The Dax Centre: an archive of works by artists with experience of mental illness

The Dax Centre in Melbourne holds an archive of around 15,000 art works by individuals with an experience of mental illness.[i] Although the founder of the Centre, Dr. Eric Cunningham Dax, originally used these works to inform medical staff about mental illness, he later exhibited them to educate the general public and thereby address the problem of social stigma. Since its founder's death in 2008, The Dax Centre has adopted several strategies to continue its mission.

However, the nature of the archive raises many museological, ethical and practical questions about how its contents should be treated. For example, given that many of the works were created in psychiatric hospitals – and are essentially medical records – be exhibited to the public? Can or should their makers be identified publicly? Can works donated by private psychiatrists without the artists' consent be exhibited or even retained? My paper will consider some of these issues and give an insight into how The Dax Centre is currently addressing them.

History of the Collection

The Dax Centre's Collection has its origins in the works amassed by Eric Cunningham Dax from 1946 onwards. Dr. Dax was an English psychiatrist who moved to Melbourne when he was appointed as the Chairman of the

Mental Hygiene Authority in 1952. In this role Dr. Dax made many changes to Victoria's mental health services. One such change was to introduce an art therapy program into Victorian psychiatric hospitals.

Victoria's psychiatric hospitals began to be closed down in the 1980s and the thousands of artworks that had been created in the art therapy programs were to be destroyed. However, Dr. Dax believed that these were very valuable as educative tools. So, he salvaged around 8000 of these works from hospitals at Mt Plenty, Mont Park and Larundel which is how the Collection began. Other works in the collection were donated by clinicians or by individual artists living in the community. Dax saw the Collection as a medical collection, in the same vein as an anatomy or pathology museum where the creative works were akin to specimens to be studied and used for teaching. Dax would display the works in his hospitals as a teaching aid for his staff.

Eric Cunningham Dax was among the first to promote less restrictive community treatment in mental health care and one of the first to recognize the negative responses of the general public to those who suffer from mental illness. The stigma of mental illness, which had been kept hidden while the mentally ill were locked away and kept out of sight of the general public, was now in full view. Dax believed that the general public's hostile and prejudicial attitudes towards people who experienced mental illness occurred as a result of ignorance and fear. From the early 1980s he began to exhibit works from his collection to the general public with the aim of using the art to educate people about mental illness.

Dax extended his medical approach to these exhibitions, presenting them by diagnostic categories, as was the convention in medical museums. While the displays aroused a great deal of interest and positive response, they also attracted significant criticism, in particular from some artists and community-based mental health advocacy groups. They argued that to call an artwork 'psychiatric art', or in some instances, 'schizophrenic art', was to pathologise and stigmatise the creative efforts of people who already had to endure prejudice as a result of their illness. Dax, however, ignored their concerns and insisted instead that his interest was not in the aesthetic aspects of the works but the psychological experience of their creators. In his mind, the Collection was still essentially a medical museum and its aim was for education and research, its audience primarily the health care professions. This notion of a specialised museum with restricted access was reflected by the fact that until his retirement in 2002, The Dax Centre's collection was open to visitors by appointment only.

Contested Meanings of the Works

Groups in the mental health consumer movement have contested the way in which art produced by people who experience mental illness has been exhibited. Such consumer groups have argued that displays must respect the autonomy of the person and not focus exclusively on the relationship between the artwork and the mental illness of the creator. In particular, they have argued for the de-medicalisation of this art, and that it not be discussed

through the use of diagnostic categories, as it is felt such discussion has the potential to demean the creator by reducing them to a function of their illness.

The display of work by individuals with experience of mental illness within a medical framework not only has the potential to give the impression of demeaning artists but also has the potential to create conflict between consumers, their representatives and exhibiting institutions. On the other hand, those voices calling for the abandonment of all medical discussion of art by people with mental illness and their replacement by interpretation which considers only the artistic dimensions are also potentially problematic.

Since 2002 The Dax Centre has responded to recent thinking about the display of this art and repudiated an exclusive focus on psychiatric interpretation, making efforts to mount temporary exhibitions of individual artists and exhibit the multiple dimensions of creative work. Due to the circumstances under which the works in the Dax collection were produced, and the fact that the Collection was originally intended to educate medical students and the general public about the affective qualities of psychiatric disorders, for many years the images were interpreted almost exclusively as evidence of disturbed states of mind.

Nevertheless, these works were created by people who, no matter how debilitating or painful their illness, participated in a world outside their afflictions. Technical, stylistic, historical, social and institutional factors necessarily impinged upon the creation of these works. As evidence of this,

we can cite for example the repetition of visual motifs in works within the collection, including waves, volcanoes and tunnels. These subjects, far from being exclusive to images produced by psychiatric patients, are common subjects of visual representation, and frequently appear within commonly available book illustrations, art works, and other visual representations. When an individual chooses such an image, even in the context of medical therapy or treatment, the result is not simply a spontaneous outburst of the creator's inner world.

