, based on his wartime imprisonment, to send me to boarding school is at the root of my displacement and my tendency towards a withdrawal that has often undermined the fulfillment of my ambitions.

These ambitions have themselves been fuelled by, on the one hand, my reaction to the loss and abandonment of being sent away from a happy home and community and,

on the other, my guilt and anger at my frailty as a human being in the knowledge of human evil.

This push-pull dynamic, alternating ice and fire, has been a persistent force in my life. I can *glimpse* the virtues of such a dynamic. I cannot *feel* them.

From time to time, unpredictably and without much thought, I have signed my name, in message books or on emails, using one or another of three *alter egos* that I describe as *The Three Ronnies* and who, as I realised with some surprise on my reflection for this essay, may be taken to represent three aspects of my personality:

- *Ronnie Rascible* is an avatar for my anger at injustice and persecution, arising from my experience at boarding school and my shock on seeing the Belsen film;
- *Ronnie M'Possible* is an avatar for my over-ambition, megalomania, failures, frequently unpredictable behaviours, my veering between attack and retreat;
- *Ronnie Ross* is an avatar for my fluctuating social relationships, and for the egocentricity that is commonly adduced to my generation (see, for example, Wilber, 2002). It also signifies surrealism and eros.

The "Three Ronnies" not only resurrect my discarded first name, but also suggest an aspect of my approach to life that is not explored in this essay, namely, the deployment of humour as an effective counterbalance to anxiety and feelings of inadequacy.

In order to explore the extent to which these factors impacted upon my work, I shall now consider the relationships between:
- three episodes from my career;
- how my character traits influenced my behaviour in these episodes;
- how these traits and behaviours were influenced by political factors.

In narrating these episodes, traits and factors, I hope to illustrate an extent to which, and how, those elements of my own identity as formed by the political circumstances surrounding my birth in 1946 have functioned as drivers, barriers and inhibitors to the fulfillment of my ambition and potential in my adopted field of practice.

Episode #1: Labelling Sagas: "we are how we are treated"

The day we heard of the success of our bid for Urban Aid funding to establish START, I went to see the Chief Executive of the (then) Central Manchester Health Authority. I told him I did not want to be called "manager", prefering the title "director", to suggest that my role would be that of longer-term direction, rather than hands-on day-to-day management; that is, more along the lines of the director of an art gallery or a theatre company (but not necessarily of every exhibition or production). Encouragingly, he said "you can call yourself what you like!"

I also wanted to ensure that those who availed themselves of START would not be labelled in any way that would diminish or undermine their potential to become artists, rather than to be continued to be viewed as "mental health" casualties; that is, to become autonomous creative individuals, within a responsive and conducive community. My aim was to foster a unity in diversity. This was not necessarily an aim for a mental health service, whose currency was illness, healing, caring, curing and discharging - all performed in an environment of what I perceived as demeaning pathologies.

The name "START" was initially an acronym for "Sheltered Training in Art." But from the outset I was unhappy with what I considered the potentially stigmatising connotations of the term "sheltered", so the latter was dropped and the project became known simply as START in its early years. We described it as an *arts centre*, and this ethos prevailed in START's formative period; a remarkable state of affairs, which characterised the backing of a few remarkable local NHS managers during that period, and their willingness to accept a considerable degree of risk in supporting what was deemed a "maverick" but effective element within the psychiatric institution. Such a maverick element could not be expected to last forever without further *gleichshaltung*.

I never believed it when care staff in services for older people or those with mental health problems would tell me that their patients would not be able to "do" art. What assumptions, what prejudices were in play here, amongst such apparently well-meaning people?

I saw the psychiatric institution and the assumptions of its caring professionals in the light of the psychotherapist Bruno Bettelheim's conclusions concerning the mass society.[1] Bettelheim (1970) had reached the conclusions relevant to this essay during and following his incarceration at Dachau and Buchenwald in 1938/9. I have frequently used the phrase 'people tend to behave how they are treated'. If a person is starved of creative opportunity, an observer may conclude that she or he is not a creative person; *"they* won't be able to do art".

