The Spark Of Recovery

Artistic Methods that Generate Dialogue and Reduce Stigma in Families Affected by Mood Disorders

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The Spark of Recovery: Artistic Methods that Generate Dialogue and Reduce Stigma in Families Affected by Mood Disorders

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Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Fine Arts in Studio and Digital Arts at Liberty University

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Acknowledgments

This book is dedicated to my amazing family.

Without their constant support, love, and encouragement, I could not have accomplished this project.

To my Dad – thank you so much for being a mechanical engineer and having all the power tools (and buying what else I needed) to help my vision come to life. You are my hero.

To my Mami – thank you for supporting me emotionally and prayerfully. Thank you for always believing in me.

To my brother – you will always be my greatest inspiration. I admire your strength and perseverance throughout adversity, and especially your ability to never give up.

Thank you also to my thesis committee for having full confidence in me during every step of this journey.

Thank you to Prof. Phillips for teaching me to always pursue excellence.

Thank you to Prof. Maloney for all of your emotional and moral support.

Thank you to Prof. Wilson for all of the brainstorming sessions and helping me put the icing on the cake of this project.

Thank you to my editor, Lee Mullane, whose finesse and attention to detail brought my work to the next level.

Finally, thank you to many other friends who provided ideas, materials, and details along the way. You made all the difference.
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Abstract

Mood disorders, such as major depression and bipolar disorder negatively affect family dynamics, often resulting in trauma, antipathy, mistrust, and the breakdown in communication between the individual suffering from mood disorder and members of his or her family. The impact of mood disorder on family members impedes recovery for the person suffering from the disorder as well as the health and well-being of the family as a whole. Even emotionally healthy families suffer from the subsequent pain, trauma, isolation, and stigma. The project proposes a solution to broken or inhibited family communication: the engagement of all family members in healing conversation in response to their experience with interactive mixed media art. The expected outcome is that families will begin to communicate more effectively as the result of an increased understanding of differing perspectives and emotions, and a recognition of the value of giving and receiving social support to motivate methods of recovery. An additional anticipated outcome is the reduction of societal stigma against people who face the challenges of mood disorders and other mental illnesses. The journey to recovery and release from stigma requires a group effort by the affected individual and all family members and those working with them. Difficult decisions are made together to communicate well with one another, cope successfully, take medication, participate in psychotherapy, increase mental health literacy, promote positive attitudes towards mental health, and fight discrimination. In the process, health, hope and trust may be built and sustained.
M ost profound challenges in life arrive completely unannounced. Because adversity often comes when least expected, unanticipated trials strike without warning or preparation. Such is the unpredictable, traumatizing nature of mental illness and its hundreds of psychological disorders. Most mental disorders typically develop unexpectedly during youth and severely alter the rest of an individual’s life, as well as the lives of surrounding family and friends. Examples of mental disorders include major depressive disorder, generalized anxiety disorder, schizophrenia, bipolar disorder, anorexia nervosa, and borderline personality disorder. This thesis narrows its focus to mood disorders, which are categorized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) under Bipolar and Related Disorders and Depressive Disorders.

Because this project seeks to identify a problem that can be addressed through art, it must be clarified that mood disorders themselves, such as major depression and bipolar disorder, are not labeled as the principal issue. Rather, the project recognizes and underscores the familial trauma, antipathy, mistrust, and ineffective communication that result from such mood disorders and become serious inhibitors to a family’s recovery and healthy reintegration into today’s society. When symptoms and overwhelming emotions are not dealt with, family members tend to isolate and experience communication barriers. These barriers specifically involve the lack of desire to engage in conversations that require active listening and understanding of each other’s differing pain. When an individual relapses, the family experiences growing feelings of anger, guilt and shame, along with mistrust, fear, and retaliation. Families are often unable to engage in group communication activities designed to encourage therapy and build healthy coping skills. There is a need for better interpersonal emotional recognition, otherwise the ability to live life with hope and redemption under the weight of mental illness is inhibited.

Consequently, the primary objective of this thesis is to show the power of art to ignite conversation among family members facing the pain of mood disorders. Conversation about each member’s experiences identified through art will help families break down barriers of isolation and learn to communicate more effectively with a higher degree of understanding and empathy. Once begun, conversation will point families toward methods of
recovery. Such methods include taking medication, receiving psychotherapy, fighting stigma, and making difficult yet rewarding decisions to begin and continue recovery. These decisions would involve choosing recovery every day and providing support to one another through the giving of one’s time, empathy, and patience during the emotional and sometimes lifelong recovery process.

Mental illness is a trial that cannot be faced alone, thus the project seeks to encourage families to engage in giving social support to one another. Because social support is crucial for recovery and successful coping, each family member must work together to build sustained trust, health, and hope. With these objectives in mind, the project anticipates an important ripple effect, one that fights misunderstanding of, and societal stigma against, the challenges of mood disorders and mental illness as a whole. This leads to the solution that the project’s research and deliverables seek to provide.

Art is a powerful way to safely express and process painful emotions. The practice of art therapy has been proven effective in the recovery journey for many mentally ill individuals and their families, as this thesis will show. Examples of art therapy methods are explored in the project’s research to demonstrate the communicative power of art.

However, by looking at artwork produced by patients and families suffering from the effects of mood disorders, it may be difficult for others in society to immediately and truly understand the complex pain depicted in their art. Stigma and stereotypes then continue to rise. It remains difficult to support or sympathize with someone whose mood disorder causes actions that can be harmful to oneself or others. Families affected by mental illness often say that one has to see the ill individual’s behavior in order to believe it. Consequently, efforts have been made by individuals with mental illness experience to create and publicly display art to give an image and voice to the torment of mental illness and societal discrimination.

For example, a number of these efforts are distributed through Instagram, such as Project 1 in 4 by Marissa Betley and Inktober Illness by Shawn Coss (Figure 1 & 2). Through the creation of simple yet profound illustration to convey the pain and complexity of mental disorders, these artists quickly gained widespread support and a significant following. Similar to Shawn Coss’ monster-like drawings, character designer and children’s book illustrator Toby Allen created a series entitled “Real Monsters,” which consists of monster illustrations that personify mental disorders along with written descriptions that describe the disorder from the perspective of the monster (Figure 3). Another example is the work of South African photographer Tsoku Maela. His conceptual photo series entitled “Abstract Peaces” documents his own experience of surviving depression and raises awareness of how mental illness within black communities is often misdiagnosed or ignored (Figure 4). A final and significant example is the work of The Dax Centre in Melbourne, Victoria, Australia, a remarkable organization dedicated to promoting mental health.
Figure 1. Marissa Betley.

Figure 2. Shawn Coss.

Figure 3. Toby Allen.
through displaying the artwork created by mental health patients recovering from psychological trauma. The organization is named after Dr. Eric Cunningham Dax (1908–2008), who pioneered the development of mental health care outside of asylums into communities of care and respect, as well as the formal introduction of using art to treat patients diagnosed with mental illness (The Dax Centre). His ideas were revolutionary and resulted in the use of the creative arts to promote greater understanding of mental illness (The Dax Centre). Exhibited in the Cunningham Dax Collection, the artwork results from staff closely working with artists and communities who give their work and life stories to the collection (The Dax Centre). A number of the displayed works were created during art therapy sessions, and ranges from art produced by children recovering from trauma to adults fighting mental disorders (Figure 5). Unfortunately, this museum is only one of three of its kind (The Dax Centre).

Much of the artwork shown in the Cunningham Dax Collection is brutal, emotional, and solemn. Viewers experience feelings of shock as they encounter the raw representation of suffering of trauma and mental illness. A study done by Eugen Koh and Bradley Shrimpton evaluated 10,000 viewer responses to the exhibition, the results of which were threefold. Viewers responded that they gained “a better understanding of mental illness…”, “…a more sympathetic understanding of the suffering of people with mental illness…”, and “…appreciated the ability and creativity of people with mental illness” (Koh and Shrimpton 171). Despite these positive results, several limitations apply.

The limitations of the study included the possibility that the positive responses were inauthentic. They could have been the result of a “feel good effect” experienced after viewing the art, and the responses “…might not reflect a genuine increase in understanding of mental illness or a more positive attitude towards those who have experienced a mental illness” (Koh and Shrimpton 171). Because
there is currently a push to present mental health artwork purely as art, exhibitions such as these are at risk of creating an increase in mental illness stigma and misunderstanding by providing only minimal contextual information about the art (Koh and Shrimpton 172). Koh and Shrimpton describe the reason for this:

“Viewers of these ‘art-focused’ exhibitions might appreciate the aesthetic dimensions of the artworks, but might only gain a limited understanding about the possible meaning of the artworks, experiences of the artists, or the relevance, if any, of existing mental illness. These exhibitions might lead to a greater appreciation of the artistic abilities of people with experience of mental illness and, therefore, more positive attitudes towards them. Such an exhibition is less likely to lead to greater understanding of mental illness or mental health literacy because it provides very little information, if any, on the nature of the mental illness or other related issues” (172).

Not all such art exhibitions result in positive attitudes towards mental illness, especially those that do not provide materials to encourage mental health literacy. Koh and Shrimpton explain, “The display of visually dramatic artworks or those that depict despair might only perpetuate negative stereotypical views of the mentally ill” … “Exhibitions that highlight mental illness disproportionately are at risk of sensationalism and likely to perpetuate the stereotype that mental illness is dramatic, unpredictable and to be feared. Exhibitions of art by people with experience of mental illness can overcome stigma but their effectiveness will be determined by how the artworks are presented” (173). The solution that the authors propose is to exhibit the art in a way that increases mental health literacy and promote positive attitudes towards mental illness. Both are needed for effective, sustainable results, and The Dax Centre provides an example of this approach. Koh and Shrimpton write, “The

Figure 5. Cunningham Dax Collection.
Dax Centre’s exhibitions aim to increase knowledge of mental illness and promote a positive attitude towards those who have experienced it by presenting artworks that reflect the broad range of personal experiences and creativity of the artist, accompanied by text-based information about their experiences of mental illness” (173). Through this twofold approach, stigma is best countered and the viewers’ choice to determine for themselves how they view mental illness is respected while mental illness is explained with thoughtful, redemptive intention (Koh and Shrimpton 173).

Based on this research and the limited number of creative organizations like The Dax Centre, there is a clear need for more art exhibitions that harness art’s ability to promote both mental health literacy and positive mental illness attitudes. Society and families affected by mood disorders would significantly benefit from art shows that present a clear narrative of the challenges of mental illness. As a result, publicly displayed art that provides a conceptual, guided interpretation of the familial experiences of mental illness is needed in order to counter stigma, point families toward recovery, and encourage the family’s reintegration into society after diagnosis.

In order to inform this project’s artistic deliverables that seek to help fill the aforementioned need, the research examines a number of areas. First, using the DSM-5, the types and definitions of mood disorders are discussed in-depth. Second, regarding communication and trust, a thorough explanation is given of how the challenges and traumatic memories of mood disorders affect each family member. These family members include the caregiver, ill member, parents, sibling, adult child, and spouse. Third, the effects of mood disorders within families are shown to prevent and delay recovery primarily through stigma, poor social support, mistrust, and ineffective communication. Fourth, the power of art is studied and supported through elements and examples of successful design that elicit an emotional response in the viewers and drive them to action. Fifth and finally, in order to display art’s role in emotional healing, examples are given of the effect and benefit of art therapy on each family member affected by the mood disorder.

