

Panchaea:
In search of an
equal utopia
and a willing
suspension of
disbelief



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Boat building in Studio Gallery, VISUAL Centre for Contemporary Art, 2013.

INTRODUCTION

Carlow Local Authorities are proud of this unique socially engaged art project commissioned through the Per Cent for Art Commissioning Scheme. The local authorities have been talking about this project for the last three years in terms of commissioning work that engages directly with our local communities. This project does that and the intension of the project *was* to address problems of social isolation and stigma as they occur for people living with mental health issues.

Over a two-year period the artists and people who engaged with the project embarked on a journey to illuminate the ways in which people with a mental illness experience life in their community. We know from feedback from those of you involved in this project that being a part of such an initiative had a *transformative effect* on their everyday lives. The impact of such a project continues on and leaves a strong legacy to build on, which is evident in the pride that is being taken to open up the Dolmen Studios, at the day care facility of St. Dymphna's Hospital, Carlow.

We would like to acknowledge the work of Denis Roche the Curating Artist, Brian Maguire and Emma Finucane the wonderful artists involved as well as Eddie Cahill, who worked closely with Sinead Dowling, Arts Officer over the last three years to develop and realise this project. We would also like to acknowledge the Carlow Local Authorities Public Art Working Group – Liam Fitzgerald, John Carley, Ronan Fitzgerald, Tim Butler, Paula Murphy, Michael Brennan, Cllr Michael Abbey, Cllr Anne Ahearn, Sinead Dowling and Ann Scully, the clinical staff of HSE Carlow who came on board and were central to the success of this project being realised, the staff of VISUAL the Centre for Contemporary Art and the boat builders. Most important the many people and their families who engaged with the project throughout Carlow and Leighlinbridge through the mental health services. Finally, to the Elected Members of Carlow Local Authorities who were behind this project from the outset.



Cllr. Des Hurley,
Cathaoirleach Carlow County Council

Cllr. Eileen Brophy,
Cathaoirleach Carlow Town Council

Cllr. Joe Manning,
Cathaoirleach Bagenalstown Town Council



Launch of boat at VISUAL
26th April, 2013.

CHAMPIONING THE COMMISSIONING PROCESS

Sinead Dowling, Arts Officer, Carlow Local Authorities.

Carlow Local Authorities Arts Service undertook a process of learning and discovery some five years ago around the complexities and opportunities that commissioning public art involves. Within that process we worked with an expert artistic team¹ along with the Public Art Working Group², which had the full support of the Carlow Local Authorities Elected Members and Management Team. The key to this was a welcoming openness and an understanding of process supporting artistic practice and context. Critically too, a sensibility that committed to new ways of commissioning compelling public art projects, that span all disciplines. As a publicly funded and public funding body, we are conscious too of our civic and social responsibility. Our vision is to commission countywide initiatives that are not only permanent but also some that are temporary; as well as process-based projects that constantly seek to engage both participants and audiences in new ways. Through the Per Cent for Art Commissioning Scheme we aim to provide situations for the Carlow public that allow for engagement with the arts in everyday lives, challenging and broadening our understanding and appreciation of what contemporary art is today.

As commissioners, we recognise there is huge potential to break new ground, to be ambitious and to allow fluidity. In County

Carlow, consideration is given to the relevance of the project, the place, the site, the people, the location, and the context in which artists can work from. At the heart of the commissioning process we identify that any commission we undertake is deeply embedded in the local community from the outset, led by local need, with the aim to provide multiple access points for the public to engage with it.

We hold key values, which are in some ways interdependent on one another, and include a balance of flexibility and an open approach. Recognising and trusting that from the outset there may not be predetermined outcomes of any commission, we intrinsically and intuitively understand the wonders of the creative process and what it brings. This requires experience, trust, negotiation, time and exploration. Key too is the building of strong relationships with all stakeholders; and fundamental to this, the expertise of curators, curating artists and artists themselves. As commissioner we hold the space that creates the right conditions for these values to be held; as well as making sure the right balance, or buy-in, between the artist/curator, the public, the artwork and all the key stakeholders is evident, at each stage of the commissioning process.