As I walked down the corridor at START one afternoon in the late 1980s, the thought arose unbidden my head: "this is the *anti*-concentration camp."

When I reflect upon that fleeting "anti-concentration camp" thought, I recognise its poignance and meaning; later I will use an episode from Bettelheim's book to illustrate this recognition. Meanwhile, the following instances show, cumulatively: how casually one can display prejudice; how the individual can stand out from the mass; and how a personal realignment by an individual can generate a reassessment of the individual, and by extension of the group, in the perceptions of those who, however unintentionally, represent and sustain a pathology-based, and therefore inherently negative, view of that group:

- When START's photography project (SNAPS) offered to provide photographs for an information leaflet for the Department of Psychiatry, the Department's senior manager, X, talking in the corridor to the SNAPS lead artist, asked in a voice loud enough to be heard in every room on that floor 'are these people *competent*?'.
- When I told a psychiatrist about a deeply evocative slide-show given by one of his patients about her recent visit, accompanied by an artist, to places that had featured in her childhood experience of being evacuated from Manchester to escape the wartime bombing, his first reaction was that I must be referring to a different person; *his* patient would not be capable of giving such a presentation.
- A START member, a painter, was about to see his psychiatrist. "What should I talk about?" he asked. "Well, what do you usually talk about?" I replied. "My problems, I suppose." "Well, there you go...", "But I haven't got any problems now." "But that's great, isn't it?", "No, not really - if I haven't got any problems I won't be able to keep coming here." "Ah... Do you ever talk about your painting?" "No, I mean, that's not what it's about." "Well, you could give it a try." Next day I saw him setting off for the hospital, two paintings under each arm. He returned with just three. "Where's the other one?" "He bought it."

By making art, within an environment that was predominantly artistic rather than therapeutic, our community was able to challenge the preconceptions of NHS staff, doctors and managers. Furthermore, by engaging in projects and commissions *outside* the mental healthcare environment, members generated recognition and acclaim for being *artists* rather than "patients".

Those who attended, who were "discharged" to, or who applied to join START were described as "recovering from mental illness" (Creed, 1984). In discussion with the group of "ex-patients" - or, in my preferred terminology at the time, "aspiring artists" - with whom I had been working since before START was launched - it was decided that those joining the new project would be known as *members*; that is, members of an *arts* centre. Since I left START in 1995 its function has turned to an educational ethos, with an impressive record of integration with local education services. Those who attend START Manchester are accordingly now described as *students.*

But the terminology by which a group or a person is known has a bearing on how they are perceived and treated, and on how they perceive themselves and act in the world (Brown, L. 1996: 222). I had been unhappy with the term "patient", considering it particularly counterproductive when applied to people with an already lowered self-regard, in that it signified a person's passivity in the presence of the expertise of the clinician who, in my experience and as indicated in the story of our slide-show presenter, rarely had anything but a limited, profession-circumscribed view of the people they aspired to 'treat' and care for.

I stated that those who attend START Manchester are now termed *students*. Although this label may jar with my deeply entrenched, and arguably pathological, feelings regarding what I perceive as the hierarchical and divisive implications of the gap between the expert teacher (the professional with power-in-knowledge), and the passive student (in this case, the patient, learning at the feet of the teacher), I nevertheless do not allow these feelings to override my respect for the achievements of START since I left.