Rather, as David Maclagan has argued "No picture, however vivid or illusionistic, is ever a direct image of whatever was going on in the artist's mind. Far from being a kind of mental photograph, it is a translation". That is to say, such images translate feelings, sensations and impressions into a visual language. This language, which is necessarily adopted from pre-pager existing models, has its own social component. We understand, for example, that a tunnel can stand for feelings of despair, or a wave for being overwhelmed, because of a shared cultural history within which such motifs have come to be associated with those emotions. From the existing cultural 'image bank', the creators of such works have created an effective means of communicating their state of mind, an effectiveness which has as much to do with the social character of representation as it does the inner dimension of the artist's experience. When we examine specifically the ways in which artworks from people that have experienced mental illness are displayed, we need to take into account many issues. Does such a display enhance our ability to empathise with those that have experience of mental illness?

Arguably an interpretation which emphasises the state of mind of the artist over factors such as social and historical tends to create division rather than a sense of commonality.

Ethical Issues

Other, more serious questions are raised by the nature of the collection. For example, can and should we display artworks that were created by patients in psychiatric therapy programs? Should these artists be credited? Should artworks be displayed only with the artist's consent? Who holds the power of interpreting the works and their 'meaning'? Is a display of therapeutic artworks potentially exploiting an artist and their life experience?

Observations have been made about the The Dax Centre collection of artworks that carry the name of the psychiatrist that originally collected the works. Some suggest that the Collection has historically run the risk of appearing to be more about preserving and accolading the work of a psychiatrist, Dr Cunningham Dax, than about the work of artists that have experienced mental illness and trauma. It has been proposed that the professional identity of Dr Dax has become enhanced by the collection which links his name and personal history with the art he once collected and displayed to the public. At the time of the original development of the Dax Collection the private views, identity and consent of the psychiatric patients were in general left unknown. This historical practise has since changed.

It is important to note that some artefacts, such as medical records, contain private information, the details of which cannot be displayed due to legislation outlined in the *Victorian Health Records Act,* and the *Australian Federal Privacy Act.* Restricted access to such records has affected historical interpretation of events in psychiatric history. Adherence to patient confidentiality has resulted in limited access to psychiatric medical records. The consequence of these restrictions is that there is a limit to historical research into the changes that have occurred in human psychology and psychiatry over the twentieth century. Preserving patient confidentiality can also result in stories only being told about events rather than personal stories of people and their experience.

Not all works in collections that are custodians for creative works by people who have experienced mental illness have been acquired with the consent of their creators. Typically, at least some, if not the greater part, of the art objects that these collections house were produced in a therapeutic context, for therapeutic purposes, and with the probable presumption that the work would remain within that context. Many were acquired without the knowledge or consent of their creators, nor can we assume that they would have consented to their exhibition had they been asked. In some respects, those works produced in the context of art therapy programs in residential psychiatric institutions are analogous to medical records since they document a therapeutic process. Displaying them would seem to be as morally inappropriate as displaying personal medical records without permission. In

addition, the mentally ill continue to be among the most marginalized and stigmatised of groups in our society and, no matter what the intentions of well-meaning curators, there is no way to control the response of audiences to the presentation of this often confronting and emotionally charged work.

The Dax Centre have been forced to confront the question, “Why exhibit them at all?” Why not either archive them for the use of a handful of researchers or belatedly consign them to the bin from which so many were rescued in the first place? The answer has been that, if done well, such exhibitions may bring social and cultural benefits. Engaging with these works can encourage us to see the humanity and creativity of their creators and to reflect on our assumptions about how art is demarcated from non-art and mental health from mental illness. Many of the works reflect the social contexts of their production and so are valuable historical records of our changing understanding of and responses to mental illness. They are at once personal, local, and universal.

The Dax Centre has come to the view that, with care and thoughtfulness, it is possible to exhibit this work in ethically responsive ways. Like many similar collections, works held by The Dax Centre fall into two categories: works that were produced in clinical settings such as hospitals or private practices and those that were voluntarily given to the Collection by the artist. The artists in this former group cannot be presumed to know that their work is in the Collection, or to have consented to its inclusion. Works produced in a clinical context are quite unlike works produced by self-identified practising artists, or

produced by art students in art classes. In these later contexts, we can assume the person made an object with the intention of producing a work of art that might be viewed by others. It is thus likely, though by no means certain, that they would consent to their work being displayed, provided that display met relevant standards of sensitivity and respect. Not so with works where the context does not help us identify the intention of the maker, or where the context suggests the intention may have been therapeutic or personal rather than communicative. Here it cannot be assumed that they would consent to these works being displayed if they were asked, even if that display was done with sensitivity and respect – they might, but the context does not provide enough information to make a reasonable assumption about this.