In 2008 Carlow Local Authorities were awarded the Allianz Business to Arts 'Best

1. Artistic Advisory Group included Thomas Conway - Druid Theatre, Fergus Sheil - Music Specialist, Aileen Lambert - Contemporary Visual Artist, Eileen MacDonagh - Sculptor, and Aileen Nolan and Sinead Dowling - Arts Office.

2. Carlow Local Authorities Public Art Working Group: Chair - Liam Fitzgerald, John Carley, Tim Butler, Paula Murphy, Ronan Fitzgerald, Michael Brennan, Cllr. Michael Abbey, Cllr. Anne Ahern Nee Long, Sinead Dowling and Ann Scully.



Commissioning Practice Arts Award' for commissioning the first ever community based opera in Ireland, led by the brilliant Fergus Sheil, called 'Shelter me from the Rain'. In addition we have extensive experience of commissioning public art projects, namely through the nine-year advanced programme of VISUAL - Centre for Contemporary Art Carlow, the *Visualise Carlow* programme. This programme saw a series of temporary public art commissions of local, national and international significance in County Carlow. Central to this programme was the engagement of highly ambitious artistic teams of curators and artists. They bring to a place new meaning and simultaneously create situations that ask us to look differently at the world around us. The power of this is tremendous and I would go so far as to say that what artists and curators bring is magic. They unlock something special, revealing the potential in art that can evoke something within us while opening up new meaning that can connect deeply with the uninitiated in a transformative way.

Exemplifying all of these key ingredients - ambition, artistic excellence, community

buy-in, total understanding of the creative process and strong relational values is *Panchaea – In search of an Equal Utopia and a Willing Suspension of Disbelief* by Denis Roche. Roche brought something truly powerful to Carlow. This groundbreaking unique project has been brought about through his socially engaged practice. Roche is the 'context provider' and has had an acute way of working with us as commissioners, which simply brings us along with him and with it. From the outset of this project as commissioners we were inspired - hooked in. The seed of the idea was sown by Roche and we embarked on a journey together; recognising that in order to make it happen we needed to create strong local relationships, key partnership buy-in and community ownership from the outset. This is the non-tangible work of public art commissioning and for us all it took time, but critically paid off with the wonderful outcomes that this project champions now.

There were also the ethical issues, which Roche was crucially aware of, as were we, to commissioning two outstanding and reputed artists, Brian Maguire and Emma Finucane, to



“What artists and curators bring is magic. They unlock something special, revealing the potential in art that can evoke something within ourselves...”



work alongside people within the community who experience enduring mental illness and are on a path to recovery. Their experience of working in this field previously was the key. What Roche brought was expertise in the field of Arts and Health, through his Open Windows project. From the outset Roche had experience of the levels of negotiations that are needed at senior clinical management level in order to facilitate buy-in. As commissioners we entrusted the fact that we needed to buy this time and walk alongside Roche to ensure that the project was approved at the highest level of the Mental Health Services for Carlow. Equally, as commissioners we are acutely aware that at local level we remain, and are, the public face of the Local Authorities. When curator and artist have gone home, when the project naturally continues within built-up structures put in place beyond the commissioning phase, we have a responsibility to know that ethically it was the right thing to do.

Having achieved negotiations at gestation stages of the project, we formed a Steering Committee made up of artists, curating artist, ourselves as commissioner, the HSE clinical

team including consultant psychiatrists, community health workers, nurse managers, family support workers and most important service users themselves. From the outset of the project it was vital there were collective decision-making powers and that we all understood the process that would be undertaken; that we would work openly, collectively and collaboratively, allowing time to talk and critically reflect.

The process involved artists, curator and mental health professionals identifying service users within County Carlow that would embark on this unique journey willingly. There was absolutely no pressure on anyone to become involved and individuals could come in and out of the process at any stage. There was no rigidity, as we needed to allow the process to be about the art and service users, mindful of their needs at any given time in their personal journey of recovery. If the project was to take longer - there were negotiations that were undertaken, understood and held. This is where the clinical staff played a vitally important role and without their level of support and commitment the



Left: Michael D'Arcy and Tony McLoughlin.
Centre: Process photo from boat building.