In the chapters that follow, Chapter 2 will first thoroughly discuss the project’s research, which includes the definition of mood disorders, effect on family dynamics, how the effects of interconnected emotions delay and prevent recovery, and the power of art as communication and emotional healing through successful design and the practice of art therapy. Next, Chapter 3 will describe the visual process behind the creation of deliverables. Further, Chapter 4 will discuss and display the project’s final visual solution. Finally, Chapter 5 will conclude with a summary and defense of the visual solution.
Before moving forward, it is important to note that the research and creative deliverables presented in this project do not replace professional help nor are they written and created by a mental health professional. Instead, this thesis serves as a supplement to the methods of recovery that exist and is an artistic endeavor to explore successful ways to ignite conversation and shed understanding. In addition, each family affected by a mood disorder or other mental illness has a different story. Everyone has unique, traumatic narratives, triggers, and experiences that cannot be simplified or generalized to one simple explanation. This project is not an attempt to simplify the emotional weight and complexity of mental illness, but to present the most common, overlapping traumatic effects of mood disorders to propose artistic methods of dialogue and recovery using the most genuine care, empathy, and accuracy possible.
CHAPTER 2
Research

The following research defines mood disorders, family effects, communicative art, and art therapy. This gives context and clarity to the complex nature of the problem and establishes art as a solution through its ability to start conversations and encourage recovery.

Definition of Mood Disorders

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), mood disorders are categorized under Bipolar and Related Disorders and Depressive Disorders. Bipolar and Related Disorders include the following diagnoses: bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance/medication-induced bipolar and related disorder, bipolar and related disorder due to another medical condition, other specified bipolar and related disorder, and unspecified bipolar and related disorder. Depressive Disorders include the following diagnoses: disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder.

The difficulty with these diagnoses is that unless one has experienced or seen them firsthand, it is difficult to understand their debilitating manifestation and effect. As a result, the best place to begin is by using the DSM-5 to list and describe the symptoms of the more commonly known and overlapping diagnoses of bipolar I disorder, bipolar II disorder, major depressive disorder (MDD), and persistent depressive disorder (PDD), or Dysthymia.

Beginning with bipolar I and II, symptoms primarily include manic episodes, hypomanic episodes, and major depressive episodes (APA 124-125;132-133). Bipolar I is defined by its severe manic and depressive episodes that can alternate for months at a time. The DSM-5 defines a manic episode as, “A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)” (124). During this time of mood disturbance and elevated energy, a num-
ber of symptoms are present, such as the following: inflated self-esteem or grandiosity, decreased need for sleep, racing thoughts, distractibility, and goal-directed activity (APA 124). A manic episode may be preceded or followed by hypomanic or major depressive episodes. Hypomania consists of the same behavior as mania, except it is typically not severe enough to impair functioning or necessitate hospitalization (APA 125).

In stark contrast to the heightened energy and activity of mania, major depressive episodes include a number of symptoms. First, these include feelings of intense sadness, emptiness, hopelessness, and irritability (APA 125). In addition, weight loss or weight gain, insomnia or hypersomnia, daily fatigue and loss of energy, and feelings of worthlessness or guilt are common (APA 125). Finally, there is often diminished interest or pleasure in almost all activities, as well as weakened ability to think and concentrate, and recurring thoughts of death, suicidal ideation or attempt, or specific plan to commit suicide (APA 125). Bipolar II is very similar to bipolar I, except it is marked by more frequent fluctuations between hypomania and major depressive episodes, where major depression is the cause of impaired interpersonal and occupational functioning (APA 135).

MDD and PDD present the same symptoms of a major depressive episode, but a fundamental difference between the two is that “depressive symptoms are much less likely to resolve in a given period of time in the context of persistent depressive disorder than they are in a major depressive episode” (APA 170). Where symptoms of MDD can fluctuate to lower levels of intensity over the course of several months, PDD is defined by at least two years of chronic daily depression (APA 169). All in all, these severe disturbances in mood cause significant impairment in social and occupational functioning and typically “necessitate hospitalization to prevent harm to self or others” (APA 124). These experiences result in trauma that alters a family’s way of life.

### Effect on Family Dynamics

#### Effect of Trauma

What is the specific effect of this trauma on the family? Without a doubt, the individual diagnosed with the illness has experienced a major diagnosis with severe symptoms that have caused an inability to continue life “normally,” as expected by society. Hospitalization and medication commonly administered to bring the individual out of mania or depression often result in the individual’s loss of a sense of self and the onset of the mood disorder’s symptoms. The individual may have even come close to suicide. While this is deeply distressing for the individual, it is also emotionally difficult for his or her immediate family members.

Trauma usually does not announce itself or let us know of its repercussions. It happens unexpectedly in response to profound experiences of loss and pain. Elizabeth A. Baxter and Sita Diehl, who explain conceptual models of loss and emotional stages of recovery in both the ill individual and the
family members, write, “Mental illness is a more nebulous and stigmatized form of loss and is thus harder for many to conceptualize. Mental illness is traumatic and involves losses from which people need to recover” (350). These losses include grieving a normalcy that is no longer present. The human mind may subconsciously make an effort to fathom this abstruse experience in an effort to gain better control and cope with what happened, or what may ensue again. The affected individuals suddenly feel different and isolated from society, resulting in questions that seek to understand what happened in an effort to recover. Such questions include, “Why me?” and “How do I cope with this and get back on my feet?” (350).

As a result, a primary word used to describe the effect of trauma is grief (Baxter and Diehl 350). Grief associated with mental illness is complex, difficult to navigate, and consists of a number of related emotions that further complicate coping with the experience. Loss in mental illness is not straightforward. In many cases, the individual is still present. However, the disorder has caused a drastic change in mood and personality. This change in behavior is traumatic and experienced as loss (Jones 965). Three complicating factors that arise in response to adjusting to this loss of a person are fear of betrayal, anger, and shame (Jones 966). David W. Jones writes, “The ambivalence of grief is therefore doubly reinforced. To move on from the grief is not only difficult because it involves a betrayal of the memories of the past (as in ‘normal’ grief), but it is difficult because the person is still around, however much altered” (967). The distress brought on by the unpredictable behavior of mental illness creates anger within the family, which is hard for family members to express because of the difficulty in justifying anger towards individuals who are victims themselves (Jones 968). This anger results in guilt and shame, which leads this review to an understanding of the effect of caregiver burden on immediate family members.

**Effect of Burden**

Caregiver burden “...refers to the social, psychological, behavioral, functional, medical, and economic consequences of caregiving” (Kardorff et al. 248). Over the last 60 years, due to deinstitutionalization policy, “...most of the care for people with serious mental illnesses, specifically schizophrenia spectrum disorders and bipolar disorder, now resides with informal caregivers” (Kardorff et al. 248). Because 50–90% of patients with mental illness live with family or friends, these caregivers find themselves filling “the gap between deinstitutionalization and the shortage of commu-
nity resources” (Kardorff et al. 248). In this role, caregivers are affected emotionally, financially, and physically, and they experience restrictions in daily routine and conflict in family relationships (Kardorff et al. 248).

After performing qualitative interviews with a sample of caregivers, Kardorff and others identify eleven specific encumbering themes (248). These themes are “…incertitude, unawareness, emotional burden, stigma and blame, financial burden, physical burden, restriction in routine, disruption in routine, dissatisfaction with family, relatives, and acquaintances, troubles with patients’ adherence to medication, and problems with health services and governmental support” (248). Most of these are understandable without detailed explanation, but themes such as incertitude involve uncertainty due to the disorder’s unpredictable behavior and intense worry about the future (Kardorff et al. 251). Further, unawareness refers to lack of understanding of the treatment process and the patient’s behavior. One caregiver shared, “When I faced this illness, I did not know about the illness. I did not know what I should do. I did not know what schizophrenia is about” (Kardorff et al. 250). Lastly, other challenges include giving up leisure time, reduction in family relationships, and neglect of other family members due to focus on the patient’s illness and recovery (Kardorff et al. 251). Altogether, these themes accurately describe caregiver burden and their similar effects and most families.

While mood disorders take a toll on the family as a whole, it is important to discuss how they affect each member differently. Sometimes the patient is the child, in other families the parent suffers from mental illness, and so the affected family members could be a parent, child, spouse, or sibling. Through his interviews with 47 family members, which included 15 mothers, 8 fathers, 8 brothers, and 8 sisters, David W. Jones sought to understand the perspectives and experiences of the families, as well as the emotional aspects of those experiences (964). From the perspective of the parent, feelings of ‘non-finite’ loss were found since the mentally ill child’s struggle to maintain relationships, jobs, and family is renewed as different points in life are reached (Jones 966). For the parent, grief is bitter and, most often, chronic. Parents may also tend to feel isolated in their grief due to the failure of other relatives and friends to understand such bereavement. In addition, parents suffer from feelings of blame, guilt, and betrayal. Jones reflects on one mother’s story, saying, “I think she felt too guilty to complain about the pain that she has would feel like a betrayal of her son.”
she has felt when she sees him continuing to suffer. Any attempt to move away from the pain that she has would feel like a betrayal of her son” (967). As a result, the intense worry, fear, sorrow, and helplessness that parents feel is crippling.

Children who have grown up with a mentally ill parent most often experience relational guilt, trauma, and fear, as seen in the story of Satya Rashi Khare. She describes her experience growing up with a father diagnosed with bipolar disorder, his sudden death, and the turbulence of painful emotions that still live within her. These emotions include “…feelings of sadness, confusion, anger, and injustice, all of which culminated in intense guilt” (Khare 474). She writes, “Complicating our relationship was the fact that my father suffered from bipolar disorder. I am uncertain when his mental illness first revealed itself in the form of symptoms, but all of my memories of him are branded with his condition” (473). Khare continues, “I had this overwhelming feeling that had I failed him and lost the opportunity to redeem our relationship. The fights, the anger, the pain, the outright disrespect I showed my father; none of these things outweighed the love I had for him, but I never learned how to express love when confronted with the chaos that mental illness brings. The guilt I felt was unbearable” (474). Khare’s story is not like everyone’s, but its rawness and difficulty bring to light the amount of pain that adult children can experience in response to their parent’s suffering.

Furthermore, adult children often experience fears about heredity that affect their relationships. According to Murphy and others, one adult child described his fear concerning his own safety and that of his children: “I recognize that that fear is also in them, is this fear that suicidal tendencies are hereditary. So I worry about myself, what might trigger that when I’m 40 or 50. Would I suddenly have thoughts of suicide myself? So that’s a very big concern, and that leads to fears and concerns around my children. First of all, not letting them down and [killing] myself. That’s a very big fear that lives here. How can I teach them that there is always a way out of whatever problem you’re facing?” (297). These feelings are very common among adult children, as well as among siblings of those with mood disorders. These family members wonder, “Am I also going to develop this disorder? Or will it happen to my children?” Unfortunately, this fear usually continues into the rest of the individual’s life as an adult (Murphy et al. 297).

The spouse of one with mental illness is another unique and difficult situation. Sadly, marriages affected by mood disorders can end in divorce and grief. Jones shares the story of Mrs. Mansell, whose husband Alfred “had a long history of serious psychiatric illness” (966). Although Mrs. Mansell had separated from Alfred and accepted the change that his illness brought on, “…she felt unable to move on through a process of grief and have another relationship...because her husband was physically still around…” (966). In response to Jones’ question of her current feelings toward Alfred, Mrs. Mansell shares, “Part of me has to see him sometimes. One thing is I can’t grieve prop-
erly; if he’d had died you know what to do. Being a bereavement counselor, I know what to expect, what to do, and you can perhaps make a new beginning, but with Alfred he’s never asked me whether I have a relationship with anybody. I haven’t, but he just takes it for granted that I’m here. I don’t think I have anything left for another relationship” (966).

Some couples, with effective methods of recovery, are able to stay together and fight through the sorrow and gain hope. But the evidence is clear that the drastic change in one’s life partner that comes with mood disorder creates a deep wound accompanied by loss and suffering.