Commentary

In 1939 the psychiatrist Bettelheim was one of a number of Jews released from Dachau and Buchenwald on condition they emigrated from Germany. During his year in these camps he maintained his sanity by studying the behaviour of his fellow inmates and of their persecutors. In *The Informed Heart* (1971) Bettelheim presents his analysis, before extrapolating how mass society echoes the psychological structures and pressures that obtained in the concentration camps. One of Bettelheim's observations concerns how people tend to fulfill others' expectations of them to behave in certain ways, and how an individual's knowledge of this can subvert even the deepest prejudice. He describes and analyses at length an incident (ibid, pp. 198-200, 206-209) when he reports to the camp clinic, at the door to which prisoners must show their wounds to a guard who usually turns away the Jewish prisoners with abuse. When Bettelheim exposes his frostbitten arm and shows no sign of his considerable pain when the guard attempts, unsuccessfully, to peel off the rotting flesh with his own hands, it is with a hint of begrudging admiration that the SS private allows Bettelheim access to the hospital. For a fleeting second the prisoner is not perceived as *untermensch*, but as an individual capable of displaying the courage so highly valued in the perverse universe of Nazism.

People have a tendency to behave as they are treated, the more so when they are in a vulnerable position. Prejudices and expectations can become fulfilled, in a reciprocal process. As soon as a label becomes affixed to a community, its members are seen as the label rather than the person. The regular changes in the names ascribed to certain groups may be seen as political correctness, but it is helpful to change these names so that labels do not stick, to the detriment of their victims.

Episode #2: Head for the Hills

In the summer of 1984 I spent a month drawing, photographing and painting the surreal gritstone rock formations on the edges of the Kinder Scout plateau in the English Peak District (Fig.4). I exhibited the resulting work - heavily indebted to Max Ernst, Yves Tanguy and William Wordsworth - in the Outpatients' Hall of the Manchester Royal Infirmary. I was subsequently invited by veteran political activist Benny Rothman[2] to exhibit at New Mills town hall as part of a fund-raising event for the English National Trust's purchase of Kinder Scout.

My colleague, photographer Jack Sutton, and I had already launched *Head for the Hills*, a project enabling users and staff of Central Manchester's mental health service to discover and respond creatively to the wild landscapes on the horizon, to engage in the movement to increase access to open land, and to campaign (unsuccessfully, as it predictably transpired) against the de-nationalisation of the water authorities. *Head for the Hills* worked with activists such as Benny (Fig.5.) in these campaigns, and made group and individual artworks inspired by these experiences and in pursuit of campaign goals.

Head for the Hills launched in January 1985 to impel an emerging "escape from psychiatry" theme and to explore "combining the enjoyment of the countryside with the enjoyment of art" (Sutton and Brown, 1987). Jack's previous experience as a trade union representative at the Manchester Royal Infirmary, and my contacts with activists such as Benny Rothman, gave this project a political direction that would cause a difficulty later. Moreover, and significantly within the context of this essay, Jack possessed a facility for engaging with people with his outgoing manner that balanced my tendency towards reticence; we made a good team.

↑ Figura 4. Kinder Guardians. Acrylic on canvas. Langley Brown, 1984

↑ Figura 5. The author (left) with Lily and Benny Rothman, Manchester, c1989

↑ Figura 6. START members on a visit to Wasdale, Cumbria, England. c1988

It was only in hindsight that we fully appreciated the extent to which people who might be disempowered by mental problems and social pressures could gain in confidence as a result of actively engaging in quite different and, we hoped, more liberating issues than the daily ward round. This was an instinctive philosophy we came increasingly to apply in our working and social relationships with staff, too; we strove to cultivate a spirit of partnership on equal terms in pursuit of artistic and social ends that reached beyond the pathology of the psychiatric institution (Fig.6).

Head for the Hills ran from 1985 to 1992, spanning the period during which I moved from Hospital Arts to become Director of START. Sadly, by 1992 *Head for the Hills* had virtually ceased as a project - a process of decline presaging my own journey from 1994 through overwork, burnout, breakdown and early retirement. The launch of START meant that my ambition for *Head for the Hills* to become a sustainable and distinct project in its own right had to be shelved. But *Head for the Hills* had been a pivotal event in the development both of the arts in mental health in Manchester and beyond, and of my own practice both as an individual and as a socially-oriented artist.