Brian Maguire and John Conway.

commission would not have been possible, nor would it have championed such outcomes as it did. As commissioner, our role at this point was about knowing when to step forward and when to step back. Interestingly, this space we held certainly allowed those involved a richer process and the project benefited hugely. Feedback from over 50 participants suggests just that - they got involved and stayed involved, as there was no pressure for outcomes.

However, it is no surprise that high artistic outcomes were reached and the trust and flexibility afforded to the project allowed for this. As well as the high artistic outcomes of the project there were also far reaching positive personal and social benefits to participants who engaged with this project and to the wider community such as friends and families of the participants.

Important to this project was the invitation from VISUAL - Centre for Contemporary Art Carlow to bring the project into the centre thus providing another platform to showcase the project. The project was accommodated so warmly and professionally by the staff of the centre and supported by the clinical staff team. This was an interesting aspect of



Planning meeting with boat builders, Denis Roche, participants and volunteers from VISUAL.

the commission that had up until that point been initially in gestation and then running for (the previous) two years in the familiar environs of service users, i.e. St. Dymphna's Hospital Carlow, and Leighlinbridge Parish Centre. However, the project took on new life in the art centre, bringing new challenges for the institution and asking of it and us the audience of contemporary visual arts spaces to re-consider art in a different way, breaking down notions that the arts are only for the 'educated in art'. It was like the project penetrated the centre, giving each person who participated a wonderful opportunity to work in a centre of excellence in a very loose way and asked the audience to re-think what these centres are and who they are built for.

The project continues on (once the show came down at VISUAL) and now is back 'home' in St. Dymphna's Hospital Carlow in the newly founded Dolmen Studios. The project has a legacy and a deep lasting effect on the many people that this project reached, including us the commissioners. It continues on when artists and curating artist have 'gone home', which is no surprise as the values that the commissioning process held were brought into and shared from the outset.

My name is Paul

I was linked in with the skill base program, which gives you life skills like cooking, computer skills and photography to get back on track, and I got word about the boat building project down in the VISUAL arts centre.

My first thought was, how are you going to build a boat? It was very daunting, as I wouldn't have had those skills although I did do woodwork at secondary school. So I felt a bit doubtful to say the least.

But Tony showed us how to do it. The first thing was to mark out the oar and then cut them to the right length, shape them with a plane and cut the paddles, which were glued on at the end.

It was a really good atmosphere down there, with the camaraderie between the lads. Tony kept us on track.