Finally, in contrast to the rest of the family, the perspective of siblings of individuals suffering from mood disorders is less recognized because they are not given the same access to methods of recovery due to their “health” compared to their ill brother or sister. They may tend to feel ignored and isolated, even if that is not the intention of the parents. Moreover, to date, there is less research done to observe how mental illness affects adult siblings. Siblings, however, often take over caregiving when the parents no longer can, and so they have a significant presence, need, and burden. They are often overlooked and underappreciated in the mental health care system. Greenberg and others studied the effect of subjective burden on well siblings of those with severe mental illness. Subjective burden is associated with worries about the ill relative’s care, fear of the ill person harming themselves or others, and feelings of stigma (Greenberg et al. 232). In the study, “family respondents were asked about their relative’s current psychiatric symptoms and behavior, their own involvement in the relative’s care, their appraisal of the amount of control their relatives had over their psychiatric symptoms, and their experience of various types of subjective burdens, including feelings of stigma, fears, and worries about their relative’s future care” (Greenberg et al. 234). The subjective burden “was measured by four scales: a global measure of subjective burden and three measures of specific types of subjective burden, namely stigma, fears, and worries about the future” (234). The findings showed that the burden experienced by siblings is similar to that of parents and other family members. The article discussed how younger siblings struggled more with subjective burden than did older siblings, and the higher the level of psychiatric symptoms in the ill relative, the higher the subjective burden. It was not the care for the ill sibling that was difficult as much as it was the psychiatric symptoms and behavioral problems that he or she exhibited.

Consequently, one of the primary emotions found among siblings is fear. They fear for the stability of their sibling, and for their own safety and relation-
ships in life, as mentioned above in fear related to heredity. In addition to fear, siblings experience additional subjective distress, such as survivor’s guilt, anger, intense anxiety, and depression (Greenberg et al. 239). When siblings go through these emotions, the heredity fear heightens.

In summary, family members experience similar emotions such as grief, fear, and guilt, but these emotions manifest differently for each person. Fear, for example, has a different meaning for a parent than it has for a sibling. Trauma’s expressions of grief and related reactions, together with other interconnected emotions, create the perfect storm, delaying and even preventing recovery. The effects of these interconnected emotions that obstruct recovery are considered next.

**Effects of Interconnected Emotions Delay and Prevent Recovery**

**Stigma**

With the aforementioned feelings of grief, guilt, and fear that trauma brings, families also face stigma, lack of social support, mistrust, and ineffective communication. Together, these can delay and prevent recovery. First, stigma is defined as an outward mark of shame and difference brought on largely by society’s misunderstanding, discrimination, and prejudice towards mental illness (Jones 970). Lazowski and others present the following explanation:

“On the more negative end of the continuum, prejudice and discrimination are rooted in commonly held stereotypes that are associated with mental illnesses. These stereotypes are concentrated within an image that individuals with a mental illness are unable to make competent decisions, are dangerous to themselves and/or the public, and require coercive intervention as they will not seek treatment autonomously. In fact, the diagnosis of a mental illness is coupled with negative stereotypes regardless of the presence of abnormal behavior. Although work has been done to reduce stigma and educate the public about mental illnesses, significant barriers still exist to differentiate people with a mental illness from mainstream society” (2).

Corrigan and Miller refer to this as public stigma (537) and also identify three resulting stereotypes about families with mental illness: shame, blame, and contamination (543). The findings of their study suggest that “parents are blamed for causing their child’s mental illness, siblings and spouses are blamed for not assuring that relatives with mental illness adhere to treatment plans, and children are fearful of being contaminated by the mental illness of their father or mother” (537). As a result, stigma culminates in feelings of fear, shame, isolation, discrimination, and avoidance. These effects of stigma can significantly impede or delay recovery (Lazowski et al. 1). For those who actively seek recovery, “…stigma may be partially responsible for nonadherence to treatment regimens” (Lazowski et al. 2). Corrigan and Miller develop this further, saying, “Family members have agreed that stigma hurts
the relative’s self-esteem, ability to keep friends, success in obtaining a job or place to live, and acceptance by mental health professionals. Family members are acutely aware that stigma is a major hurdle to the recovery of their relative” (543). Corrigan and Miller also explain how this impacts the family members: “Typically, the impact of stigma is conceived as the direct result of negative attitudes and behaviors towards a group of people, in this case family members of people with mental illness. However, research also shows that family members suffer when they note the impact of prejudice and discrimination on their relative with mental illness” (542). Consequently, the disheartened family members feel isolated, judged, and unaccepted by society, making re-integration and recovery an intimidating challenge.

Lack of Social Support

Second, lack of social support, both from society, outside family and friends, as well as within the immediate family is another obstacle that hinders recovery. As previously mentioned regarding the effect of mood disorders on parents, it is often the case that other relatives and friends cannot understand the grief. This causes the immediate family members to feel isolated and unsupported. Or, the case may be that the ill member’s relapses and lack of motivation to achieve stability cause frustration and anger among immediate relatives, while lack of familial empathy and support (both financial and emotional) can cause defeat for the ill member. All of this occurs largely because of the distressing impact that major mood episodes can have on social networks, causing individuals with mood disorders and their families “…to receive less social support than non-clinical populations” (Owen et al. 912). Consequently, the family environment plays a crucial role in influencing the clinical course of mood disorders (Owen et al. 912). A “critical and hostile family atmosphere, known as high expressed emotion (or high EE) …,” increases the risk of relapse and failure to recover, while “…psychosocial interventions which focused upon educating family members about bipolar disorder, facilitating better communication and optimizing problem-solving have been associated with better global functioning, fewer relapses and greater improvements in depressive symptoms” (Owen et al. 912). Clearly, a community built on healthy support and communication within the immediate family is necessary for recovery. Otherwise, successful coping and conceptualization of trauma become far more unattainable.

Mistrust

Unpredictable behavior associated with mood disorders and potential lack of social support from family members, often brings about mistrust, which inhibits communication and recovery. Trust in itself is a risk that can result in mistrust. Murphy and others explain, “The concept of trust has been and remains embedded within the general everyday societal discourse. There is a consensus that trusting of others facilitates positive interactions on a daily basis. To trust another person involves some
notion of risk to the self, as a person must give of themselves, prior to knowing how the other person may react or behave with them in return” (297). When the risk of trust fails, relationships struggle, and communication is inhibited.

Murphy and others look at mistrust from the perspective of adult children of mentally ill parents, but the effects are similar for the entire family. Their study goes into detail about how the consequences of mistrust generate long-term fear and isolation among adult children by providing examples of how traumatic memories create fear and mistrust in families, as well as fear and self-doubt in the adult child’s own family. This creates a lack of communication among family members, and the development of mistrust for others, harming other relationships (Murphy et al. 297). Murphy and others observe, “Children of parents with mental illness live with fear. Adults who have experienced childhood parental mental illness continue to live with fear, but with differing manifestations. Adult children’s narratives reflect that fear has been highly associated with mistrust of parents and others” (297). As seen from previous discussion, the other family members live with fear as well, but it carries different meanings and forms of anxiety.

Understandably, mistrust causes isolation and fear, fueling a continuation of mistrust. Additionally, stigma drives mistrust. To expound, Murphy and others write: “If connectiveness to others is based on initiating and building trustful relationships, children must be able to reconceptualize their experiences of parental beliefs and behaviors which relate to danger from others. However, if the parental experiences are embedded within other societal messages of distrust for others, then children have limited access to resilience-building skills and opportunities. A consistent message of mistrust for others is portrayed to children either via their parental experiences, wider societal messages of potential high risk, or stigmas associated with mental illness. Mental illness-related stigmas involve the degradation, exclusion and notion of difference for those experiencing mental ill health and their families. These may contribute to a child’s sense of fear and isolation” (297).

Given the combination of fear, isolation, and messages of stigma, many family members “…may decide that the risk outweighs their personal benefit of connecting to another” (Murphy et al. 298). Thus, they remain isolated for long periods of time, driving mistrust, disharmony, and alienation (Murphy et al. 298). If these feelings are left unresolved, family members will act defensively out of fear of continued relational disappointment and will experience “…a continual cyclical approach of mistrust and fear generating further relationship mistrust and fear” (Murphy et al. 298). In such an environment, recovery cannot take root.

A community built on healthy support and communication within the immediate family is necessary for recovery.
Ineffective Communication

All of the interconnected emotions and experiences of stigma, lack of social support, and mistrust result in ineffective communication, where the family is challenged to understand each other’s differing traumatic experiences and faces difficulty in coping and recovering. Just as it can be difficult to talk about any traumatic experience, families who include a member who is ill will find it hard to discuss one another’s differing pain. Nonetheless, once families have begun to do so, the process of choosing to make the right decisions to spur recovery can begin. Even in the wake of relapse when disappointment may be acute, hope may be found in the power of art as a catalyst for communication and emotional healing.

Art as Communication

The following examples support art’s ability to start conversation and both elicit emotional response in, and drive the viewer toward, recovery.

Line and Color

A brief study of two essential elements of design, line and color, provides a foundational example of art’s ability to evoke a response. First, line is a point set in motion, “...capable of infinite variety” (Lauer and Pentak 138). A defining feature of line is its power of suggestion. Lines can be happy, angry, free, quiet, loud, bold, calm, or graceful. Line leads the viewer’s eye through a composition, which can give the viewer a narrative experience.

This can be accomplished through actual, implied, and psychic lines. Lauer and Pentak write, “The linear technique you choose can produce emotional or expressive qualities in the final pattern. Solid and bold, quiet and flowing, delicate and dainty, jagged and nervous, or countless other possibilities influence the effect on the viewer of your drawing or design” (139). With line’s ability to create variety and emphasis through thin, thick, rough, or smooth, mood and motion can be expressed (Lauer and Pentak 138). Thick, heavy, and jagged lines suggest a harsh message, whereas thin, flowing lines suggest grace and delicacy. These interpretations create a feeling in the viewer that impact their perception of the artwork and how they might receive it subjectively.

In addition to line, color evokes a response. Color is used to define emotions, such as red for embarrassment, green for envy, black for evil, blue for sadness, and white for purity. This makes sense to us because “color appeals to our emotions and feelings” (Lauer and Pentak 286). Bright, warm colors can make the viewer feel happy or approached, and subdued, darker colors can make the viewer feel sad or calm. Lauer and Pentak write, “For artists who wish to arouse an emotional response in the viewer, emotional color is the most effective device. Even before we ‘read’ the subject matter or identify the forms, the color creates an atmosphere to which we respond” (286). Color psychology, then, is an integral part of a successful artist’s ability to produce conceptual work that elicits a response and feeling in the viewer. As a result, color is like-
wise symbolic with cultural connotations. Color in this regard does not stand for tangibles like fire or water, but “they represent mental, conceptual qualities” (288). Regarding culture, red, for example, may signify a positive concept in one culture, and a totally negative concept in another. To summarize, artists’ tools of line and color are just one example used to lead the viewer through a composition and evoke feelings and reactions.

**Design for Social Impact**

The emotive effect of art is not only achieved through line and color, but through design’s ability to raise awareness, meet a community’s needs, and partner with organizations to fight for a cause or make a humanitarian difference. This is “design for social impact,” “human-centered design,” or “design for social change” (Shea 8). Graphic design is often associated with “…glossy magazines, elaborate advertising campaigns, or fancy book covers…”, but many designers today are pursuing social design “…to work with underserved clients as an alternative to the more traditional design jobs in large corporations and advertising firms. They want to work closely with communities that need their help most and actively participate in combating complex social problems” (Shea 8). This type of design raises awareness and meets needs by immersing in communities and creating work that is focused on people first. Designers are problem-solvers who create work that provides or supports solutions to social issues. Designers have the ability to think critically and improve the “general visual environment” (Simmons 4). Aaris Sherin, quoted in Christopher Simmons book Just Design, describes this as information design:

“Most designers organize content every day. Organizing can mean hosting a discussion on ethical design, working with community organizations to interface with local populations, or ordering and presenting information. In fact, making information clearer to an audience is one of the most overlooked areas of values-based design work. This type of ‘information design’ is powerful and can be as simple as designing a website so that viewers can clearly understand a company’s message or creating an information diagram about a health-related issue. In each case, presenting information in a way that helps the public make more informed decisions serves the audience and the larger community” (Simmons 100).