Certainly, exhibiting the creative work of those who have experienced mental illness presents some risk of harm to them. It could be distressing to see your work displayed in an unexpected context, or in a way that you disapprove of. Curators can lessen the risk of such harms, but they cannot be entirely eliminated, since information about or images from an exhibit can be represented in the media in ways that ignore the contextual framing provided by seeing the exhibit as a whole. Even those who voluntarily gave work to a collection knowing that, for educational or other purposes, it could be exhibited in a range of contexts can experience distress when confronted with the exposure of unwanted media representations of their works. Mental illness may increase vulnerability to this kind of risk, both in itself and on account of the stigma attached to it. Any such distress must be multiplied many times

over for those who first become aware that their creative works, produced during a time of their lives that they may wish to forget, and long since thought abandoned, have been appropriated without their knowledge or consent. It is true that someone who does not know their artwork is housed in a collection might be less likely to attend such exhibitions or track their reviews in the media than someone who knew their work was, or might be, represented there, so the probability of experiencing distress is less for members of this group than for those who have voluntarily donated their work. However, they are also less likely to receive compensatory benefits from having their work exhibited, and may suffer non-subjective harms other than distress.

At the same time, viewers of exhibitions stand to benefit directly as their interest is engaged, their understanding broadened, and their thinking stimulated by their chosen mode of engaging with these creative works. For these benefits to be likely, despite differences in the interests and experiences of viewers, exhibition strategies must enable multiple modes of interaction with the works, so that diverse viewers can engage with them in their own way. If an exhibition is done well, viewers who have experienced mental illness can benefit in unique ways as they find validation for their experience in the works.

Indirect benefits include greater social understanding of mental illness and increased empathy for its sufferers, increased awareness of the humanity and creativity of people who have experienced mental illness, and thus a reduction in the stigma attached to it. We are each of us the beneficiary of these

changes, those who have suffered mental illness, their family and friends even more so. These are long-term goals, and no single strategy, let alone single event can bring them about. But each successful event can contribute something to this larger project. In addition, institutions can target particular audiences, such as high school students, who might be especially effective in bringing about these kinds of cultural changes.

During focus groups held several years ago which gathered views about a particular exhibition organised by the Centre, visitors were divided about the ethics of displaying some artworks and, in spite of the fact that many visitors felt that the exhibition had evidently handled the issue with sensitivity and transparency, were concerned about the presence of artworks displayed without the artist's explicit consent – indeed many felt that here an ethical barrier had been crossed. This demonstrates that privacy remains a sensitive issue when exhibiting the creative works of individuals which were made as part of therapy (and therefore potentially having the status of a health record), a difficulty only compounded when there is a lack of explicit consent from the creator of the work.

The conclusion one can draw from this is that the onus is on the exhibitor to prove that the exhibition of these works has more benefit to the community than the possible harm to the individual resulting from loss of privacy and the absence of consent. In particular, the key educational benefits behind the exhibition must be clearly articulated. Where consent is not obtainable, the default assumption should be that the work not be used. Where a compelling

case can be made for display based on public and educational benefit, risk should be assessed on a case-by-case basis using a systematic and transparent process that takes into consideration the context under which the artwork was created, the original intent of the artist, its potential value to the public as an educative tool, and whether there are other artworks that provide the same educative value.

If, after these considerations have been taken into account, it is still deemed necessary to use these works, then steps must be taken to minimise any potential harm to the individuals that made them. Such steps may include withholding attribution of the works to maintain confidentiality, avoiding display of information that may identify the individual, and presenting the works and any related information sensitively and respectfully. Only in this way can the exhibition of artwork obtained without expliciy consent be presented in a way that a clear majority of visitors will consider ethical.

The Future of The Dax Centre

The Dax Centre recently merged with Sane Australia after a period of financial instability and diminished activity. Further considerations for The Dax Centre as it moves forward are whether the works gathered and displayed without consent could ever be shared on social media? The current deed of gift document does not explicitly mention social media and so it may have to be altered to reflect that. Also, there is a 3-year cooling off period after which someone can take their donation back but that might need to be altered to be

indefinite. Can the Centre rightfully accept donations of works by people who are legal minors? Lastly, in a climate where health records are being increasingly subject to privacy violation and increased protection it is unclear whether the public would approve of exposing the works produced in hospitals to public view.

[i] This paper draws from material previously published in Karen Jones, et al., *Framing Marginalised Art* (Parkville: The Dax Centre, 2010).