The main achievement of *Head for the Hills* was a mosaic mural (Fig.7) in the reception foyer of the Rawnsley Building, headquarters of the local mental health services. The intention had been for this mosaic to stand as a permanent monument to the positive shared experience of a group of people who had only come together through common negative experience of psychic stress. I was proud to have been part of this project. In a poignant echo of the hotel of my conception, the mural was destroyed in the early 2000s during a hospital refurbishment.

↑ Figura 7. Head for the Hills (1985-1986), mosaic mural, Manchester Royal Infirmary. Mural destroyed c1999

The opening by Benny Rothman of the *Head for the Hills* mosaic and exhibition took place on August 6; Hiroshima Day. As a mark of remembrance we included a small exhibition, organised by the Medical Campaign against Nuclear Weapons, featuring paintings by children which depicted how they imagined the world when they grew up. Y, the head Occupational Therapist, made a formal complaint to management that we had used the hospital for a political purpose, namely the anti-nuclear display. The use of NHS premises for political purposes was a serious disciplinary offence, but one to which we happily pleaded guilty. When I explained to Y that the mosaic and the exhibition themselves were political in that they concerned the campaign for access to the

countryside, that Benny was a communist, and that the Matterhorn depicted in one corner of the mosaic was topped by a cheeky red flag, she seemed all the more determined to pursue her complaint. Without waiting for the summons, Jack and I presented ourselves to the management office, where we found the floor strewn with carpet samples from which the manager and the senior nurse were choosing carpets for a hostel ward that was to occupy part of the building that would be the base for START. "We knew we were going to be on the carpet[3] but we didn't think we'd have a choice of carpet", I said. This defused what remained a serious situation; it was clear the managers were embarrassed at being obliged to instigate disciplinary procedures over this incident; but, they pointed out, they had no choice. The crisis was resolved when a consultant psychiatrist, a member of the Medical Campaign against Nuclear Weapons, observed that nuclear war and mass destruction were, first and foremost, a health matter.

Commentary

This episode illustrates the potentially humanising and integrative impact of arts practice and approaches within a monolithic healthcare institution.

   After the first fortnight at the senior boarding school I entered, at age 13, there occurred the bizarre and terrifying ordeal of the privilege test, conducted by senior boys of 17. This test was intended to ingrain into new boys the catalogue of eccentric privileges acquired by various hierarchies of age, prefectorial and sporting achievement. The ritual involved much shouting and screaming at younger boys who were forced to stand to attention and stare at their feet during the entire procedure. Tales were told of boys having to stand on a tuck-box balanced on rolling pencils, any movement of the box attracting barrages of intense verbal abuse. Most victims of this emotional mayhem emerged in tears.

   My own experience of this institutionalised abuse arose unbidden my mind as Jack and I walked towards the hospital managers' office following the opening of *Head for the Hills*.

Episode #3: The Battle of High Elms

By the late 1980s START occupied two floors of studios at High Elms, a converted 1830s house that was headquarters for the rehabilitation service of Central Manchester's mental health services. At this time the Manchester Royal Infirmary's School of Nursing was seeking new premises. X, the senior manager of the mental health services, was given the task of implementing the District Health Authority's decision to relocate the mental health teams and START so as to enable the School to transfer to High Elms.

   I found it disconcerting how passively the clinical staff behaved in response to this directive; I observed at the time that the word "patient" appeared particularly applicable to such apparently institutionalised staff. There was a fatalism that, if nothing else, seemed to me to set a poor example to people whose self-esteem the staff sought to enhance. At worse, this passivity smacked of a hypocrisy borne of a fear of consequences.

   All my frustration and anger at institutions and their insidious effects came to a head and was directed in a calm and focused manner towards the goal of retaining START's use of what had become a well-loved home for a cohesive community of artists, clinical staff, service users and START members.

My initial reaction, at the High Elms staff meeting to plan our compliance with the resettlement programme, was one of a clearly articulated anger: "Well, fuck the bastards!" My outburst shocked my clinical colleagues, who responded that there was really nothing we could do. They clearly considered me naive and idealistic, unprofessional; a typical artist.

