



Exploring the boundaries between clinic and art: account of an experience with the Borda Artist Front

Explorando las fronteras entre la clínica y el arte: relato de una experiencia junto al Frente de Artistas del Borda

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ABSTRACT This article is constituted as a qualitative study that investigates the use of art in mental health, and more specifically, what is produced when these two fields overlap. This debate is inspired by an experience shared with the Borda Artist Front, a movement led by artists and health professionals, in the José Tiburcio Borda Psychiatric Hospital in the city of Buenos Aires. Based in the theoretical framework of the Philosophy of Difference, Institutional Analysis and Psychosocial Medicine, this study is constructed in accordance with the principles of psychiatric reform and the anti-institutionalization movement. The results and discussions presented stem from an analysis of the data obtained using the methodology corresponding to ethnographic fieldwork, participant observation documented through field notes, as well as a literature review.

KEY WORDS Art; Cultural Anthropology; Mental Health; Health Care Reform; Argentina.

RESUMEN Este trabajo se constituye como un estudio cualitativo que aborda el uso del arte en la salud mental, y en particular lo que se produce en el espacio fronterizo entre esos dos campos. El debate emerge del relato de la experiencia desarrollada junto al Frente de Artistas del Borda, un movimiento coordinado por artistas y profesionales de la salud, en el Hospital Psicoasistencial José Tiburcio Borda de la Ciudad de Buenos Aires. Con base en los referentes teóricos de la Filosofía de la Diferencia, del Análisis Institucional y de la Clínica Psicosocial, este estudio se construye de acuerdo con los principios de la Reforma Psiquiátrica y con el movimiento de lucha antimanicomial. Los resultados y discusiones que presentamos implican el análisis de los datos obtenidos aplicando la metodología propia del trabajo de campo etnográfico, la observación participante con registro en diarios de campo y la revisión bibliográfica.

PALABRAS CLAVES Arte; Antropología Cultural; Salud Mental; Reforma de la Atención de Salud; Argentina.

INTRODUCTION

This article is the result of work carried out by researchers from the Universidad Estadual de Campinas (Brazil) and Universidad Nacional de Lanús (Argentina) through the Binational Program of Associated Postgraduate Centers Brazil/Argentina (a). The main objective of this study is to explore the interface between art and the clinic in the field of mental health.

When we refer to the "field" of art or the "field" of mental health, we refer to the conceptual notion of "field" as the space where two nuclei of knowledge meet; a place where things merge and come together and, generally, a place where change occurs (1).

The use of expressive and artistic activities in the health field is not new. Many approaches to physical rehabilitation in the fields of gerontology, pediatrics, occupational therapy and music therapy, among others, have utilized activities supposedly belonging to the art field as therapeutic tools. In this study, we seek to explore the boundaries between clinic and art within the particular universe of mental health, in which these approaches are increasingly common. The use of artistic expression in this area occurs in different ways in different institutions and even within the same institution in different departments, expressing different theoretical-methodological and ideological lines of work.

A qualitative study of this topic could be undertaken from a historical, anthropological, cultural, conceptual or empirical approach, among other possibilities. Due to the characteristics of our study and the methodology applied, in this article we have opted for an approach that combines the experience of empirical work with a theoretical and conceptual analysis, presenting possible analyses that link theory with practice in the specific field of mental health.

This work is the result of a field study carried out by one of the authors of this article (b), who participated in workshops activities carried out by the Borda Artist Front (BAF) at José Tiburcio Borda Psychiatric Hospital (2). This experience converged with the possibility of carrying out a joint field study; for one month (November 2010) the two female authors took part in two BAF

workshops: Drama and Circus. Each workshop took place weekly and lasted approximately three hours. Orientation and advice were provided by the third author (thesis director of one of the other authors) throughout the development of this work and the writing of this article.

Apart from participant observation, the authors used the methodological resource of field notes and also carried out a literary review. The most relevant theoretical frameworks used for data analysis were Philosophy of Difference, Psychosocial Medicine and Institutional Analysis.

METHODOLOGY

This research allowed us the opportunity to work with and get to know the BAF. The authors – professionals from different fields of knowledge (mental health, collective health and anthropology) – discovered in this group at the Borda Hospital a rich space for the production of a knowledge committed to life.

In terms of methodology, the ethnographic technique of participant observation was applied during the period of fieldwork. This method implies the active participation of the researchers according to the role assigned to them, in this case as workshop attendants.

Field notes were taken after the participation in each workshop. As Malinowski explains in his introduction to *Argonauts of the Western Pacific* (3), it is necessary to establish a clear distinction in the field notes between the results of direct observation and the deductions and interpretations of the ethnographer, based in his or her common sense but also influenced by the scientific knowledge of the time. Following the functionalist method of producing institutional diaries and taking institutional analysis as a theoretical reference (4,5), we agree with Lourau's (4) explanation of this data collection method as being made up of three different movements that create three types of journals in one: the description of the observed data (field notes), the impressions of the researcher related to his or her own perceptions and involvements (personal diary), which are finally intertwined with speculations, projections and theoretical constructs (research

notebook). In Lourau's words, this tool is a "narrative [...] at once past, present and future" (4 p.276), which means producing a scientific text with the projection and outline of that which is yet to be discovered (6).