As Sherin explains, social good design informs the public to make decisions and act in a way that will meet the needs of underserved communities or fight social issues that are harming society.

In their books on social design, Andrew Shea and Christopher Simmons provide descriptions and analyses of a large number of inspirational, real-world social good projects, each of which are a testament to the change that social design can bring. Some of these examples are worthy of highlighting for their effectiveness in generating dialogue.

The organization Impact Teen Drivers approached the design firm Hybrid Design in San Francisco, California to create a hand out for students to in-
crease awareness of auto accidents as “...the leading cause of death among teenagers” (Simmons 15). After the designers followed up with students to receive feedback on how the handouts were being received, they learned that students did not engage the pamphlet and were tossing it out. To solve this issue, the designers “…developed a modular activity kit, complete with posters, an accident probability wheel, T-shirts and a DVD of three documentaries, filmed by Hybrid. They also created a companion educator’s guide to help get the conversation started” (Simmons 15). Tailoring the design to reach a variety of students with a variety of engaging design allowed the students to begin and continue realizing and discussing the lethal danger of distracted driving (Figure 6).

The Red Flag Campaign, a project done for the Virginia Sexual & Domestic Violence Action Alliance (VSDVAA), helped prevent dating violence on college campuses (Simmons 32). To start conversation, small red flags imprinted with handwritten messages were strategically placed around college campuses. These messages were quotes that communicated the effects of dating violence, and they captured students’ attention and ignited conversation (Figure 7). After this first phase, the flags were photographed with people and reproduced in posters that gave further context to the campaign’s purpose. The posters “…pointed viewers to a website containing resources and facts surrounding the often overlooked areas of dating violence,” and faculty and staff were also given a handbook to provide additional awareness and intervention (Simmons 32). The project was so successful that it is now being launched nationwide (Simmons 32).

Design for social impact is a powerful example of art as communication. By focusing on the needs of people first, design creates an emotional connection with the viewer and spurs them to dialogue and action. In addition to social good design, branding is another key example of art as communication.
**Branding**

Emotions play a significant role in marketing, product usage, and consumer behavior. Customer satisfaction is tied to positive and negative emotions, and branding is a specific example of a multifaceted experience that ties into memory and emotion. To provide a definition, branding is not an isolated design solution using individual formats, but rather “…a strategic imperative to see every format – from the visual identity to the advertising – as a contributor to the entire branding and to a person’s experience with the brand” (Landa 240). This entails “…weaving a common thread across all of an individual’s experience within a brand or group and integrating the common visual and verbal language into all brand experiences, with the understanding that each medium can offer unique brand experiences” (Landa 240). These mediums include a logo and visual identity through package design, web design, corporate communications, promotional materials, advertising, and other interactive experiences (Landa 240).

Branding is broad in this sense because it is creating multiple points of contact with the audience (Landa 240). These connections play into functional and emotional assets. Functional benefits include the promotion of practical advantages and uses that enhance the consumer’s experience (Landa 242). Emotional benefits are the intangible assets of the branding experience that produce positive or negative memories and experiences with the company or product. For example, “a specific brand of hair color may carry additional specific emotional benefits because emotional associations arise in response to its brand identity, the emotional tone of the advertising, and communities and celebrities who adopt the brand as part of their lives” (Landa 242). In addition to these associations, if the person is pleased with the hair color, a positive feeling may arise when seeing the brand name in stories or advertised elsewhere. In contrast, if a consumer had a bad experience with a certain company, a negative emotion may ensue when seeing any aspect of that company’s visual identity, and the individual may choose to never associate with the company again. Branding, therefore, is a key example of art’s ability to evoke emotion and create a response to memories and experiences.

**Figure 7.** Another Limited Rebellion. *Red Flag Campaign.*
Art museums are among leading cultural institutions of learning and conversation (Leinhardt et al. ix) and provide further evidence of the power of art as communications. Focusing on conversations as the process of museum learning sheds light on why and how people gain knowledge from visiting museums (Leinhardt et al. ix). Despite the fact that many people do not enter exhibitions to start conversations, it turns out they often do engage in dialogue (Leinhardt et al. ix). Leinhardt and others explain, “This talk can drift from discussions of managing the visit, to remembrances of family members and friends not present, to close analyses of particular objects or displays” (ix). Visitors usually react verbally to art they relate to, find strange, beautiful, or otherwise engaging. In a sense, the curators engage in dialogue with the viewers through an experience of exhibitions composed of many messages (Leinhardt et al. 213). According to Catherine Stainton, “Art museums are environments that offer visitors both a challenge and an opportunity that other kinds of museums do not: the occasion to engage deeply with works of art that have been selected and presented according to particular standards and motives. By visiting galleries with curated displays, viewers are challenged to develop or refine a sense of meaning for themselves that is connected to particular kinds of artwork” (Leinhardt et al. 213). Here, the human motivation and ability to connect and emotionally engage with the art is found.

There is, however, a distinction among art exhibitions, where contemporary art museums are more likely to display interactive, experiential art than are...
many art galleries exhibiting traditional painting and drawing mediums. One may argue that modern, interactive art with little to no representational form delivers more powerful messages today than paintings depicting static scenes. Or, one might counter that contemporary art has resulted in the reduction of technique, beauty, and skill that take a lifetime to develop. While this project’s deliverables are largely based in realism, they do not seek to elevate traditional media above abstract art. Rather, the project seeks to create a more memorable, enduring experience by using elements of abstraction, such as interactive installation and complex emotion, to enhance a representational approach. Historical context is needed to support this idea, where the dilemma worth mentioning is that while every artist and art observer has varying preferences and aesthetic taste, traditional art tends to be either over- or undervalued, and abstract art is often misunderstood.

To begin, traditional media rendered representationally, such as oil and graphite, reach back hundreds of years. Because of their age, they have been seen to stand the test of time and demand a higher level of skill and artistic value. But they have also become undervalued by some who see them as irrelevant in a modern world. Nevertheless, media such as these were the agents of change that introduced abstract art, which led to modern art movements and experiences. In addition, paintings of the 19th century were considered modern and avant-garde for their time, and still have a widespread influence today. For example, the Impressionist and Post-Impressionist Movements of the late 1800s to early 1900s were a time of artistic innovation and revolution that challenged and broadened traditional painting techniques and influenced generations of artists to this day. Impressionism, a term coined by a hostile conservative art critic in response to Claude Monet’s Impression Sunrise (Figure 8) began as a response to French Realism painting found in established institutions such as the Salon (Gariff 122). Realism superseded Romanticism in Europe, where “...people came to rely on the physical, physiological, empirical, and scientific as a way to understand nature, society, and human behavior. Hard facts, not feelings, became the bricks and mortar of knowledge” (Davies et al. 506). This philosophy is seen in artists and writers who presented life as straightforward and unidealized, rather than idealistic or fantastical (Davies et al. 507) (Figure 9). Emotionless, gray paintings that bluntly depicted societal changes, the urban poor, and the “rapidly growing metropolitan middle class” saturated the Salon with its strict traditions and expectations (Davies et al. 507). The Impressionists, too, sought to represent life matter-of-factly and record the changes in society, but they presented an alternative to the Salon’s rural Realism with their modern approach to depicting the evolving “…urban world of the Parisian boulevards, cafés, theaters, cabarets, racetracks, and train stations” (Gariff 122). Instead of setting up studio compositions with models, artists such as Camille Pissarro, Claude Monet, Mary Cassatt, and Edgar Degas focused on recording landscape, weather, and interactions between people as the fleeting moments in time that
they are. Their work explodes with vibrant color and abstract brushstrokes that the eye blends into a cohesive composition. Davies and others write, “They painted not so much objects as the colored light that bounced off them. In effect, they painted what they saw, not what they knew” (512). Even though painting today has traditional connotations perhaps not as radical as some contemporary art, paint has brought with it a powerful revolutionary voice and very non-traditional roles that have been lauded by many.

Though looked down upon by many critics at the time for their avant-garde work, the Impressionists soon “…opened the door for a generation of artists who extended the boundaries of painting even further,” which first manifested into Post-Impressionism. Artists such as Paul Gauguin, Georges Seurat, Paul Cézanne, and Vincent van Gogh used the Impressionist focus on light and color to explore an emphasis on emotion and personal philosophy (Gariff 123). While still working representationally, they “…investigated connections between painting, feeling, emotions, the mind, and the intellect” and “…moved past the naturalism and fleeting effects of the Impressionists, seeking a personal synthesis between observed phenomenon, personal expression, and intellectual rigor” (Gariff 123). The traditional medium of paint paved the way for a modern world, while maintaining its historical value. The art produced in the twentieth century and onward, however, has confused many viewers. By next briefly looking at abstract art’s history, there are reasons and answers that, while different from traditional drawing and painting, offer a depth that should not be ignored.

Abstract art is commonly misconstrued because it can be easy for viewers to take it at face value. How can something like framed paper, jumbles of found objects haphazardly arranged into sculptures, or capricious paint splatters mean anything? Could not a child create the same caliber of work? It is
necessary to understand abstraction’s origin and social past in order to know its purpose. In 1891, Symbolist painter Maurice Denis, who expressed literary ideas through form and color, famously wrote, “It must be recalled that a painting, before it is a war horse, a nude, or some anecdote, is essentially a flat surface covered by color assembled in a certain order” (Januszczak 328). This doctrine provided the framework for focusing on the painter’s surface, color, and materials, justifying “abstract art.” Januszczak explains, “...in the absence of a figurative image, a painter is almost bound to explore the properties of materials with intensity” (328).

The opening decades of the twentieth century mark the onset of movements influenced by such theories, including the imaginative and expressive ideals of Romanticism and the bright colors of the Impressionists and Post-Impressionists.

The early 1900s introduced Fauvism as the first major modern style. Shocking society and art critics, the Fauves, meaning “wild beasts,” used bold, dramatic colors to oppose official academic art, express the joy of life, and display “...the subjective expressiveness of color” (Januszczak 329) (Figure 10). Meanwhile, Paul Cézanne “...turned Impressionism into something solid, monumental and profound which provided a basis for the Cubist revolution of 1907-1914” (Figure 11) (Januszczak 328). Led by traditionally trained artists Pablo Picasso and Georges Braque, Cubism revolutionized the century’s vision and style, further pushing “...the limits of abstraction developed by Cézanne and Matisse” (Davies et al. 553). Subjects were broken down into their individual parts and then reconstructed in an attempt to bridge a three-dimensional world with a two-dimensional surface (Figure

Figure 10. Henri Matisse. Bonheur de Vivre. 1905-06.
Traditional patterns of thought and painting continued to be challenged through subsequent movements such as Futurism, German Expressionism, Dadaism, Surrealism, Russian Constructivism, and The Bauhaus. These expressionistic uses of shape and color gave rise to geometrical abstraction, the beginnings of which is seen especially in the work of Wassily Kandinsky, starting in 1909. Kandinsky is often credited with being the most important artist to create consciously abstract art, where “…the artist’s view is freed from landscape or figure or still life – the usual subject matter of painting” (Januszczak 337) (Figure 13). In America during the 1940s, similar changes in the art world began to take place due to the effects of Fascism and the Second World War. The emigration of many European artists to America to escape Fascism inspired a young generation of American artists, including Jackson Pollock, Willem de Kooning, and Mark Rothko (Januszczak 436). These artists and others introduced Abstract Expressionism, the New American painting which “…stressed the manual aspect of art, as well as the intense emotional response which it sought to provoke in the onlooker” (Januszczak 436). Their work sought to challenge and express the uncertain, traumatic climate of wartime, which led to visuals superseding literary references (Januszczak 436). Januszczak writes, “…what came to the fore were dynamic methods of handling paint; the use of simplified forms, and canvases of enormous dimensions far exceeding those of the ordinary European easel picture. The big formats meant that the scale of the composition required novel attitudes to the application of pigment” (436). It is clear then that
behind the paint splatters and contorted proportions were voices challenging the state of the world, using emotion to communicate complex social topics. Artists realized that art does not need to be limited to traditional mediums such as oil, canvas, and a pedestal. They could use anything to create, and so from televisions, earth, and environments to fluorescent lights, acrylics, and performance art, they did (Davies et al. 600).