I supported a petition by START members and other service users, and found myself spokesperson for a campaign to retain High Elms. Our group included three psychiatrists, the Head Occupational Therapist, and the Nurse Manager of the Rehabilitation Service, and a user representative. We met X in his office where he sat, like a character in a Dickens novel, behind a large desk upon a raised dais. We sat in a row in front of his elevated station. On the wall behind X was a flow-chart marking out the phases of the transfers from and to High Elms.

"This is how the relocations will take place," X began. "No", I said. Then each member of our group expressed their reasons to retain High Elms as an outpost within the community. After we had made our case, X sighed and said: "I think I'd much rather be on your side of the table."

The photograph (Fig.8), taken in 1990 by Jack Sutton following the meeting to announce the continued residency of the rehab service and START at High Elms, includes management (except X), the Head of the School of Nursing, and the senior executive of the local health authority. I am in the cream suit, looking happy: we would not be bullied.

↑ Figura 8. After the Battle for High Elms. Photograph by Jack Sutton, 1994

Commentary

I have described how in this episode all my anger erupted, but in a controlled and purposeful manner. This drew upon the old and lingering anger at the injustices of my school, of institutions generally, at the erosion of a moral compass that had allowed a society to tolerate, endorse and implement immense levels of disdain, degradation and slaughter; all this anger that had simmered for years became directed in a calm and focused manner.

I was also frustrated that my own withdrawing nature meant that I had constantly to battle against passivity and guilt, and I only succeeded in overcoming these inhibitors when my passion and sense of injustice overrode my innate passivity.

Discussion

Although the above episodes may appear on the surface to show character traits deployed to positive effect, in my perception they arise from, compensate for, and mask serious shortcomings; they are modest sunlit tips concealing dark icebergs of anxiety. I could always have done more. My drives have been hobbled by my fears.

My premonitions of failure are persistent, and arise from a perception that my parents were deeply disappointed that I failed to fulfill the expectations that arose from their longing for a comforting normality after a terrible war. Several of what may appear to be my successes are book-ended by a sense of real or imagined failure, and the successes have often been undermined by my own negative expectations. My failures in respect of my three episodes are, as I see it, firstly: not to have followed up the opportunities arising from these (and other) episodes with a commitment even approximately equal to that which I deployed within the episodes themselves; and, secondly, not to have applied the commitment and purpose, of which I have been demonstrably capable, to the long-term pursuit of the goals I had set for the projects in which I was engaged; that is, for example, not to have taken to a wider stage to promote the START approach & mental health issues generally and more widely.

As I returned to my seat some years ago after giving a speech at a conference, a colleague whispered "You're quite inspiring when you get on your feet, aren't you?" I find this an apt comment on the relationship between my withdrawal and advance. It's a pulse; I advance in anger born of dismay at humanity's betrayal of what is misguidedly referred to as its humanity. I seek justice; and then I withdraw, in despair at my own inadequacy to engage in the social milieux to fight consistently to combat injustice.

The conference incident evokes a further resonance. In 1932 Benny Rothman addressed the intending trespassers from a ledge in a quarry near the foot of Kinder Scout (Rothman, 1982). I knew Benny as an eloquent, inspiring and forceful speaker. His pose at the Bowden Bridge quarry (Smith: 93) is echoed at a personal level in a visualisation I experienced at age 8. My parents had taken me on a preliminary visit to Harecroft Hall School, the term before I was enrolled. As we pulled into the gravel drive, I saw a small hill at the edge of a wood in the school grounds. As my mother was telling me how much I was going to enjoy this school, and how many friends I would make, I visualised myself standing on the small hill addressing an appreciative crowd of fellow pupils. This was the opposite of the ensuing actuality at age 8, and it was not until my years of speaking at conferences (that is, as *myself*), and of acting (that is, as someone *else*) on the stage, that I turned my 8 year-old's visualisation into realities.

My mother would also say, with forced cheeriness every time we pulled up in that gravelled drive for yet another term: "Oh well - back to Belsen!."