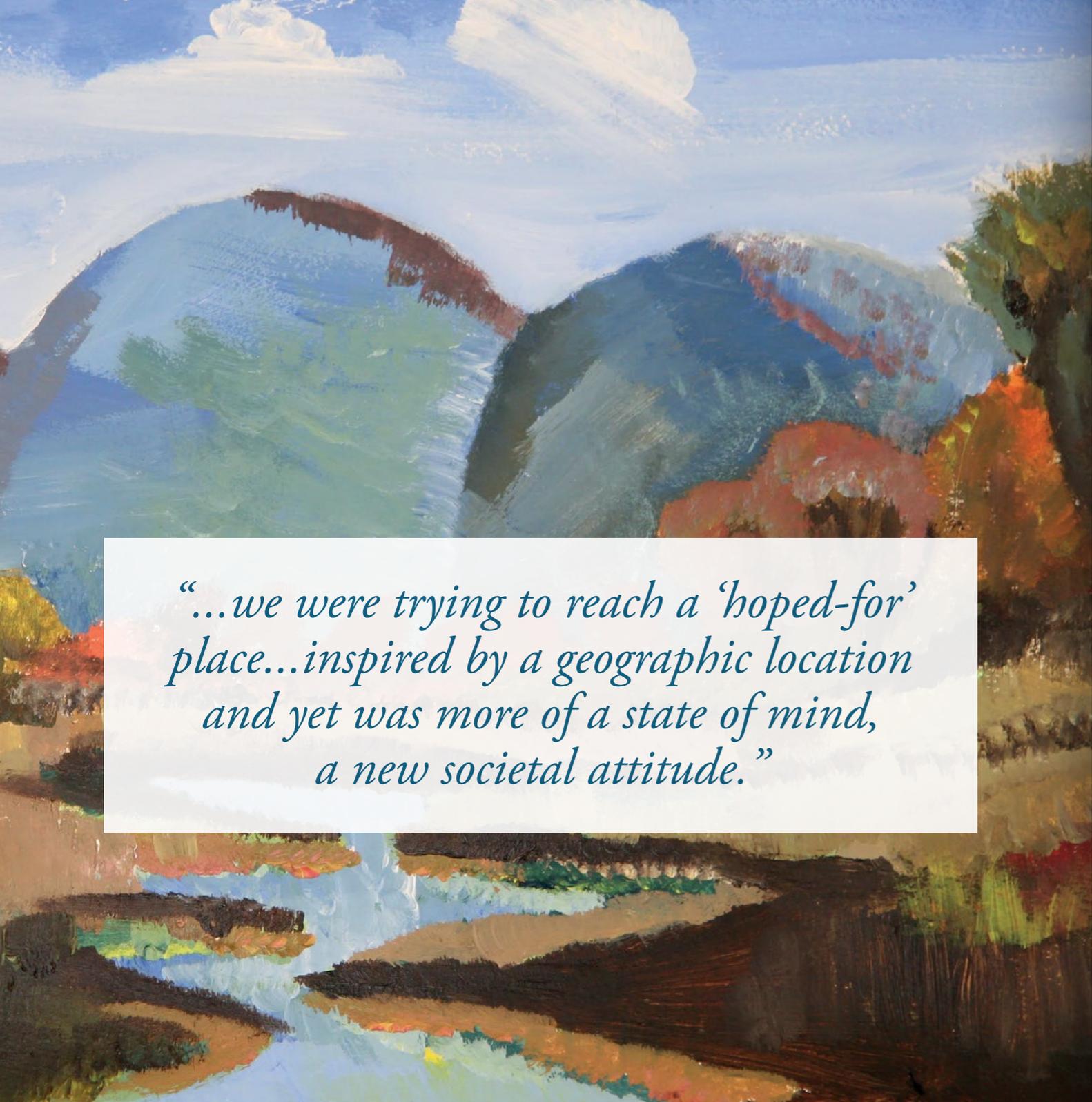
It increased my self-esteem and confidence. It was good to mingle with other people who have the same experience as yourself.

I have been quite downbeat for the last three years, but it really felt very positive and uplifting, like light at the end of the tunnel.

Just doing something, completing something, getting into the frame of mind of a routine, has given me the confidence to start looking for work again, just a few hours a week, to start with.

The choice of a boat was appropriate. My life the last three years has been a journey, a rough journey. But I feel now I am slowly coming back to where I was.





PANCHAEA: IN SEARCH OF AN EQUAL UTOPIA AND A WILLING SUSPENSION OF DISBELIEF

Denis Roche, Curating Artist.

This commission in a way developed out of work I did on another project where I engaged with a group of patients in an isolation ward. Their concerns centred on being isolated within an architecture that had developed to support their treatment. They experienced isolation and trauma as a result of this architecture, an unfortunate but tolerated by-product of a system of treatment that focused on the physical aspect of their disease. When I was asked to make artwork with clients of the mental health service in Carlow, it was to address issues around stigma, social isolation, and the loss of sense-of-self that can occur for people living with a mental health difficulty in the community. In a way, the social health architecture that existed was not serving them as well as it could. Isolation connected these two projects.

In order to engage with these issues, I knew we had to enable the local community, increase visibility, create genuine engagement and build trust among partners and participants. There was a long process of negotiation over almost two years before the artwork began. This involved meeting with service users of the Mental Health Service, HSE hospital management, consultant psychiatrists, clinical staff and local authority members.