It is important to clarify that although the period in which both of the female authors worked together in the field lasted one month (in workshops with a weekly frequency), one of these authors had been doing fieldwork in the BAF since June 2010 (applying the same method used in this study in addition to conducting in-depth interviews with workshop participants and coordinators), and she continued participating in the same way in the drama and circus workshops until this article was written (February-March 2011). Thus, this article combines data collected during this month of joint fieldwork and during the previous and following months, including the field notes taken and, especially, descriptions of the dynamics, organization and functioning of the BAF. The study also includes data obtained in the outings/presentations of the workshop productions in other public spaces: the Simultaneous Nationwide Sessions of Art and Mental Health (*Jornadas Nacionales Simultáneas de Arte y Salud Mental*) organized by the National Art and Mental Health Network, (*Red Nacional de Arte y Salud Mental*), which took place from August 6 to August 7, 2010, and the 9th International Mental Health and Human Rights Conference (*IX Congreso Internacional de Salud Mental y Derechos Humanos*), held from November 18 to November 21, 2010.

In the processing and analysis of the data, we first reconstructed the everyday context in which the workshops and their dynamics were carried out, based on recurrent information in the field notes taken after each workshop, so as to contextualize the data. Next, we carried out an inductive data analysis based on certain variables combining our theoretical interests with a preliminary systematization of the observational data, which led to the creation, modification, subdivision and redefinition of the analytic categories that emerged from the analysis of content of the recorded observations. The categories that emerged were the following:

1. Institutional intervention
 - 1.1. Resignifications
 - 1.1.1. spatial resignifications
 - 1.1.2. subjective resignifications
 - 1.2. Expressions/searches
 - 1.2.1. regarding/into subjective aspects
 - 1.2.1. regarding/into group aspects
2. Representations outside the hospital
 - 2.1. What is shown
 - 2.1.1. subjective expressions
 - 2.1.2. group expressions
 - 2.2. Effect/s
 - 2.2.1. on the audience
 - 2.2.2. on workshop attendants
3. Constructive aspects
 - 3.1. "therapeutic aspects"
 - 3.2. "artistic aspects"

The expression and scope of each of these categories can be visualized throughout the development of this article. It should be highlighted that differentiating between these categories is useful for analytic purposes only; this disclaimer is particularly important for point 3, which lies at the center of our discussion.

The results were interpreted in reference to the literature review, constructing a joint perspective as researchers of different nationalities, fields of knowledge and cultures. These differences lent additional value to this study, functioning as a sort of "control" in the fieldwork in the sense Lewis (7) attributes the term, that is, as a tool for reducing the possibilities of error in the observation, recollection and observation of field data. As Nadel (8) explains, observation itself inevitably entails omission, selection and emphasis; from the very beginning there is an interpretation. In this study, the fact that we come from different institutions, countries and professions acted as a control of each author's personal vision.

In terms of the study ethics (c), prior to formalizing authorization of the study with Borda Hospital authorities, we presented the project in the space that the BAF provides for this purpose: the Assembly. Attended by workshop participants and coordinators as well as by the BAF director, the Assembly is the space where all project proposals are accepted or rejected through a consensus process. We explained what our research study would imply as well as its purposes, the

participants shared questions and comments and, after general discussion, our project was accepted. We next obtained an authorization signed by the BAF director and the Borda Hospital director. In addition, we asked each person who worked with us to sign an informed consent form describing the characteristics of the project, the possibility to participate voluntarily in the study and the freedom to decide not to participate (without this decision affecting the person in any way), and the right to stop participating in the study at any time. The form also explained that any information provided was confidential and anonymous and, therefore, all information that could be used to establish the person's identity would be omitted.

ART AND MENTAL HEALTH

Expressive therapies in the field of mental health were initially used for psychoanalytical purposes. In that context, expression by means of the arts, especially through painting, was considered a diagnostic tool or a resource for learning more about mental disability. One of the first people to discuss the use of the arts in a clinical context was Max Simon, who in 1876 suggested that the artistic productions of the mentally ill could be used to diagnose their mental or cerebral disorders. During that time the work of Lombroso was published; after studying the artistic productions of 107 patients, he interpreted their creations as primitive, regressive "atavistic representations" (9 p.32). Hans Prinzhorn, psychiatrist and art historian, by 1920 had collected almost 5,000 paintings, drawings, manuscripts, objects and collages made by patients of psychiatric hospitals all around Europe, created between 1890 and 1920 (Heidelberg Collection). According to Prinzhorn, these works stemmed from the patients' imperious need to bring order to chaos and from an urge to express themselves (9,10).

Later on, this psychoanalytic approach would converge with therapies of a more humanistic, gestalt and transactional orientation, especially with those theories linked to the first attempts to humanize the care provided at mental health institutions. In that regard, the first international experiences of great impact in Latin America were those of "sector psychiatry" in France and especially

those of Italian community psychiatry, inspired by Dr. Franco Basaglia (11), which made it possible to shut down the mental asylum in Trieste and introduce a community structure for mental health care. The main contribution of these movements was their questioning of the orthodox psychiatric model at the time, which brought to Latin America the ideals of deinstitutionalization and the building of a new health care model based on the freedom and autonomy of its users as well as on the possibility of creating community-based, interdisciplinary health care.

These influences made it so that the use of artistic activities as a therapeutic resource in mental health services was related, generally, to movements for psychiatric reform as well as to anti-asylum experiences. According to the theory of psychosocial medicine, these are actions that traditionally emphasize the interdisciplinary nature of health, including within the treatment objectives the physical, mental and social welfare of the patient based upon the use of less invasive and alternative treatments in place of practices that reproduce the logic of the mental asylum.