It was only during the Bridgehead period in the mid 2000s that I was finally able to articulate without shame my need to withdraw; I would announce to my artist colleagues "I have to go Garbo," following which I would retire for a solitary walk, to return psychically refreshed.

Part 5: Summary, Conclusions and Lessons

In this essay I have raised causes and resonances. I have suggested possible and likely causes for my motivators and behaviours, and uncovered resonances between my childhood and my adult experiences. I have also revealed attitudes and responses that might be categorised as exorcism or expiation; exorcism of past hurts arising from my father's decision to send me away to school; and expiation of guilt generated by my ambiguous response to the terrible images of Belsen that I saw at age 11.

   I have described my childhood shyness, my anxieties, my social phobia (which manifests an insidious variant I have called "telephobia": a fear and avoidance of the telephone that has been a constant constraint upon my professional life), my recurrent reclusive tendency (to "go Garbo"), my feelings of inadequacy, my displacement, my political anger and the often driven nature of my activity; and I have given examples of the ways in which these have affected my career as an artist in the health domain. I have traced all these factors to the impact of the political events of the 1930s and 40s, namely, the nazi period and my father's experiences as a POW during WW2, and his decisions and aspirations arising from his imprisonment in nazi Germany; his decision to send his son to boarding school, and his (and his exhausted generation's) aspiration for a world of peace and comfort and happily conforming offspring.

Lessons to be learnt by artists

This essay is certainly not a prescription to dwell as much as I have done upon the past; but it may offer an example that will encourage artists working in the emotive and stressful situations that arise in the domain of "health" (aka illness and distress) to be conscious of, to seek out appropriate support for, and to be explicit about, the relationship between their own experiences and the origins of those experiences, and those of the participants in, and the audiences and commissioners of, the projects in which they are engaged.

Lessons to be learnt by arts and health project participants

Unless the artist is an arts therapist, she or he is unlikely to have received any clinical training, and may have had either a rudimentary induction into the healthcare world or none at all. The artist should therefore not be expected to respond as would a clinician or care worker to health related situations that may arise for participants; indeed, the very factors that enable an artist to empathise and work effectively with participants may include distressing experiences comparable to those that may also have brought the participants into the healthcare service. Therefore, it is preferable and beneficial for the relationship between artist, participant and clinician to be conducted as one of collaboration and partnership, and for the boundaries between what can reasonably expected of each in different circumstances to be negotiated in advance and reviewed in the light of developing experience.

Lessons to be learnt by those who commission artists

Artists may be viewed by their commissioners in the health field as rather superhuman beings who can address issues that fall by the wayside in a health service; issues such as quality of life, creative opportunities that build skills and self-esteem, and an (at best) enriched or (at second best) de-uglified clinical environment. But it is essential that support mechanisms are in place for artists working in this field, and that these mechanisms be

tailored to the self-expressed needs of the artist. The establishment and sustaining of the collaborative ethos as suggested in the previous paragraph should be noted and their fulfillment planned for.

Notas

1 As my task in this essay is to focus an autobiographical lens upon the circumstances of the artist in the healthcare environment; and since it was Bettelheim's reflections upon his experience of nazism that helped integrate my own experiences of the echoes of that terror, of the English boarding school, and of my trajectory as an artist in the mental health domain, it is not my intention now to discuss the discrediting of his theories regarding autism and the refrigerator mother.

2 Benny Rothman 1911-2002: leader of the 1932 Mass Trespass onto Kinder Scout (Rothman, 1982), an action which led to his imprisonment and was seminal in the establishment of the Peak District as the first of Britain's National Parks. Rothman was active in working with Jewish groups in to oppose the British Union of Fascists. http://www.wcml.org.uk/contents/activists/benny-rothman/?keyword1=Benny+Rothman&keyword2= (Retrieved 30.07.11)

3 To be "on the carpet" is an English idiom meaning "to be summoned for a scolding or rebuke." (http://dictionary.reference.com/browse/call+on+the+carpet   Retrieved 8 December 2011)

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