I used the motif of a journey to a mythical island utopia to frame the project. As a group, we were trying to reach a 'hoped-for' place - a place that was inspired by a geographic location and yet was more of a state of mind, a new societal attitude. Our utopia was inspired by the town of Geel in Belgium, where the legend of St. Dymphna, the patron saint of mental health, gave rise in the 7th century to a new way for a town to provide for its citizens with mental health difficulties. Dymphna had travelled there, pursued by her father, who had lost his mind from grief. He cut off her head when she refused to marry him, just outside of the town of Geel. From that time on her shrine became a place of pilgrimage for people with mental health difficulties. When the numbers attending the shrine became too big, the townspeople took in the pilgrims beginning a tradition of fostering that still continues today. This reached its height in the 1930's when over 3,000 people lived in this way. A sort of utopia had arisen in the town, coincidentally, out of a practical need to house people. That then created an opportunity that was seized upon; to create a lasting and progressive societal attitude towards how citizens with mental health difficulties were cared for. In this way, the idea of an Equal Utopia, one that was available for all citizens, became central to the making of the work in Carlow.

“...we were trying to reach a ‘hoped-for’ place...inspired by a geographic location and yet was more of a state of mind, a new societal attitude.”

In making work with a community in this way, there is always a tension between the desires of the artist and the needs of the community. Questions around “use” and “need” come to the fore pretty quickly, especially when there is a clinical context. When permission is required, explanations are asked for. Value and use and need.

Art should not find itself in the domain of “use” and “need” without questioning deeply how it got there. These themes can contribute to and shape any work. In fact in this project, the themes of “use” and “need” were very apt.

Participant’s own opinions about how they were valued and the real needs that they had came out in their questions such as “What use were they?” These themes were central to the lives of the people who became involved in the project. Participants spoke about the importance of how they felt they were needed to help achieve a goal, or were valuable as members of a team, or that what they did had a use in delivering this project. Participants spoke of coming together as a group for the first time with an identity. By the end of the project, it was an identity they were willing to share with the community in a very public way.

There were three phases to the project. In the first phase, Emma Finucane worked with people who were attending a weekly clinic



Emma Finucane with participants in Leighlinbridge.



Process photo, Leighlinbridge.
Painting Studio, St. Dymphna's.
Boat building, VISUAL

in Leighlinbridge. She explored themes of location and identity with participants. In this way we mapped the territory. In the second phase, Brian Maguire took over an old ward in St. Dymphna's Psychiatric Hospital and turned it into a painting studio. He explored the ‘inner landscape’ of participants who came to paint every week. This is the way we got to know who we were participating with. In the third phase of the project, we built a boat in the Studio Gallery of the VISUAL Centre for Contemporary Art in Carlow. For two months we worked alongside master boat

builders in a gallery that was open to the public to make the vessel that would take us to our mythical island, Panchaea, our Equal Utopia. All boundaries were blurred during this time. Everyone worked together to deliver the project in full sight of the community. The group felt elevated being on display. This highlighted concerns about privacy. Participants were patients in the morning while they attended the clinic and then walked across the road to the gallery to become participants in a public artwork. Photographs could not be taken in the morning but could be in the afternoon.



At the end of this period, we brought all the elements together in the form of an exhibition in the Link and Studio Galleries in the VISUAL Centre for Contemporary Art. In a ceremony at the opening of the exhibition, participants carried the boat out of the gallery and launched it on the pond in the grounds of the arts centre. In this final and public act of display, participants, community and artists were revealed together in a new equality.

This publication hopes in some way to capture what happened over the two-year life cycle of the project. There are key contributions from those involved in making the work and those who bring a new perspective to the way we think about mental health and the public dimension of art.

Denis Roche studied at NCAD where he received an MA in Fine Art, and Goldsmiths College, London where he received an MSc in Cognitive Computing. He makes socially engaged art that has its basis in the dialogical and the relational. He was the curating artist on the OpenWindow Project, an art installation that was the subject of a clinical trial in the National Bone Marrow Transplant Unit, St. James Hospital, Dublin. His work has been presented at MoMA, IMMA, the Smithsonian Institute and the National Naval Medical Hospital, USA.

Denis Roche and Alice Cox.
Exhibition of participants work
in VISUAL.