One early example of this new approach in health is the work developed by Nise da Silveira in the city of Rio de Janeiro, Brazil, in the 1940s. Her interest in artistic activities, guided by the psychiatry of her time, aimed to create humanistic therapeutic methods for the treatment of schizophrenia, "offering activities that permit the expression of nonverbal experiences found deep within the unconscious" (12 p.102).

Other initiatives sharing similar characteristics were developed in different mental health services in Brazil, among which we can mention the experience of the Municipal Health Secretariat in Campinas and in the Dr. Candido Ferreira Mental Health Service, which has been a reference of psychiatric attention in Brazil for the World Health Organization since 1993. Its objective is to create all the necessary conditions for the development of autonomy and citizenship, undermined by decades of psychiatric internment (13).

In Brazil, the experiences of the Centers of Coexistence and Culture in cities such as Campinas, São Paulo and Belo Horizonte are also very significant. These centers were created as community mechanisms connected to different sectors of civil society with the aim of promoting

the inclusion of people with mental illness by means of artistic, sportive, cultural and educational activities offered to the whole community. The importance of these centers lies in their use of the arts and of human activity not only as therapeutic resources or aesthetic actions but also as a way to strengthen the field of health from the field of the arts. The artistic activities are carried out in order to promote an encounter between the “crazy” and the “not crazy” and therefore trigger genuine changes in people’s lives.

In Argentina, the experiences related to artistic production in the framework of psychiatric hospitals or health care centers have a marginal place in institutional policies and have not been truly explored in any systematic way. However, we can mention work developed by the Mental Health Service of the Eva Perón General Interzonal Acute Care Hospital (located in the province of Buenos Aires), which founded the “Rodolfo Iurno Day Hospital.” The Day Hospital carries out different artistic workshops (drama, music and visual arts, etc.) in order to promote the subjective expression of the patients and, at the same time, to enhance their psychotherapeutic treatment (d). Although we have observed that similar activities are also carried out at other institutions, they are often developed in isolation within a single health service or center and are completely dependent on the initiative and support of the professionals carrying out those activities, often *ad honorem*. Other initiatives have managed to “institutionalize” themselves by creating non-profit associations, such as the National Art and Mental Health Network, which includes different groups of people working at hospitals throughout the country with an orientation of “asylum deinstitutionalization” (e), such as the BAF, and also at the Borda Hospital, the radio stations *La Colifata* and *Cooperanza*. Of recent creation within the Borda Hospital is the Borda Cultural Center (February 2010), although its position within the institution is different and also disconcerting to members of the BAF and others carrying out other artistic activities at Borda Hospital; the center appeared spontaneously, created by people who had not previously been working at the hospital and by others who had worked there strictly as health professionals, without any previous dialogue in order to reinforce the preexisting artistic proposals.

However, it should be highlighted that the different ways in which the use of artistic activities in the health field is promoted – and the Borda Hospital is no exception – do not always share the same clinical and aesthetic principles and ethical-political values. For Wanderley, a psychiatrist and visual artist, art is a path that narrows the distance between “madness” and “health” by means of creativity; it is a movement against the reproduction of stereotypes, an act that widens the subject’s possibilities of comprehending the world via a broader affective contact with reality (18). However, from the Pinelian Reform to the present day, the uses of the arts within different areas of a single psychiatric institution or among different health care centers are diverse. We can mention at least four main orientations involving the role assigned to art in a given institution:

1. The use of artistic activities as “entertainment” or as an occupation for the patient, without assigning any particular meaning to the activities for the patient.
2. Art workshops based upon the therapeutic potential of these activities. The arts are used as a means for achieving specific individual goals. Within this approach, artistic activities may be used as a therapeutic resource for making better diagnoses and/or attaining treatment objectives, improving psychomotricity, expressing psychical conflicts, and non-verbal communication, among others. This approach includes what is known as “art therapy” or “therapy through art,” in which creative activity becomes the means used for treating patients (9).
3. The use of artistic activities as an opportunity for patients to create social bonds inside and outside of the institution, producing individual, collective and social changes.
4. Art as a tool of political struggle and resistance in order to transform mental health care practices and change the social *status quo*.

We acknowledge that these distinctions, established for purely didactic purposes, simplify the complexity inherent in each of the four approaches. Moreover, in practice, the different objectives overlap, complement one another and even occur simultaneously. We do not intend to evaluate these different therapeutic methods as

better or worse, positive or negative, but rather to present them as different possibilities responding to different needs, clinical approaches and professional views. We also know that therapeutic practice cannot be separated from its ethical-political dimensions. However, the way in which each institution or clinical intervention uses the arts may place a particular emphasis on one of these functions of art.

By analyzing the four ideas described, we can identify the use of art as a tool for producing new types of subjectivity, as a point of convergence among different collective forces and collective processes of subjectivation. This means that, regardless of the therapeutic method to which we refer, all relate to processes of subjectivation and the creation of new ways of existence and a new aesthetic of life (19).

The experience we are sharing in this article, although not identified with certain functions attributed socially to the arts, such as art therapy, demonstrates some of the functions previously described, with a greater emphasis on the last. That is to say, the experience emphasizes the political goal of transforming mental health practices to favor interdisciplinary treatment that contemplates all the dimensions of human suffering, with a greater margin of freedom for both patients and health professionals.

