Art at the Living Museum

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Abstract
A visit to the Creedmoor Psychiatric Center’s Living Museum, a gallery that showcases art made by past and current patients of the institution, demonstrates the therapeutic functions art can serve. Art can be a method of coping with and processing events of the past, a scaffold for mending and rebuilding one's life, a means of economic support, and a form of connection with the outside world. Therefore, therapeutic art can provide a model for adjunctive care for patients suffering from mental illness, one that can add meaning and satisfaction to traditional models of care in long-term care facilities and psychiatric hospitals. The process of reflection on individual works of art and meditation on the relationship between creativity and illness, function as a level of therapy itself for the mentally ill, and provides justification for continued funding and allocation of resources to the arts and humanities.

As I walked towards Creedmoor Psychiatric Center’s Living Museum, eccentric and vibrant sculptures, colorful threads of some unusual objects hanging from a small tree, and other artistic objects that adorn the entrance of this recondite gallery greeted me enthusiastically. Just adjacent to the entrance, remnants of a chicken coup appeared. The hens and roosters were missing on that crisp March afternoon but with a vivid imagination, one can almost see and hear these animals filling the void of silence surrounding the Living Museum. As I entered the gallery, aromas of coffee and canvas oils, a sense of misplaced history, and a stench of rusted metals enveloped me. I slowly began to peruse the different forms of art, extending from traditional oil on canvas to innovative styles involving mannequins, pots, stuffed animals, and chairs ironically labeled “Marcel Duchamp.” The museum breathes avant-garde art of yesteryear, for one can spot disciples using variations of Arcimboldo’s fruit portraits, Kandinsky’s psychedelic paintings, or even Warhol’s Pop Art throughout the complex.

Modern art today stems from giants like Duchamp. Much of today’s art plays upon and challenges people’s ordinary notions of classical art, such as performance art or the surrealist movement. Many artists here at the Living Museum challenge not only the ordinary notions of classical art but also the purpose of their art and the role of artist in society. Their art and aesthetics both tend to reflect another easily overlooked but palpable fact: that the artists all have a major psychiatric disorder. The works of new artists blend in with those of Artists-in-Residence, themselves past or current patients of the Creedmoor Psychiatric Center. For many, art becomes a therapeutic tool that helps them cope with a world they left behind (or the world that abandoned them). The art space has given these patients a scaffold that allows them to rebuild their lives using their illness, art, and other tools that help mend the broken pieces. In the most successful cases, the art even provides an extra means of economic support beyond their disability check.
The work of the artists usually reflects their unique situations, their aspirations, and their debilitating struggles. Take, for example, Issa Ibrahim, one of the facility's tour guides and an artist in the gallery. His art reflects deflated illusions of childhood superheroes, revealing the ugly truth that Superman may never come to save the day. We can observe how Superman merely smokes a cigarette and drinks a beer in the painting Superman On The Rocks. Other works, like Love Among the Ruins, contain sexually provocative images that emanate from his mischievous, humanizing portraits of superhero characters, such as Captain America, who are too busy making love to save the world. In Follow the Leader, Ibrahim replicates the famous Abbey Road cover album of the Beatles with Jesus leading Hitler, Malcolm X and Elvis Presley. One might interpret this composition to suggest the irreverence of religion, history, and the hierarchies of low and high culture. Alternatively, it might represent the banality of good and evil. Or, perhaps the artist might simply be mocking our intellectualization of it all. It is hard to tell.