With the impact of both traditional painting and modern art in mind, it is clear that both a still painting and a conceptual, experiential art piece have the ability to evoke emotion and fuel societal change. This project is primarily representational in order to create a connection to the viewer through aspects of nature and humanity that are recognizable and relatable, while using the experiential and emotional motives found in abstract art to successfully communicate a complex topic. To many, mental illness is something mysterious and intangible. Abstract art can be a successful approach to convey complex emotions because there is less representation and more appeal to one’s feelings and reactions. As a result, the project’s deliverables aim to communicate the confusion and emotion of an abstract topic in a more easily understandable way, while still allowing for concept. The viewer may be able to identify and feel while understanding the complexity of trauma and mental illness. This can be done by combining the modern idea of installation art found in contemporary art museums with traditional media found in art galleries.

To understand this model, two contemporary installations based in realism will be examined.

First, art is not always static in nature. The concept of interactive installation design within contemporary art museums is a powerful example of art’s ability to engage the viewer in a memorable, emotional experience. Rain Room is a captivating, immersive environment created by Hannes Koch and Florian Ortkrass of the art collective Random International in London (Vankin) (Figure 14). First shown at The Museum of Modern Art and now permanently donated to the Los Angeles County Museum of Art, Rain Room gives visitors the experience of standing in the rain without getting wet, where the falling water “…pauses wherever a human body is detected” using 3D tracking cameras (Rain Room). The installation uses digital technology to create “…a carefully choreographed...
downpour, simultaneously encouraging people to become performers on an unexpected stage and creating an intimate atmosphere of contemplation” (Rain Room). The installation is a mesmerizing experience of sound, light, and space. Visitors engage with one another, take photos for each other, and revel in the calming, reflective atmosphere. It is truly a memorable escape that brings the viewer back to the physical world in an age of social media and technology.

Second, the tulle work of Benjamin Shine presents a fascinating, tactile experience. Shine began his career in fashion design at Central St Martins in London after studying at The Surrey Institute of Art and Design in Farnham, UK (Benjamin Shine). While in fashion, he began to explore ideas of how to use and design fabric aside from the human form. Shine explains, “Following my fashion design studies in London, I became disillusioned at the prospect of designing ideas for a disposable trend-based market. Instead, I began to focus on ways to use fabric and other materials as a communicative medium to express broader ideas and challenge perceptions” (Shine). Shine used tulle for the first time as a design student, but it was not until years later that, coming across a remnant of tulle in his studio, he began to notice the other-worldly texture of the material (Behind the scenes). Shine describes, “I noticed the light was catching it and actually exposing all the pleats within it and I loved the idea of seeing if I could manipulate those pleats

within the one piece to make some sort of recognizable image…” (Behind the scenes). The material immediately seized his attention, and Shine explains that working with tulle is very different from the number of other media he has experience with, including marble, glass, steel, and all kinds of other fabric (Behind the scenes). Shine denotes tulle as literally half in the world and half outside of the world due to the fabric’s thin, breathable texture that, when bunched up, suddenly becomes full and creates darker values. Tulle leaves Shine feeling inspired on a spiritual level, motivating the artist to create extraordinary, ethereal “paintings” out of the airy material.

For example, Shine’s major work “The Dance,” commissioned by the Canberra Centre Complex in Canberra, Australia, is an extraordinary display that grew his skill and exploration of how to successfully manipulate tulle (Figure 15). Using only sewing thread and an iron to adhere, press, and shape the fabric into sculptural forms, Shine created large-scale male and female portraits and life-size dancing figures that are as effortless as a piece of tulle floating in the air. From a large white bowl flows the tulle, or energy, that forms the male and female portraits, which then form a series of dance poses (Benjamin Shine “The Dance”). The bold pink and blue tulle combine to manifest the energy in the figures into what feels like a fleeting moment. “The Dance” represents the fact that we are formed to create, leaving viewers enthralled with the beauty, vigor, and transience of life (Benjamin Shine “The Dance”).

The above studies show how the blending of representational art and modern installation gives perhaps an even stronger voice and human connection. Art galleries may be less likely to provide an interactive experience, and art museums pose the risk of reducing form and connection through extreme abstraction. By bringing both together through a tactile experience, however, the viewer can engage with the piece while experiencing a personal, emotional identification with the art. Traditional media and abstract art certainly elicit emotion on their own, but their impact may be enhanced and
developed in a new way by merging both approaches together into a cohesive creative solution, especially, as in the case of this project, to clearly communicate and educate about a difficult, complex topic. If the viewer can touch and experience the art, they will remember and relate more easily.

With the basic elements of design, social good design, branding, and the combination of traditional art galleries and interactive modern art museums, art is a powerful, tangible tool able to elicit emotion, energy, memory, conversation, and action.

**Art as Emotional Healing**

Using art to facilitate recovery from trauma and mental illness is known to be successful in therapy and emotional healing. The practice of art therapy bridges art and psychology. It engages patients and their families in the creative process and allows them to safely conceptualize pain and trauma and open a pathway to recovery. Art therapy is becoming more prevalent in the field of mental health and “...is essential for the promotion of the well-being of people with psychic disorder, since art therapy provides changes in the affective, interpersonal and relational areas, improving the emotional balance at the end of each session” (de Morais et al. 129). One study “...noted that the artistic techniques allowed users to experience their difficulties, conflicts, fears and anxieties in a less painful way. It was shown to be an effective way of channeling the variable of mental illness itself in a positive way, as well the personal and family conflicts. It can be noted that there is a minimization of the negative factors of affective and emotional nature which naturally come with the disorder, such as: anguish, fear, aggression, social withdrawal, apathy, among others” (de Morais et al. 130).

By gaining better control over painful emotions, patients and their families can reconnect with each other through art that stimulates conversation where dialogue had been inhibited. This does not occur without difficulty, as it requires time and effort. Judy Sutherland explains:

“The family, too, can begin to recognize certain patterns in their behaviors by the way they interact with one another in the process of drawing. They find out for themselves that some behaviors lead to good feelings while others are discouraging. One parent might be overly involved; another might use praise; one might want to tell others what to do; another might be sarcastic; or still another might express appreciation. All family members will eventually find their place, or they will struggle in vain on the same piece of big paper” (294-5).

Because the art process itself does not always bring about change, the family is responsible, through the help of the therapist, “...to be willing to respect each other and to try out new ways of interacting with each other if change is to occur” (Sutherland 295-6). This is difficult considering what the family has experienced. Sutherland writes, “With severe trauma, family members may have no inherent coping skills for surviving the unspeakable loss and grief they are experiencing; they are in a state of psychological imbalance. Especially in crisis inter-
vention, the individual’s subjective experience of the event needs to be explored and understood. The use of art is an ideal method to deal with grief and to encourage the family member’s inner strength” (298). Once the effort has been successfully made, the process ends in trust, feelings of belonging, self-awareness, and social interest (Sutherland 303).

What does the practice of family group art therapy specifically involve? Most often, through the use of experiential activities and therapy methods such as drawing, photography, sculpture, metaphors, storytelling, music, and role playing, art therapists guide each family member to express their perception of the situation and other family members, followed by what each person believes the ideal situation and other family members should look like (Deacon and Piercy 360). This type of engagement encourages conversation and gives the therapist a look into family roles, dynamics, opinions, and perceptions (Deacon and Piercy 366). In the context of drawing, Deacon and Piercy describe what a typical family art therapy session involves:

“Art therapists often ask each family member to draw a picture of his or her family (figuratively or abstractly) and a scribble or abstract picture of anything they wish to draw. (Therapists can prescribe the scribble first, since it requires no art skills and is therefore a low-anxiety activity.) The therapist then asks family members, in turn, to describe their family drawings (which helps the therapist learn about each person’s view of the family) and asks the other family members to interpret one another’s scribble or abstract drawing (which helps the therapist to understand their perceptions and feelings about each other). Afterwards, the family can draw a mural together of whatever they choose. For example, one family may choose to draw a picture of their neighborhood and another a garden of flowers. The process of creating the mural serves as an enactment. The therapist observes how family members cooperate and communicate with each other, how they make decisions, what roles individual members play, and what problems arise. The therapist can then ask questions about the mural, the process, and specific interactions among family members” (361).

In the context of creating art, family dynamics and anxiety levels can be safely expressed, allowing the therapist to work closely with each individual.
fensive. Additionally, the activity shifts the focus from an identified patient or problem to the art product. This allows the family to enjoy the process and connect positively to each other. Furthermore, art activities can include family members of various ages and abilities, and encourage a more egalitarian, less intrusive role for the therapist” (361). This idea of shifting a negative focus from a family member to the art object is especially effective with clay and sculpture. Deacon and Piercy explain, “For example, a parent might sculpt a scapegoated son far apart from the rest of the family, sticking his tongue out at them and making faces. An involved, peace-making father might have his arms reaching out to the other family members. Whatever the situation, therapists can ask families to sculpture one another in order to get a better picture of how they relate to and perceive each other” (365). Labeling emotions and perceptions in this way creates a safe atmosphere and an object by which to discuss, through the guidance of the therapist, the challenges and trauma that is crippling the family unit. Case and Dalley support this and write, “Group members also react physically to the art objects of other members. It is an extraordinarily powerful moment when paintings and models are laid within the group circle as participants re-form the group after separating to paint. Many emotions are possible, whether it is a pleasure and relief in sharing, a sense of belonging, or is exciting, exposing, frightening or seductive. The images work on each other as they reveal the unconscious themes in the group in that session” (148). Culture, history, belief systems, and other inter-generational subconscious influencers may impact how families handle adversity, and art therapy surfaces differences and emotions in a way that empowers families to gain and continue more effective communication skills after the termination of therapy. These same tools and therapeutic methods apply in mental health, where art therapy is a significant means to diminish stigma and increase empathy, enabling families to generate conversation after trauma and, as a result, build trust.

Art therapy surfaces differences and emotions in a way that empowers families to gain and continue more effective communication skills after the termination of therapy.
CHAPTER 3

Visual Process

As I began the process of creating artwork in response to my research on mood disorders and their effect on family dynamics, I faced several questions related to demonstrating the capacity of art to stimulate conversation and encourage healing. The questions I set out to answer were these:

• How can I make studio media, such as painting and sculpture, interactive?

• Can I create a way for the viewer to touch and engage with the artwork in a way that will strengthen their connection and identification with the art and its message?

• How do I effectively represent the emotional complexity of mood disorders and their resulting trauma?

• How might I increase mental literacy while promoting positive attitudes toward mental health?

• Finally, how can I use art to encourage the viewer to not just better identify their feelings, but also help break down barriers to articulating those feelings?