AT THE BORDERS OF A PSYCHIATRIC HOSPITAL: THE BORDA ARTIST FRONT

The BAF is ideologically linked to critiques of the asylum model, which reached their peak during the 1960s and 1970s with the evolution of antipsychiatry (20-23). Although it emerged within the institution as a struggle against repression and violence in psychiatric hospitals, antipsychiatry then suggested the need to “go beyond the walls of the institution” and politicize the issue in order to move towards social change.

In Argentina, the return of democracy in 1983 allowed for the emergence of many practices and discourses favoring spaces of transformation, along with the creation of policies of asylum deinstitutionalization. In one experience in Río Negro, the psychiatric hospital in Allen

was transformed into a General Hospital with a Mental Health Center, reaching a certain degree of legitimacy through Act 2440 enacted in 1991 (24, 25). A similar process occurred in Santa Fe (26) and in Córdoba, though with different levels of achievement and progress (27).

In Buenos Aires, at the Borda Hospital, different professionals were brought together – among them Dr. José Grandinetti, Dr. Ricardo Grimmon and Dr. Alberto Méndez – to work on such deinstitutionalization projects. Although no deinstitutionalization experience was carried out, a number of ideas questioning the hospitalization and treatment models then in effect emerged, including the idea of the BAF. This group was created in late 1984, developing several workshops attended by inpatients, patients being seen in outpatient offices and discharged patients; these workshops have also been open to the general community since 1998.

The BAF, which is mainly made up of artists in addition to professionals and students in the health field and users of the public mental health system, promoted the foundation of the National Art and Mental Health Network in 2003, as a result of consecutive festivals developed with different groups using art in hospital settings, especially those critical of the established order and logic of asylums in the treatment of inpatients at psychiatric care centers.

The BAF promotes, in people with mental illness who are locked within large “total institutions” (28), a creative artistic process orientated towards the presentation of their work in places outside of the “asylum.” At the same time, the group seeks to transform the social imaginary regarding madness and, consequently, to create new social responses, using art as an instrument of struggle and resistance, as a tool against asylum practices and in favor of freedom.

The experience of long periods of internment at large psychiatric hospitals – apart from generating a series of negative effects such as overmedication, iatrogenia, isolation, the breaking of social bonds and the loss of the singular dimension of mental illness for the person suffering from it – also results in a significant loss of sensitivity, critical thought and creative ability, thus generating what Goffman calls “the mortification of the self” (28). This concept refers to

the continuous mortification of the person's singularity which originates in the homogenization underlying disciplinary mechanisms, either due to the submission of the inpatient to diverse procedures that deteriorate his or her identification with previous social roles or due to the transformation of the patient into a mere object (29).

Along these lines, different strategies such as those of the BAF aim to denounce and combat practices that have affected the lives of thousands of people over the last centuries. The BAF presently has a marginal place within the psychiatric hospital where it originated, in organizational/institutional terms. Although the BAF has its own space within the hospital as well as the approval of the director of the hospital to carry out its activities, it does not appear on the organizational chart of the hospital and does not receive financial support from within the hospital budget. Each of the workshops that take place weekly (Asylum Deinstitutionalization, Visual Arts, Music, Body Movement and Dance, Photography, Language Arts, Mime, Journalism and Communication, Drama, Participatory Theater and Circus) are coordinated by at least one representative of the pertinent artistic discipline and a mental health professional (either a psychologist or a social psychologist). Only one BAF coordinator is officially hired by the hospital: the BAF Director (although his official contract is not for the work he actually carries out, but rather as an employee in the sports department); the rest of the professionals at the BAF carry out their work as volunteers.

Apart from the weekly workshop activities, the work of the BAF is discussed and organized within "the Assembly," which is led by the general coordination team, made up of both an inpatient and outpatient workshop attendant, a psychological coordinator, and an artistic coordinator; along with the BAF director, these representatives are chosen by the Assembly on a yearly basis. Assembly meetings take place every two weeks and are the space for discussing all matters related to the BAF organization, outings, presentations and the incorporation of those who approach the group to carry out a research study or internship. In an attempt to achieve a horizontal decision-making system and give a voice to those who were systematically silenced within the hospital (the users),

these meetings are attended by both the workshops coordinators (or by a representative of the coordination of each workshop) and by the workshop attendants (most of whom are inpatients or patients receiving outpatient treatment within the hospital). The general coordination team is also in charge of organizing gatherings and festivals (30).

The workshops

After this lengthy and academic development regarding the use of the arts in the health care field and of the role of the BAF within the Borda Hospital, it is necessary to immerse ourselves in the empirical universe of subjective production, which we believe gives greater visibility to the potential of the BAF.

The drama and circus workshops at the BAF start with *mate* [infusion made from yerba mate, sipped from a metal straw in a special receptacle and shared in a group setting] and a group conversation in which the new members introduce themselves and the activities for that day as well as pending issues from the last workshop are discussed. Everyone is free to voice their opinions on different topics, regardless of their role within the institution and their possibilities of verbal expression. For instance, one user with mutism took part in the meeting, communicating through gestures, signs, and vocal utterances. In this group setting, it is important to be attentive to a language often expressed without words. After this initial talk comes a warm-up activity followed by the workshop activity itself.

"Manija" Circus Group

During the warm-up, all the attendants form a circle and take part in an activity geared to promote awareness and recognition of their own body, the ability to squat and stretch, and physical endurance. When participants are not rehearsing for the presentation of their act, it may be suggested that they work in groups in order to do acrobatic exercises, divided into different "stations" where they can practice ribbon twirling, trapeze or juggling. Each person participates in every station, doing the activity with the

help of the coordinator of each area. Eventually, each person chooses the “station” they feel most comfortable with and explore the activity more fully according to their interests, abilities and potential. At the end of the workshop, everyone once again comes together in a circle and stretches out the muscles that have been exercised. It is a requirement for those who wish to take part in the workshop to participate in its opening and closing activities; not doing so calls for group discussion and debate.