Moreover, Ibrahim's self-portraits stir a cringing sense of pain infused with narcissism and self-devotion—the crutches that may keep him from thinking about the horrors of his past. It is similar to the type of narcissism that many artists might conjure to survive harsh critiques and feelings of isolation. In doing so, Ibrahim shares with us the ultimate expression of his loneliness through his art. His most particularly jarring self-portrait, Autopsy of the Damned, shows the artist lying on a table with a clean, linear, and impossible incision from the jugular notch all the way down to the abdominal cavity superior to the umbilicus; the lesion blossoms outward.
symmetrically. However, Ibrahim's body has nothing inside of it except red tissue, as if to indicate that he is not alive—he lacks the interstitia and organs that regulate bodily functions and maintain life. Ibrahim only has the rest of his body and his brain intact. The pain and emptiness in this portrait is a recurrent motif that has been present in his work ever since a tragic day that changed his life when he was 24: in an unfortunate series of events attributable to his mental illness, he took his mother's life.

That projects like the Living Museum at the Creedmoor Psychiatric Institute exist is very important for the arts and the humanities, particularly because society often ignores the ars gratia artis argument—the appreciation of art for its own sake—and values pragmatism in its stead. The applicability of the humanities and arts in medicine may be welcoming news for those of us that value these fields. Today, governments, academia, and institutional think tanks armed with cost-analysis reports and shrinking budgets expect the arts and the humanities to deliver something of measurable value for society in order to allocate funds toward it. In a way, society wants to make the humanities and the arts as practical to society as science, engineering, or math. The novel use of art as therapy for the mentally ill by the Living Museum suggests that there may be something art can endow to society beyond its aesthetic appeal and other intangibles. Unfortunately, we may need collaborations like this to justify art and the humanities to the politicians, governments, and other officials seeking results.

Nevertheless, the connection between the arts, the humanities, and mental illnesses is not entirely new. It was known since the beginning of Western Culture when Aristotle acknowledged that many artists, philosophers, and poets are prone to depression and melancholy. Dr. Janos Marton, one of the co-founders of the Living Museum, spoke to us about how clinicians should weigh the creativity of a patient in the context of his or her illness, as illness sometimes takes the physical form of artistic works. Extreme creativity, then, may be considered a symptom of mental illness, although this idea is still very controversial and is not acknowledged in the DSM V. Dr. Marton may have some historical evidence to support his unconventional thinking, for many artists including Ezra Pound, Vincent Van Gogh, Ernest Hemingway, and David Foster Wallace were also known to suffer greatly from mental illness.

It is comforting to know that the Living Museum provides an alternative venue for many psychiatric patients who yearn to recover their lives. Such opportunities are very rare in mainstream psychiatry. Many artists recalled feeling hopeless at psychiatric hospitals with little light, harmful medical treatments, and physical and psychological abuses. Now they enjoy talking to other artists in the community, constructing sculptures, painting on canvas, serving themselves coffee, and in the evening, going home to their respective apartments or wards to rest in preparation for the next day's adventure in the art gallery. Often, they even forget they are patients. The success of this project serves as a stark rebuttal to the pessimistic, traditional medical community that had predicted its failure.

Nevertheless, just because they function in this highly permissive environment and within the larger, boundless realm of the artistic world does not prove that there are therapeutic benefits to this type of treatment. If we were to define therapeutic benefits as one traditionally does in medicine—as measurable criteria that guide patients towards a functional life or a cure for their disease—then this project may be a failure. Many of these artists are not yet capable of living safely outside the boundaries of the Living Museum. However, if therapeutic benefits were redefined to include leading a meaningful and enjoyable life, then the Living Museum and its founders may claim a resounding victory as evidenced by the joy the artists boast and the satisfaction their faces project as they walk the studios of the Living Museum.
Museum. Their lives once again have meaning beyond their diagnoses. Many of the patients, now artists, have re-identified themselves beyond their psychiatric illness in a way that allows them to see the world through the prism of an artist’s freedom as they grasp the joy of living—something they might never have otherwise attained. In a way, art allows the patient-artists at the Living Museum a kind of ‘rebirth.’ This environment reflects an evolution in treating patients with mental illnesses and an honest reassessment of their therapeutic options. The beauty of this method is not only limited to the art itself, however; it is also a profound testament to the patients’ ability to function within and connect to the outside world.

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