After considering these questions, I decided that using mixed media for the production of my deliverables would enable me to make them interactive and memorable. To communicate the nature of mood disorders and trauma, I decided to tell a story, one that simultaneously educates the public on mental health and encourages those affected by mental illness to break free from debilitating isolation and seek effective methods of recovery. This story begins with my own experience with mental illness.

Inspiration & Concept

My brother was diagnosed with a severe mental illness almost a decade ago and has become my most significant inspiration. Mental illness came as a shock to my family, for we had no concept of what clinical depression and manic episodes meant. We had to struggle through grief, medication, stigma, psychiatrists, and acceptance of the fact that our lives would never be the same. To this day, we still wrestle with the impact of mental illness on our family. We know that my brother will always be at risk of becoming ill again, and that is a heavy burden to bear. My personal connection to and experience with mental illness is the root of this project.
After my brother endured five hospital stays that spanned four years, using my art to bring hope and healing to others facing similar adversity became my life’s passion. This has included reaching the entire family, because, as research has shown, each member is deeply wounded and affected by the trauma of mental illness.

While I believe that pain can often be an artist’s leading inspiration, I feel even more so that hope can be a catalyst for memorable, conceptual, and enriching visual art. Hope rooted in reality can be used to identify and label adversity in a way that reminds the viewer that there is always perseverance and light amongst the darkness. And so, when faced with the aforementioned questions, I found that it would be effective to tell a story that would help the viewer identify specific pain and hope through allegory and symbols. It is difficult to simply paint trauma or other complex emotions, but through symbolic pairings, a stronger connection could be made. This understanding could then be achieved by both the public and those with personal mental health experience. Even though everyone’s experience with and understanding of mental illness varies, research has shown that the emotions and challenges felt are similar in most families. Elizabeth Baxter and Sita Diehl articulate this well by describing the emotional stages of recovery in both the ill and healthy family members (Figure of the stages). Inspired by these stages, the emotions experienced by each family member, and my own story, I decided to take the viewer inside the mind, or the home, of a family affected by a common mood disorder. Walking the viewer through a surreal, conceptual narrative, where each room of the house represents a typical period in facing the mood disorder, may result in a guided interpretation and understanding. Simultaneously, families who have lived through this may be encouraged to recognize and share their pain in an effort to pursue recovery.

While I believe that pain can often be an artist’s principal source of inspiration, I feel even more strongly that hope can be a catalyst for memorable, conceptual, and enriching visual art. Art-inspired hope rooted in reality can be used to identify and label adversity in a way that enables the viewer to see light amid the darkness. I have found that it can be effective to use allegory and symbols in telling a story to create a strong connection for individuals with or without personal mental health experience. Even though everyone’s experience with and understanding of mental illness varies, research has shown that the emotions and challenges experienced are similar in most families. Elizabeth Baxter and Sita Diehl articulate this well by describing the emotional stages of recovery in both the ill and healthy family members.
<table>
<thead>
<tr>
<th>Event 1)</th>
<th>Crisis:</th>
<th>Psychosis, suicide attempt, mania, panic attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1)</td>
<td>Recuperation:</td>
<td>A stage of dependence</td>
</tr>
<tr>
<td></td>
<td>Emotions:</td>
<td>Denial, confusion, despair, anger</td>
</tr>
<tr>
<td></td>
<td>Needs:</td>
<td>Safe place, food, lots of sleep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medications (probably)</td>
</tr>
<tr>
<td>Event 2)</td>
<td>Decision:</td>
<td>“Time to get going.”</td>
</tr>
<tr>
<td>Stage 2)</td>
<td>Rebuilding:</td>
<td>Rebuilding independence</td>
</tr>
<tr>
<td></td>
<td>Emotions:</td>
<td>Grief, self-doubt, hope, anxiety, frustration, pride</td>
</tr>
<tr>
<td></td>
<td>Needs:</td>
<td>To be heard and accepted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning: about mental illness, people skills, work skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Money, food, clothes, good place to live</td>
</tr>
<tr>
<td>Event 3)</td>
<td>Awakening:</td>
<td>“I am somebody. I have a dream.”</td>
</tr>
<tr>
<td>Stage 3)</td>
<td>Recovery/Discovery:</td>
<td>Building healthy interdependence</td>
</tr>
<tr>
<td></td>
<td>Emotions:</td>
<td>Acceptance of self and others, confidence, anger at injustice, helpfulness to others</td>
</tr>
<tr>
<td></td>
<td>Needs:</td>
<td>A dream to strive for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People who appreciate me</td>
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<td></td>
<td></td>
<td>Intimacy: someone to love</td>
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<td></td>
<td></td>
<td>Meaningful work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fun and physical activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To advocate for self and others</td>
</tr>
</tbody>
</table>

**Figure 16.** Elizabeth Baxter & Sita Diehl. Emotional Stages of Recovery.
(Figures 16 & 17). Inspired by their research and informed by my own involvement, I decided to take the viewer inside the mind, or the home, of a family affected by a common mood disorder. Walking the viewer through a surreal, conceptual narrative and rooms of the house that represent a typical period in facing the mood disorder, has presented the possibility of guiding families who have lived through this experience to recognize and share their pain as part of the process of recovery. This conceptual method is best as opposed to a literal approach because it may be a more effective way to communicate the abstract concepts and emotions of mood disorders. In addition, it is difficult to depict trauma in an objective, literal way because every person's story with mental illness differs.
Ideation: Sketches

I began to explore what an art piece of this nature would physically look like by imagining a dollhouse sawn in half to show the inside, that is, the behind-the-scenes of a family’s life with mental illness. My sketches began as thumbnails, little rooms that depicted different scenes (Figure 18). The scenes represented various emotions and experiences, from denial and suicide to relapse and isolation. My goal was to create shadow boxes that allowed space for three-dimensional figures and furniture to imitate a miniature home. I wanted these panels to be painted and textured later to help convey imagery needed to tell the story. Then, I began to develop these thumbnails into seven distinct panels, which eventually became six, entitled Detach, Consume, Isolate, Alter, Relapse, and Decide (Figure 19). These panels fit together somewhat like a puzzle, all under the same roof. These sketches became the foundation for my final “blueprint,” shown in Figure 20. This drawing became the basis for designing, measuring, and constructing each panel.
Figure 19.
Construction

Wood Materials

Construction process of the six panels involved many steps, beginning first with choice of wood materials. I chose red oak as my primary wood because of its beautiful natural finish and ability to withstand layers of paint, stain, and other mixed media. I also knew that oak’s red-orange color would contrast well with the blue color scheme I had in mind for decorating the interior of the “dollhouse.” Next, I used tempered hardboard to serve as the back of each panel.

Lightweight and able to easily take nails, glue, and paint well (Figure 21), the tempered hardwood proved to be a good choice. I then selected a birch veneer plywood to serve as the “cabinet” doors for the third and sixth panels. The birch blended in nicely with the oak and added little weight to the panels. Finally, a thin plywood served as material for more intricate shapes (Figure 22).
Measuring and Cutting

Measuring and cutting the wood began with taping out the exact size and measurement of each panel (Figure 23). This served as my template for the duration of construction and helped begin the strategy and sequence to determine cut lengths and assembly order. The 7-inch-wide sections of oak were cut using a table saw, then arranged on top of the taped template (Figure 24). The roof pieces were cut at an angle with a table saw. Once the individual pieces for each panel were cut, the hardboard back pieces could be measured and cut as well.

Cutting out the shapes of windows, doorways, clouds, and the personification of Death in Consume was made possible by use of a scroll saw and a band saw (Figure 25).
These saws, especially the scroll saw, proved vital, allowing me to cut intricate shapes and tight corners. For the design of Death, I first drew the face and hand to size, then pieced the whole shape together with thick paper to preview how the wood would look. I then traced the paper template onto the thin plywood and cut it using the scroll and band saws (Figure 26). My goal was to allow Death to enshroud the home, like a shadow. Cutting Death, as well as the clouds, out of a separate, thin piece of wood to secure overtop the panel became the solution to bring a complex scene to life.

**Staining**

The next major step in the process was applying stain to all of the oak and birch wood, as well as smaller accent pieces such as miniature windows, doors, and furniture. For the red oak, I chose a Golden Oak stain finish to contrast the planned blue color scheme, and a darker Bombay Mahogany for the accent pieces to contrast with the golden stain. I used a semi-gloss polyurethane for the final finish to give the wood a luxurious look that would reflect well under gallery lighting (Figure 27).
Figure 26.
Doors & Hardware

The doors were a crucial part of the project because they became the interactive element for the entire piece, representing the concept of isolation and separation from society. They bridged the gap between fine art and a physical, interactive experience. The doors were a challenge to put together, primarily because suitable hinges were hard to find. Available cabinet door hinges were simply too large and bulky for the dollhouse aesthetic, and small flat hinges would have made alignment of the doors and spacing nearly impossible. I finally came across medium-sized hinges that were recessed on the edge of the doors to allow perfect alignment (Figure 28). A router was used around the perimeter of the doors, allowing them to fit nicely inside the shadow box framework. While the final pairing of the wood and hardware worked well, it was a challenge to prevent the doors from swinging open on their own. The solution to this required a combination of small magnets and felt pads (Figure 29), which finally allowed for a seamless fit. For the handles on each door, I chose small, antique gold finish hardware to match the vintage aesthetic. Because the hinges were originally silver, I used a dark bronze spray paint and a gold rub and buff finish to match the antique gold handles (Figure 30). Altogether, the doors and hardware were designed to convey the message that viewers are invited to open each door and experience the story for themselves.
Because every house must have a strong foundation to remain intact, I wanted to weave this concept into my story by literally creating a foundation for my home that would crack over the course of the narrative and be mended only when the family chooses to communicate and recover together. My original idea was to fire sheets of clay, crack them, and then glue the cracked pieces onto a long piece of wood or thick foam to be hung under all the panels. Weight was a challenge, however, and my solution was to create an individual foundation for each panel. This was accomplished by cutting 2.5-inch-wide oak wood and attaching the pieces underneath each panel. In this way, the panels could hang or stand independently, while still visually connecting to one another. Before attaching the panels, I painted the wood a blue-gray color, which helped create the look of stone. Then, I used masking fluid and a rubber brush to draw out my crack designs on each piece of wood (Figure 31). Next, I spray painted the wood with a stone texture spray paint (Figure 32). Once dry, I peeled off the masking fluid to reveal the crack design underneath (Figure 33). I finished by filling in most of the lines with a dark gray marker to add contrast. The result is intentionally subtle. The viewer must look twice to understand the progression of breaking and chaos that trauma brings on the family.
Ladder

The ladder symbolizes the inevitable and precarious path through relapse that most families must endure. Even though the ill person feels as though he or she is climbing to success with superhuman ability, relapse is a common occurrence that throws the whole family back into chaos and the distress of hospitalization. To create this piece, I purchased two long wooden poles and a bag of wooden sticks from a craft store. Using a drill press to control depth, I drilled evenly-spaced holes into the wooden poles. The ladder was fitted together, secured with wood glue, and finished with the mahogany stain (Figure 34).

Assembly

Assembly began once every piece of wood was cut, designed, and stained. Wood glue and a pneumatic air gun were used to fasten the panels together (Figure 35). The glue allowed for extra strength and the air gun’s nails were visually subtle yet strong. The foundation was first glued onto the bottom piece for each panel before the entire panel was nailed together. The more complex design of the roofs of the first and third panels also required glue and clamps to set overnight (Figure 36). Lastly, pre-drilled holes and removable screws enabled Death and the clouds to be detachable. This stage of assembly became the framework and canvas for the next phase of designing the interior (Figure 37).
Design: Environments

Approaching each room in the home as a conceptual environment enabled me to communicate the story in a deliberately surreal way.