While the activities are taking place, the participants frequently discover their physical skills and come up against limitations; the coordinators work with them to overcome these feelings, so that the participants experience them as a challenge to their bodies and to the fears that may arise.

One interesting aspect worth highlighting in relation to the “free” activities (in which the participants decide where to work and what to work with) is how they make visible the singularities of the person performing the activity, demonstrating one’s personal way of doing, exploring and searching while establishing a personal relationship with the object used to carry out the activity: a ribbon, a trapeze, batons or balls for juggling, or any other object. The workshop attendants create a personality and a presentation that at the same time recreates them, showing significant aspects of who they are and of their life story.

In presentations, the audience is captivated by the show. This occurs because, by means of a different language, we get to know singular people/personalities and, at the same time, the show itself represents a process of group work that brings together connections, relationships, complications and pleasures made evident throughout the presentation.

“La tenés afuera” Theater group

The activity begins in a circle, with the proposal of carrying out exercises to “loosen up” and give greater freedom to the body, either by following musical rhythms or by acting/representing feelings, emotional states, or the meaning of certain words using the whole body.

When the group is not rehearsing a particular play, the next part of the workshop focuses on

the collective creation of a play, combining the acting out of scenes with the development of a “script” that is only written down sporadically and fragmentarily.

The scenes are developed in relation to theme of the play, which is always centered on the health-disease-care process of people suffering some type of mental illness. During the time of the fieldwork, the scenes being developed were aimed at denaturalizing everyday life in order to visualize the element of “madness” within society itself (for instance, the mass media’s contribution to the naturalization of violence by trivializing it, or the gradual medicalization of everyday life, among other examples).

The most interesting aspect of this process is that during the rehearsal the actor creates the script, which can be enriched by contributions of the other participants and recreated as many times as the actor feels or considers necessary. The development of a scene and the interaction and creation of characters are carried out as a group. The coordinator/director of the play, who is both an external observer and an active participant at the same time, identifies and indicates gestures, actions and movements that should be improved or that are worth emphasizing and maintaining in the play. In this regard, it can be observed that each actor seeks to perform a character he or she feels comfortable with in that particular context.

Once the theme of the play has been defined, videos, audios or texts may be incorporated that contribute to and enrich the creative process as well as reflection on the theme of the play.

A CONVERSATION AMONG RESEARCH, THE CLINIC AND ART: A SPACE IN MOTION

So far, we have described the dynamics of the work of the artistic groups that we joined. Now, we must move from a descriptive explanation towards an analytic discussion of the experience with the BAF. We also include an analysis of the participation/involvement of the researchers in the group and an assessment of the impact the BAF has beyond the walls of the psychiatric hospital.

The theoretical-practical experience, flooded with impressions, experiences and affections, made it so that the researchers were directly affected by the “object” of their research as well as by the intensity of the art within the clinic.

The space where the BAF workshops take place is far from the buildings where most of the inpatients were hospitalized. Although this distance did not impede access to the buildings, in order to get to the workshops every week we had to walk along long corridors lined by walls with huge doors and windows, many of which were broken or had no glass in them. Expressions of evident suffering, tensions and incongruities were frequent in this place.

As with any technical activity exclusively related to the field of health, it is natural that the development of an artistic and collaborative project within a health service center should imply material resources, the ability to listen and dialogue, lessons and challenges, construction and deconstruction, receptivity and discipline, conversation and respect for the others’ limitations, apart from a physical space suitable for its activity. The space given to the BAF is dark and dirty, and there is little or no economic or material investment made in it. This space is not prohibited by the administration of the hospital but is clearly not something that is invested in. Although the first impression was quite discouraging, as the hours went by the power of the artistic activities was so great that it cast a glow over the dust of the place, shedding light into the room and into the lives of the participants, which had been darkened by the weight of institution.

The ideas of Lima (31) are interesting in this regard; the author highlights that only when activities become *minor* instruments (“subaltern” or merely “palliative” instruments) can they join the struggle against psychiatry and its logic. Being at the borders of the hospital therefore meant, at the same time, being free from its regulatory and disciplinary instruments.

From the very first day we were invited to actively take part in the workshops, acting out scenes along with the workshop attendants and professionals and learning circus techniques. This routine implied inventing characters as well as juggling and performing balancing acts and body maneuvers, among other similar activities.

At different moments, we were surprised at the change of roles in which, for example, a workshop attendant – stigmatized as “imbalanced” – helped researchers – personified symbols of reason – to keep their balance when juggling or to play a particular character in a more convincing way.

In this context, we observed attentively how bodies robotized by psychiatric practices danced in strips of cloth suspended in the air and, at the same time, bodies hardened by academic life experienced other transformations. The professionals in charge of each of these activities, although concerned with the technique of every practice itself, were so attuned to art that their work became a process of creation in action – and not just of artistic creation but also the creation of art linked to caring for others, to a genuine change in the lives of many people, a process sparking important group, personal and institutional transformations.

The intervention in the institution was clear in that it contributed to the resignification of the space where people live, receive medical care, and work. The dismantling of the institution implies, above all, the dismantling of the traditional utilization of space, the reappropriation of the right to use the space, the subjectivation and re-symbolization of the space so as to delegitimize the “great everyday banality” (32).