Furniture

Choosing and finding the furniture for each panel was a process that spanned several months. The search began with what I had. Growing up, I spent hours playing dollhouse and designing entire miniature homes in my bookshelves. Over the years, I collected dollhouse furniture, some of which turned out to be the perfect addition to my project. Using objects from my childhood has made the project even more personal and meaningful to me.

Based on my plans and sketches, however, I knew I would need to spend time hunting down the right pieces to help complete the story. This proved difficult at first because very few dollhouse stores exist, and dollhouse furniture is often quite expensive. Thankfully, I found most of the miniature furniture and accessories through Amazon and Hobby Lobby, both of which have extensive dollhouse inventory. Because most of the furniture came as unfinished wood, I stained and painted them the right color to match my story and color scheme. Additionally, I re-upholstered all the beds to fit my color scheme. Personalizing my found objects was an enjoyable process that played a large part in making the story’s art look cohesive and unique.
Color & Texture

Color and texture played an integral part in communicating the mood and concept of the story. Using blue as my parent color allowed for the ideal complementary color scheme. I used grays, blues, and violets to convey loss and depression, and oranges, pinks, and yellows to communicate happiness and grandiosity. Texture enabled me to bridge the gap between fine and interactive art, as well as create interest through tactile pattern and depth.

Before applying the mixed media, I primed each panel with several coats of gesso to allow for a base and blank canvas for the various glues and textures. Below, I will explain the color and texture process behind each panel:

Panels 1 & 5: Detach and Relapse

These panels are described together because they involved the same process. After the initial layer of gesso, I slathered on another coat on the inside of each with thick globs to resemble swirling clouds. Next, I painted the two-dimensional sky and clouds with oil paint to achieve a rich, dimensional appearance. I planned my color gradient to show the progression from night to day.

The environment of Detach has symbolized depression in the son and bliss in the rest of the family. In Relapse, there has been a reversal, where the family has fallen into despair, and the son appears above them, ascending into a grandiose, albeit delusional state of success. I painted my gradient in the following color order, from bottom to top: Prussian
blue, ultramarine blue, violet, orange, yellow, and yellow-white (alongside a cerulean blue). This progression from a deep, tumultuous blue to a cheerful, almost sickly-sweet pink sky was successful in communicating the concept and color psychology for these panels.

**Panels 2 and 3: Consume and Isolate**

*Consume* and *Isolate* should likewise be described together because *Isolate* repeats the interior textures from *Consume* and continues the story. I began with brainstorming my color ideas for *Isolate* first and then duplicated my final solution for the left three rooms into *Consume*. The top room of *Isolate*, the mental hospital isolation room, was easiest because I wanted to create a sterile, desolate, lonely appearance. Everything was to be white, from the window frames to the son’s clothes (Figure 38). The white walls were simply repainted with a fresh coat of bright white gesso. With this concept solidified, the environments of the other six rooms proved to be a challenging decision-making process. I only knew that these rooms should still look somewhat cheerful and hopeful because it is the son’s first time at the hospital. Typically, the first hospitalization is shocking and detrimental, but left with hope and often the misconception that it will never happen again. For weeks, however, I kept wrestling with which colors to use and what sort of surreal concept I could communicate within each room. Initially, I had decided to paint the rooms based loosely on the colors of my own childhood home to help further share my story. After many hours of considering the concept and aesthetic, I realized it only made sense to circle back to my original idea. After all, *Isolate* was meant to look more literally like a home, except there are no doors or openings between each room.
Using acrylic paint and blue as my parent color, I chose a cohesive color scheme for the six rooms, beginning from bottom to top: a dusty rose red, light purple, blue-green, gray-blue, light blue, and ending with the white of the hospital room. This created a progression from richer, warmer colors to colder, more sterile colors. To add interest and areas to break up the solid colors, I used textured scrapbook paper in a few of the rooms to act as wallpaper.

The son’s room allowed for the most texture and was effective in showing the dramatic change from Consume. His room has begun to decay during his absence and has suggested the inner state of his heart and mind. This idea is then later repeated for the whole family in Alter. To achieve this crumbling look, I first painted the walls a gray-blue. Then, I decoupaged pieces of paper with a peeling paint texture onto the walls. Once dry, I dry-brushed more of the gray-blue paint over the edges of the paper to help it blend into the walls more. Next, I spread thick layers of white modeling paste over the edges of the paper to give the impression that the wall is cracking in many areas (Figure 39). Finally, once the paste dried, I painted it the same gray-blue to make it blend into the wall. The result creates a dynamic interest and communicates the son’s story with impact.

**Panel 4: Alter**

*Alter* is designed to be in stark contrast to the warmer colors of *Isolate*. The son’s return home has been celebrated over dinner, but all color has been deliberately desaturated to convey the change in the home’s atmosphere. It is no longer warm and inviting, but rather peeling, cracking, and fading. Using a mixed media approach, I first decoupaged a vintage craft paper that looks like wallpaper onto the walls. When that surface was dry, I randomly smeared on spots of Vaseline. Then, I painted the walls a similar gray-blue as the son’s room in *Consume and Isolate*. Once the acrylic paint was almost dry, I rubbed the walls with a paper towel to remove the paint from the Vaseline areas. Because acrylic is water-based and does not mix with the oil of Vaseline, I was able to achieve the effect of peeling wallpaper (Figure 40).

**Panel 6: Decide**

The last piece was a challenge to finalize because it was difficult to visually convey both tension and hope. Originally, this was to be two separate panels, but during the construction process I decided to make it one to fit the flow of the entire house.
better and successfully communicate the contrast of the two outcomes. The idea was for the viewer to break down societal barriers and stigma against mental illness by physically opening the doors to understanding and accepting the family’s experiences. The first room depicts the tension that results when the family refuses to effectively communicate and work together to support and understand each other. To show tension through the idea of walking on eggshells, I used a thick coat of Golden Crackle Paste to create the eggshell texture on the floor (Figure 41). Next, I painted on a layer of Liquitex Gloss Gel Medium to seal in the paste and prevent it from breaking off. Additionally, I smeared spots of crackle paste onto the walls, which I kept white to convey a harsh, stark atmosphere (Figure 42).

The second room is designed to depict the family’s decision to share the burden of mental illness with hope. To contrast the lifeless nature of the first room, growth is shown through a green color palette found on the walls and in the faux flowers growing out of the room’s walls and floor. I began the design of this garden room by first painting the walls a refreshing blue-green that would pair well with the cool green moss and pink flowers I chose. After the paint, I made the rock path that the family would be gathered on by first painting a thick oval of Gloss Gel Medium in the room’s center. I then covered the oval with a layer of small rocks from the craft store. Next, I used a foam brush to dab on a layer of clear-drying matte Mod Podge to keep the rocks securely in place (Figure 43). To place in the flowers, I used floral foam bricks and hot glue to secure them into the room (Figure 44). I finished by filling in gaps with the moss and other small faux flowers and twigs for texture.

Clouds

I chose to design two primary clouds for Detach and Relapse, beginning first with a paper stencil to be traced onto thin plywood then precisely cut with the scroll saw. Then, I chose where to place the removable screws. After painting the shapes with a layer of gesso to act as a primer, I decided to use paper clay to sculpt a cloud texture for them (Figure 45). I wanted to use paper clay to match the look of Death. However, while I was pleased with the initial aesthetic, I realized that the paper clay looked...
too heavy for a cloud. As a solution, I used pillow batting, which looked lighter and remarkably realistic, to achieve the appropriate texture (Figure 46). All I needed to adhere it was hot glue. The pillow batting is very forgiving and can be stretched and scrunched to fit any area. I was pleased with the result because light could pass through the edges, like a real cloud, and added more texture and interest than the paper clay. I also added tufts of cloud on the inside of Detach and Relapse for repetition.

**Death**

Suicide and suicide attempts are tragically common among those suffering from mental illness. For Consume, I knew from the beginning stages of my sketches and ideation that I needed to depict what so many individuals with mental illness face: the lack of will to live. I determined that the most impactful, effective way to depict suicide was to personify Death in the form of a cloaked skeleton, much like the Grim Reaper. The design for Death took much thought and planning. It was difficult at first to figure out how to place what I thought would be a two-dimensional image on a three-dimensional structure. My goal was to make Death look like he was surrounding the home like a shadow with the skeletal hand tipping the son into his mouth to show how Death consumes and controls the mind. As shown in Figure 26, I began with sketching out Death’s profile and his hand to the size that I desired. Then, as I had done with the clouds, I cut and pieced together the shapes to create a paper template that I would trace onto thin plywood to be cut with the scroll saw. The final wood cut-out resulted in two pieces that together are like a silhouette screwed onto the face of Consume.

In order to make this two-dimensional surface match the three-dimensional nature of the project, I decided to sculpt a relief of Death’s face and hand and create his cloak out of fabric. Beginning with the relief, I first primed the two wood panels with a coat of gesso and then painted them front and back with acrylic Mars Black. I left the face and hand areas white so that I could transfer my drawings onto the wood (Figure 47). Next, following the guidelines of my drawing, I used paper clay to sculpt the reliefs. Paper clay, which air dries, turned out to be the perfect solution for this because it is light weight and takes on the look of bone when dry (Figure 48). After the clay dried, I used washes of oil paint to give Death a tainted and dirty look, suggesting an eerie personality (Figure 49). I wanted the color to help create depth, especially in areas of light and dark. When the oil paint was nearly dry, I applied a layer of varnish to protect and seal the surface.

The final step in completing Death was to attach his cloak (Figure 50). With pieces of cut black fabric, I used hot glue to fasten on the cloak, letting it drape at the bottom. I also secured the fabric in such a way as to not only hide the screws, but to lift and move the fabric for transport.
**Lighting**

Along with color and texture, lighting was a crucial part of telling the story. The interior of each panel was cast in dark shadow. I reasoned that light often conveys hope, and panels that were lit more brightly would communicate positivity as opposed to dimmer rooms that would depict depression.

The lighting process began with collecting battery-operated miniature lamps designed for dollhouses, which added an engaging, interactive element and brought each room to life. However, the miniature lamps were not bright enough to fill some rooms with enough light. This necessitated the purchase of battery-operated puck lights. This allowed me to light the inside of *Detach, Relapse,* and *Decide* warmly to show hope and grandiosities, while also casting the hospital room in *Isolate* with cool, stark light. The one challenge I faced with the puck lights was that they looked out of place among the miniatures. To solve this issue, I hid the lights by adding clouds onto the inside roof of *Detach,* a hospital curtain in *Isolate,* and moss on the inside roof of *Decide.* The puck light was easy to hide within *Relapse* because I attached it to the inside of the cloud, which is already hidden from the eye. Altogether, the deliberate planning and placement of each light resulted in an almost enchanting feel that draws the viewer into the details of the story.
Details

The final details of the project tied all the visuals together. These visuals included a clock, telephone, miniature paintings, mirrors, pillows, books, dinnerware, luggage, letters, chains, windows, potted plants, rugs, keys, doorknobs, and dust. Many of these help continue the project’s color psychology and make the individual rooms look like a home.

I have created the paintings by first purchasing miniature framed art and then using them to frame my own abstract art painted onto canvas paper. The potted flowers in Isolate convey the idea that hope and growth still feel possible at that point, and the phone and clock symbolize the mom’s anxious wait for an update from the hospital. The keys, purchased from a craft store, convey the idea of the family trying to fix the situation.