We observed that the artistic presentations of the BAF in public plazas, conferences or festivals could be visualized as a subtle intervention in the processes of clinical care, allowing users and professionals to come together in their differences, in the art of sharing their potential and a common task. What was objectively produced – either a play or a circus performance – was the result of steady progress integrating the singular rhythm of each individual into what can be produced when these singularities are collectivized (31). Presentations outside the hospital had a great impact for the workshop attendants, who were able to express both the horror of being locked within a hospital with an asylum logic that dominated their lives, and at the same time, the beauty that can arise from the universe of “madness,” from the human universe. The members of the audience were amazed at the quality of the presentations and they were also deeply moved by the topics addressed. For instance, in a presentation which took place in the International Congress of Mental

Health and Human Rights, the theater group performed the play *Reinsertón. El laberinto de los normales* [Reinserted. The labyrinth of the normal], which, in a brief (and simplified) way, could be described as the representation of daily experiences that may lead to social exclusion, underscored by the critical judgment of others and their indifference, arriving at the conclusion that no one is exempt from suffering such exclusion. The scenes are not set in a hospital context but rather in an outside place that can become pathological, hostile or harmful to one's health. The work also touches upon the marginalization suffered by those who once were excluded from society (a psychiatric hospitalization could be an example of this, given the play is based on such an experience, actually suffered by one of the workshop attendants). Therefore, these types of performative activities provide opportunities for exchange and discussion between the supposedly "healthy" society and those who have experienced "madness" (33). The power within a scene of putting the "non-crazy person" in the place of the "sick other" makes art an instrument stimulating non-verbal awareness, able to transform paradigms based upon life experience. By seeing the "asylum" in the street and the street in the "asylum," the public sphere becomes a stage for political, artistic and radical, although ephemeral, actions. It does not matter how long the moment lasts: it holds the eternity of the sensation (34).

According to Stanislavski, director and scholar of classical realism in theater, drama is an art capable of touching the audience, making spectators feel intimately within themselves that which is being performed on the stage and leaving impressions on them that time cannot erase (35). The mark of the plays and their actors remain, separated from their institutional origins, inviting a passage through their cultural universe. Defamiliarization and new affectations are made possible, new orders of sensitivity are established, opening up spaces for "crazy" expressions and creations (31).

In the same way, working within an asylum institution with its own particular elements, another logic is introduced which questions the space of the asylum both inside and outside of its walls. The plays have an impact on the audience, deconstructing the idea of "inside and outside of the hospital," in an escapist movement fostering lines of flight.

In this regard, the asylum is not only an open space that communicates with the universe but also a locked "house" opened to a new landscape: "The flesh, or rather the figure, is no longer the inhabitant of the place, of the house, but of the universe that supports the house (becoming)" (34 p.182).

There are apparent clinical effects in the lives of people who, through the arts, create social connections and bonds of affection, expose themselves to others, and develop new skills, desires and meanings for their life story. We can see here a space for play, where different singularities can take part in the world through their participation in activities related to culture, as a social practice, building new territories (36), constituting a work of both an expressive and constructive nature (31).

The emphasis on the process and on the constructive nature of proposals such as these points to a new way of conceiving art, not only as an expression of what already exists and is already out there, but also as an opportunity to create something new, something that is not already there. It is not just about "making the invisible visible," as Paul Klee suggested, but about creating new standards of visibility (31).

EXPLORING THE BOUNDARIES BETWEEN ART AND CLINIC

From a strictly therapeutic point of view, these creative-artistic mechanisms in the clinic facilitate the ability to express, objectify and work through the experience of illness in conversation with the group, a conversation in which the person "speaks" through doing and, at the same time, "is spoken to," in the sense that we all carry our own history constructed in relationship to others. In that context, the role of the therapist is to facilitate, by listening to that language, the recovery of a person with a mental illness.

The BAF workshops encompass a search that goes beyond therapeutic work in the strict sense described above. The way in which the workshops are carried out, a play is prepared, roles are assigned, and the play is performed is designed to fulfill the demands of professional work. The idea is that all the participants be in equal conditions to assume this responsibility, an

aspect which is highlighted in every meeting and was emphasized in every presentation: it is not about showing what a group of people suffering within an institution can do but about performing the show of the “Manija” Circus and the theater group “La tenés afuera.”

These considerations raise different questions: is the activity of the workshops artistic or therapeutic? Can we call what is produced within a large psychiatric hospital art? Is it possible to ignore the clinical dimension present in the artistic activities carried out within a health care institution?

The activities of the workshops as well as the way in which the work is shared outside the institution allow those who participate in this experience to abandon their condition of “mentally ill,” “inpatient” or “former patient” in order to show themselves as artists and to be recognized for their work. This puts them in a different position before society, allowing them to erase their historically produced identity as “mentally ill” in order to see themselves and be seen in a new way: as artists, tightrope walkers, jugglers, etc. This possibility for self-reflection and liberation offers freedom on the one hand from the logic that labels them “dangerous to themselves or others” – criterion which justifies their hospitalization – and on the other hand, from the process of institutionalization, or what Goffman (28) calls “the mortification of the self,” through the expression and defense of their violated rights, the recovery of their autonomy, the rebuilding of social and affective bonds. This process occurs through a subjectivation that does not conceive people as objects and interacts from a human (not medical or charitable) perspective. Finally, all those involved in these performances (including spectators) are given the possibility to question the logic of the asylum as well as their own prejudices and values regarding “mental health/illness” in a broader sense.