I used a mahogany stain on the inside windows, also purchased from a craft store, and then traced the outline of each window onto its designated wall. Before gluing on the windows, I painted a sky using grays and blues within each outline to show night and daylight where appropriate. For example, I painted a dark blue behind the windows in Consume to show the darkness of Death, and a gray-blue behind the windows in Isolate and Alter to show gloom and despair. Finally, the luggage to which each person is chained symbolizes the burden that mental illness imposes on each family member. I “chained” each figure to their burden using a silvery thread for the chain and thin gray ribbon for the ankle cuffs. All in all, these details have helped the viewer find clues to the story as they wander from room to room.
Figures: Bringing the Story to Life

*Sketches*

Designing and making the characters for each family member was a lengthy process that began with a sketch of the characters’ appearance (Figure 51). This initial look was inspired by Instagram artist Matthew Louis Tardy, who creates art to cope with mood disorders (Figure 52).

Tardy illustrates his figures to look spindly and faceless, which has the effect of making them appear physically affected by the illness. The facelessness allows the viewer to superimpose themselves on the figure, which was exactly my intention as I was designing my characters. Because the rest of my project looks more realistic than abstract, my 28 figures are sculpted to fit with the overall design and represent realistic and proportional, though somewhat wiry, humans.

*Sculpting with Armatures, Aluminum Foil, & Polymer Clay*

The sculpting process began with making the 28 figures or armatures out of wire. Using my drawing of each family member sketched proportionately to size, I measured their height and width as I cut and secured the wire into place (Figure 53). After the wire armatures were complete, I bent them into the desired positions for each room. I was surprised at how emotive the wire figures looked. Finally, I wrapped them in aluminum foil for the basis on which to sculpt the form and muscle. I used Sculpey Polymer clay for the bodies so that when complete, I could bake them and limit their chance of breaking or cracking. Sculpey is also forgiving, does not air dry, and allows for very small detail during the shaping process.

Figure 51.
Figure 52. Matthew Louis Tardy.
**Character Color**

For skin and hair color, I wanted to achieve a stained, brushed on appearance to match the antique feel of the wood and hardware textures. Using a previously baked test figure, I tried wood stain, oil paint, and acrylic, but none of these delivered the effect I desired. My solution was to apply color by dusting makeup powder on the figures before baking them. In this way, the powder would set into the Sculpey in the oven. The hassle of paint in this instance was eliminated. I chose a mid-tone foundation powder for the skin and dark brown eye shadow for the hair so that the figures would remain racially diverse (Figure 54). The result was a beautiful matte finish that suited the color scheme well and enhanced the story (Figure 55).

**Clothing**

When deciding on the fabric for the figures’ clothing, I knew that color would have to drive the concept and the clothes needed to have a timeless aesthetic. This simply meant that the color of the clothes would help convey mood and I would design skirts and dresses for the female characters and shirts and pants for the male characters. In this way, I could ensure that gender would be clear, and the clothes would not be too old-fashioned or too “trendy.”

Using my test figure, I first tried adhering the fabric with Mod Podge to allow for a seamless fit that showed the form of the figure. Although this did work, the glue took too long to dry, causing larger pieces of fabric to peel off before having a chance to
dry. My solution was to use dabs of hot glue to secure the clothes and use Mod Podge only for small fabric pieces, such as the straps on the female shirts. In this way, I was able to instantly create folds in the fabric for a realistic look and retain the fabric’s texture.

I chose fabric colors to match the theme of each room as well as fabric with small patterns to fit the project’s interior miniature scale. First, for Detach and Consume, the family has been dressed in clothes that are warm in color. I intentionally have dressed the characters the same for these first two panels to show suicide’s immediate effect and so that the viewer can understand that the figures are repeated in each panel.

Second, Isolate has shown the son in his white hospital clothes and the rest of the family in clothes like the first two panels, but different in color and pattern to show the passing of time.

Third, and because Alter is desaturated in color, the family’s attire has been fashioned in a single, solemn gray.

Fourth, in Relapse, the gray becomes darker to show further in hope and positivity. The son’s pants have been colored dark gray and his shirt is white to imply re-hospitalization.

Fifth, the first room of Decide shows each figure clad entirely in black. This is the culmination of anxiety and despair, and the stark white, red, and black color scheme for the room is a deliberate choice to achieve a harsh color combination that communicates tension and fear.

Finally, in the second room of Decide, the entire family has been dressed in a cool, calm green in the last room to show peace, growth, unity, and hope.
Installation

My original intention for the installation of the project was to have the panels hung because I was fascinated with the idea of a floating dollhouse. Each panel was equipped with 100lb wire capable of supporting the varying weights. However, recognizing that not every gallery will be able to accommodate the weight of the project, I purchased three 30" x 16" tables on which to place the panels. Draping black table cloths over the tables has made each piece stand out strikingly. In this way, I have provided the option of either hanging the pieces or setting them on the tables, depending on any gallery’s design and weight restriction.
Figure 56. Detach.
My final visual solution comprises six sequential sculptural paintings, two of which are interactive. Designed to be hung or set on a table, the six panels together tell the story of a family enduring the effects of mental illness and trauma. The narrative is reflective of my own story and the traumatic emotions and experiences common to most families who contend with mood disorder. The viewer is intended to begin the narrative with Detach and end with Decide. Each room is full of detail meant to draw in the viewer, provide clues to the family’s individual and group challenges and deliver the final message of hope. Mental illness may never be cured, but it can be survived with hope. Hope becomes possible through social support, healthy family relationships, and effective methods of recovery, such as medication and psychotherapy. Below are the final concept descriptions for each panel.

**Detach**

The family is introduced, and each member is depicted as though posing for a warm, welcoming family portrait. However, the son with bipolar disorder is separated from his family, his father, mother, and sister happily unaware that something is deeply wrong. Their heads are in the clouds (Figure 56).

**Consume**

This haunting piece shows a jump from a gradual depressive decline to an attempted suicide. The house is portrayed in a state of crisis, the parents desperately trying to help before it is too late, the sister confused yet somewhat unaware of the complexity of the situation. Death is enshrouding the home, ready to consume his victim (Figure 57).
Isolate

Here everyone is in shock, fear, and isolation. The ill son is alone in the isolation room of the mental hospital, awaiting treatment to stabilize his mood. The rest of the family is at home, yet in different rooms of the house. The effects of trauma have begun, where the home is filled with grief, fear, and guilt. To reinforce the concept of isolation, there are no doors or openings between the rooms (Figure 58).

Alter

While there is a celebratory dinner marking the son’s return home, the atmosphere is notably somber. Everyone carries a new, heavy burden. The setting is the dinner table, where color is desaturated to show the drastic change in familial life. Everything from the family’s clothes to the dinnerware is shown in shades of brown, gray, and blue, symbolizing depression and despair (Figure 59).

Relapse

All hope for life returning to normal disappears with the ill son’s first relapse. As opposed to the first panel, the son, in a manic state of euphoria, is now above the clouds and climbing to a grandiose, delusional success, leaving his family helpless beneath him. Re-hospitalization is implied in order to depict the bitter cycle of relapse and multiple hospitalizations (Figure 60).

Decide

This piece illustrates the outcomes of two different decisions, one of which hinders recovery while the other encourages it. The first room shows the family’s decision to allow trauma to usher in tension and misunderstanding as they try to fix and control the son’s health. The son hides the key to understanding his illness from them. The entire family experiences stigma and separation from society.

The second room shows the family discovering a way to rekindle recovery by sharing the emotional burdens. The decision has been made to come out of isolation and both give and receive social support. Recovery is defined through a strong support system beginning with healthy family relationships. Life balance is restored, where the burdens remain, but are shared as one with confidence, hope, and growth. This panel underscores that families must work together to recover, and society must both cease stigmatizing mental illness and become more accepting of families facing such adversity (Figure 61).
Figure 57. Consume.
Figure 58. Isolate.
Figure 59. Alter.
Figure 60. Relapse.
Figure 61. Decide.
CHAPTER 5

Conclusion

In summary, research has shown that mood disorders consist of several diagnoses, with the following being more well-known: bipolar I disorder, bipolar II disorder, major depression, and persistent depressive disorder, or dysthymia. The effects of these disorders on the ill person and every other member of his/her family are manifested in trauma, caregiver burden, stigma, lack of social support, mistrust, and ineffective communication. Left unaddressed, these emotions and experiences prevent and delay recovery for each family member.

To introduce art as an effective and healing tool of communication, I have provided examples of line, color, social design, branding, and place (art museums and galleries). The elements of successful design are presented to demonstrate how they can elicit an emotional response in the viewer and encourage conversation and action. Finally, the practice and benefit of art therapy are discussed to shed light on art’s potential to be a significant stepping stone in the journey of recovery. Through its many engaging elements and its therapeutic role in recovery, art has the potential to ignite meaningful conversation among families to keep the hope of recovery alive.

The process for creating my research-informed deliverables involved extensive planning, construction, and visual problem-solving for each panel. Beginning with collecting the appropriate tools and materials, I measured, cut, and assembled the wood based on my designs. After the “skeleton” of each piece was completed, I began work on the furniture and choice of mixed media for the interior design. Treating each room as a surreal environment and using the blue-orange compliment to influence my color scheme, I incorporated a symbolic, allegorical approach to share my own story and communicate the complexity of mental illness. For example, integrating metaphors like having one’s head in the clouds, walking on eggshells, and using the imagery of the Grim Reaper helped convey the concepts and drive the narrative. After designing and sculpting the 28 figures to interact with the home and provide a relatable, human aspect to the piece, giving the story life, the lighting and final details found in the conceptual decoration of the home tied all the visuals together.

My final visual solution, entitled Home from Horror to Hope: A Family’s Journey Through Mood Disorder, supports my research in that it depicts common stages and emotions that all members of a family experience when confronting mood disorder. It also highlights the need to promote mental health literacy and cultivate positive attitudes to-
ward mental illness. Viewers are encouraged to have conversations about mental illness and share their own stories. Art is a voice, and this project serves to employ art as a voice for families facing mental illness, encourages these families to seek social support to stimulate recovery, and motivates society to better understand their experiences and stand against mental health stigma. To aid in this effort, I have designed a postcard for viewers to take and read as they observe the pieces. This card gives a brief description of each panel and makes it clear that the topic is mental illness, specifically mood disorders (Figure 62).

Designed to educate, my project can be used as a tool for art therapy by helping families better label and understand what they have suffered and continue to face. Further, it can be helpful for children through its dollhouse aesthetic. At one point, while I was working on clothing the figures, a little girl walked by the classroom with her father and stopped to stare because she was intrigued by the dolls. I invited them in and showed them the figures, briefly describing my project. This moment encouraged me immensely and affirmed my desire to partner with licensed therapists, use my work to reach children and families, and perhaps one day obtain a degree in art therapy.

Lastly, my project has been designed to be shown in an art gallery environment. In this way, anyone who enters the gallery, regardless of background or knowledge of mental illness, may be impacted by the artwork. My goal is to display the project in as many local galleries as I can, and because all of the delicate pieces, figures, and furniture are removable, the entire project can be safely transported.

Displayed for the first time at the Liberty University Art Gallery on November 29, 2018, Home from Horror to Hope yielded a response that exceeded my expectations. It was the first time that I saw people engage with the artwork. They became lost in the story, exploring every detail and remarking that it was a memorable experience with a rewarding, convicting resolution. Several people were in tears, overcome with emotion. These responses are a testament to art’s power to draw out emotions and enable viewers to label pain and visualize hope.

My ultimate desire is for my thesis research and creative deliverables to serve as a catalyst for more artists and members of society to join the ranks in the fight against mental illness stigma, and for families with personal mental health experience to find a place of acceptance and the will to press on with hope and perseverance. No matter the depth of our sorrows, we are never alone. Just one conversation can be the spark for recovery and bring each of us home from horror to hope.

No matter the depths of our sorrows, we are never alone.
Figure 62.


Deacon, Sharon A. and Fred P. Piercy. “Qualitative Methods in Family Evaluation: Creative Assessment


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