From this perspective, the experience at the BAF can be understood as a space of “restorative compositions” that Lygia Clark calls a “state of art”: a state of creation running through all the dimensions of life, including everyday life (37). The purpose of the “state of art” in this context is to turn life into a work of art, to create from a subjective state in which the transitory nature of life can be faced and ways of experiencing can be changed, to generate the freedom to be different

and to feel unique. Therefore, it is not just about the creation of an artistic product which is socially accepted and valued, but also about the creation of both objective and subjective existence.

Metaphorically speaking, based on Lygia Clark’s work we may say that abandoning the passive attitude of “patient” and occupying a space on the stage or in the center of a circus act also implies leaving behind the subjective position of spectator and assuming the role of protagonist in our own lives.

This shift can be seen in other productions both in Brazil and Argentina, such as the radio stations *La Colifata* and *Comiomani* (the latter belonging to the BAF) in Buenos Aires and *Radio Tam Tam* in the city of Santos, Brazil. The most innovative aspect of these experiences lies not only in the search to integrate people with mental illness into society, but also the possibility of creating new ways of being for the users and professionals that are the protagonists of these experiences. The radio stations provide an open space for denouncing abuse and exclusion and give voice to madness in a new place: the public sphere, via radio waves able to invade houses and minds and deal with deep issues through the intimacy and proximity that the retelling of life experiences offers. Life experience produces a new individual, new relationships, new ways of communicating, and new subjectivities.

Among the many affects, percepts and forms of knowledge awakened, the experience herein described leads us to a rich debate regarding clinic and art. It is not easy to deny the clinical dimension present, as it enables subjects and groups that are part of this experience to reappropriate the meaning of their own existence from an ethical point of view, based in the resingularization of the relationships in their personal lives (38).

The members of the BAF were explicitly concerned about countering the orthodox use of the arts as moral pedagogy or therapy in itself, devoid of meaning; and, at the same time, about differentiating their practice from the grotesque use of art as a mere instrument of entertainment, discipline or institutional control. Although on the one hand this concern is legitimate and important, on the other hand, it runs the risk of building a wall between art and clinic as insurmountable as the walls of the hospital itself.

In this case, we understand that the creation of separate fields of identity between art and clinic, between artists and therapists, tends to minimize the power of this type of production; this is why we affirm the conjunction “and” rather than the conjunction “or.” In this experience there was a clear movement towards the affirmation of life through the arts, led essentially by artists. We understand that what was produced in the BAF was both art and clinic at the same time, or a clinical art.

Thinking about this process more broadly, it is necessary to mention that, in the present context – in which clinical medical technology, hyper-specialization and technicism are gaining more ground every day – it is necessary to defend the role of art within the clinic. At the same time, according to Rolnik (39), hegemonic control over the arts is increasingly prominent, oriented towards a rigid formality that diminishes the power of the intensive states art can represent. Contributing to this situation is the fact that the market has become the principal mechanism for the social recognition of art. Artistic productions are more and more orientated towards this social recognition and less to their efficacy as vehicles for expressing a different or new subjectivation: art presents itself less experimentally, guided rather by a subjectivation subsumed by market logic. Experimental creation and vitality diminish in the dissociation between ethics and aesthetics produced in this process.

We believe that this movement is partly the result of a paradoxical situation: the intense rhythm of a globalized world that generates flows of hybridization and homogenization and, at the same time, differences, differences not listened to, lacking fluidity and with little potential for experimentation. It is this paradoxical movement that can lead to pathological reactions in which the power of creation is undermined.

In this way we are led to the domain of the clinic, and particularly, a clinic disposed to confront tragedy. The hybridization between clinic and art may help to understand that which all illness tells us about our relationship to tragedy and what therapeutic proposals offer in terms of strategies of intervention in that relationship (39). Rolnik highlights that art is a privileged field for such interventions due to its special intimacy with the relationship between life and death. In this confrontation, clinician-artists focus on the

materiality of their work and on the result of the artistic productions (39). However, in order for this hybridization to be more powerful, it is necessary to reinvent both clinic and art.

According to Lima (31), the reinvention of art is a necessary condition to facilitate the radical transformation of humankind and of the world, going beyond the categories of art and making them categories of life itself, either through the aestheticization of the everyday, or by the recreation of art as life. Similarly, we understand that the reinvention of the clinic in the field of mental health is essential to supersede the hegemonic, hospital-centered, exclusionary and asylum-based medical model.

Interventions such as the one presented in this article challenge us to make full use of the potential that exists in the boundaries between clinic and art and, in this way, to escape the traditional area of psycho-clinical practice *strictu sensu*, in which the clinic, folded into itself, seeks to discover fundamental conflicts and the emergence of elements of the unconscious in the plane of the conscious. This process has nothing to do with the paradigms of readaptation and normalization. As Rolnik explains, it is about the recreation of oneself, about the cry of madness expressed through artistic vibration (39). In this way, the plane of artistic composition merges with the material plane of technique until they become indiscernible from one another (40).

Politically speaking, art and clinic emerge, in practice, as forces of resistance against practices of hegemonic power and against the creation of societies of discipline and control. Ethically speaking, the dimensions of clinic and art displace the prevalent ways of constituting reality.

This does not mean that art and clinic become one and the same: although both fields seek to produce new subjectivities and new social responses for people experiencing different types of mental illness, according to Rolnik, the singularity of the clinic lies in dealing with psychological resistances and impediments related to these changes; this process is not the central interest of art, whose singularity lies in esthetics and the tangibility of perceptions (39).

Along these lines, we consider that in experiences such as that of the BAF as well as those of others who bring art to the field of health, the

key point is not to determine whether a practice is clinical or artistic but to affirm its power to exist in the boundaries between clinic and art, bringing discoveries to both fields.

FINAL CONSIDERATIONS

This article was orientated towards the discussion of the creative process that exists in the boundaries between art and clinic, in an attempt to assert that the rigid separation between these two practices implies a pathologization of the “state of art.” We thought it important to briefly introduce the use of artistic practices within health institutions so as to then delve deeper into an empirical experience. We thus presented the BAF as a rich movement for exploring the topic at hand and for illustrating certain ethical, aesthetic and political principles existing in the clinical world.

Based upon the reflections that emerged in this interaction with workshop attendants and coordinators of the BAF, this work was constructed as an attempt to introduce the use of art, first as a space and a process that breaks with the asylum logic of these types of institutions, and then as an instrument for potentiating Psychiatric Reform.

In the particular case of Argentina, although there are laws promoting a favorable change in the care provided to users of the public mental health system – such as the Mental Health Law No. 448 in the Autonomous City of Buenos Aires (enacted in July, 2000) and the recently enacted National Mental Health Law No. 26,657 – these laws are still in the process of being regulated and, in practice, users are still predominantly treated in the fields of health and law as subjects devoid of rights.

In this context, a knowledge-power dispute arises between different fields of knowledge which are at the same time marked by diverse political and economic interests. What should be advocated is a human rights approach to mental illness, capable of focusing on the multidimensional nature of human life. This is the reason why we believe that the mere existence of artistic activities within health institutions is not enough to produce significant changes in the institutional status quo, when those activities can be manipulated by hegemonic interests as instruments to preserve the

modus operandi of the institutions and to discipline bodies and minds, transforming human lives into docile and useful bodies (41).

Therefore, the clinical art that we are advocating in this study is marked by the experience of creation but also by the responsibility with which the activities are conceived and performed. The guidelines for these activities are established through the search for ethical and aesthetic parameters committed to life. Commitment to life, in the search for a state of art, entails much more than the use of art as a therapeutic tool; it implies making the clinic an opportunity for creating new ways of existence.

In conjunction with the BAF, we were able to unite the idea of artistic creation in the clinic with the creation of new existential territories, moving us in the direction of an aesthetic paradigm that refers to the production of new subjectivities. In the workshops of the BAF, new ways of interaction, new spaces for existence, new ways of being emerge. Relationships of care are experienced that are not based upon scientific, psychiatric and moral objectivity but rather upon such subjective variables as desire, affection, creativity and freedom (42).

In this regard, we agree with Lima (31) when she suggests that the boundaries between clinic and art, in addition to seeking to create new ways of existence, can build collective meanings for these new ways of existence and their material productions, facilitating the inclusion of the person in groups and networks of social interaction which are themselves transformed. It is impossible to disassociate artistic practice, clinical practice and political-social practice. We consider that movements such as the BAF emerge from an inconformity with the centripetal force of an asylum hospital model that “drags” all subjective production to a space empty of any vitality (31).

To avoid the risk of confining the therapy and social life of users to their experience of artistic activities, we believe it necessary to also value other dimensions of the occupational lives of individuals and groups, thereby preventing the creation of a totalitarian space disguised as artistic action.

We should emphasize that these interventions are not proposals that praise madness: patients can create “in spite of” their mental illness and not “because of” it. Essentially, patients create in moments

of health, in which through a new creative proposal they transcend their suffering and alienation. Along these lines, it is necessary to do away with two characteristics often ascribed by common sense or romantic visions to the “mad”: on the one hand, their irrationality, incapability and dangerousness; and on the other hand, the assumption that they have a special capacity to create, with a genius proportional to their “madness” (43). What we seek is to progress through the fields of health-disease, advance in the attempt to break with the

hegemonic model and with other ways of objectifying suffering, and challenge the cultural values that undervalue difference (and people who are different).

Finally, we affirm that problematizing the intersection between clinic and art can stimulate critical capacity both in the field of art as well as in the clinic, opening up new paths for the art field, for the clinical field and for the possibilities of production of human life.

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ENDNOTES

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b. Project: *Representaciones y prácticas en torno al proceso de salud-enfermedad-atención de pacientes internados en el Hospital "Dr. José Tiburcio Borda,"* in the City of Buenos Aires. This project was carried out by Dr. Anahi Sy with a post-doctoral grant awarded by the CONICET (2010-2012).

c. In Argentina there are no regulations for studies based in observations, questionnaires and/or interviews that require protocols be submitted to a Bioethics Committee. However, in this study we sought to take all possible ethical precautions.

d. For further information please see: Hugo Alazraqui (14,15) and Hugo Alazraqui and Marcela Naszewski (16).

e. The term "*desmanicomialización*" [asylum de-institutionalization] is a neologism coined in 1988 by the Mental Health Department of Public Health Ministry of the Province of Río Negro in order to give a name to the process of transformation in mental health care being implemented in the province (17). This concept is used in Argentina by a great number of groups who question the current internment model and the treatments at neuropsychiatric hospitals and promote a change in the process of mental health care, oriented towards humanizing psychiatric care based in the principles of democracy and pluralism (in terms of the theoretical and disciplinary frameworks) with a commitment to political and social transformation.

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