My name is David

Three of my pictures were part of the exhibition at the VISUAL arts centre. One was a self-portrait; lots of people have said it is very intense, and I think that is partly because he has no eyelashes in the picture. It wasn't deliberate, I just ran out of time. It was the last one I did and I just forgot to give him eyelashes. But now, when I look at it I just can't get away from the eyes. When I look at the picture now, the rest of it seems to blur and blend and mash, but the eyes stare out. He's not a particularly happy guy, shocked perhaps. He looks a bit like he's at a football match and someone has just scored an amazing goal against his team. Poor guy!

I wasn't really into painting when I was a kid.

I started painting properly for the first time at the skill-base building at St. Dymphna's hospital. I had done art at secondary school

(I was at the Presentation College in Carlow) and I did do the leaving cert in art, but it was mainly drawing, prints and sketching. Now I like painting with acrylic paint on paper, because with oil, you do a bit and then it takes a few days to dry properly, so it takes weeks to finish a painting.

I painted the self-portrait from memory, no mirror, no photographs.

It's not supposed to look exactly like me. I really respect and admire artists who can paint the most perfect, brilliant representations of reality. It can be some of the best art ever created, it's just not stuff I can look at for more than five minutes. I admire the technical ability, but it doesn't captivate me or enthrall me any more than looking out the window at a beautiful scene.





LEIGHLINBRIDGE - ART, SOCIAL ENGAGEMENT AND COLLABORATIVE PRACTICE

Emma Finucane, Artist.



As an artist I am interested in the way people connect and communicate with others and ultimately how it contributes to the quality of our lives. I am interested in our relationship to, and experience of, place, which can be more often sensed than understood. I am interested in the role of the artist in social engagement, and in developing art through dialogue and collaborative practice to investigate ways of increasing awareness, meeting human relationship needs and reducing social stigma of those subject to social isolation.

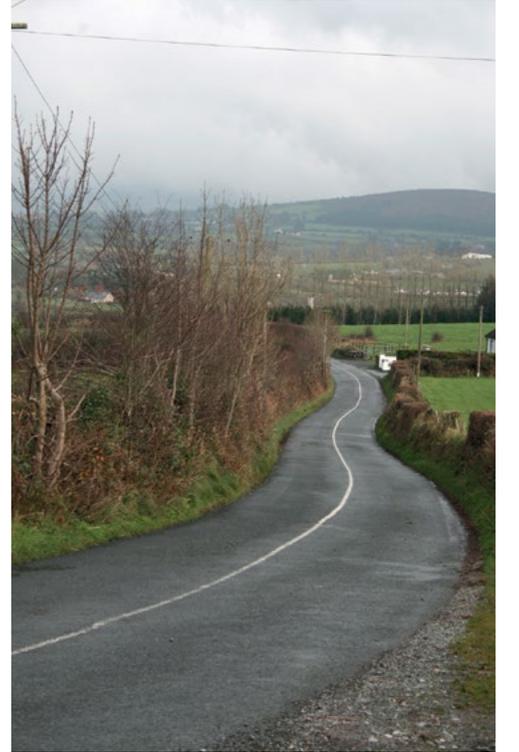
My role involved engaging directly with a group of mental health service users in Leighlinbridge, County Carlow. We met weekly in Leighlinbridge Parish Centre over a one-year period. I began with an introduction to my background and art practice with a visual presentation about the idea of place and safe places. As I introduced details of how contemporary art deals with the concept of place the participants were able to make the connection from places that they were familiar with to the concept of a safe place as a theme for our collaboration. This initial research period facilitated a building of relationships and trust within the group that I now felt part of. It was agreed that the participants would commission me to work with them individually to make one piece of work. Each

work was made for, and with, the individual overseeing all stages of production.

The work was process based. The participant and I identified what and where each safe place was. If possible I visited the place(s) to collect visual research with the participant. If not, we studied maps of the area and I went alone to collect the visual research using photography, video or drawing.

Through conversation we identified what visual research held resonance and relevance. I continued to collect research, based on the conversation, and presented the visuals to the participant until we were both satisfied there was enough visual research to make the final artwork. It was my intention when making the artworks that different aspects of chosen places would not simply map or document an existing place but would hold both personal and historical resonance and depth with the participant, reflecting our collective research. With the visuals to work with it was agreed that I would take control of the aesthetics and format; mostly screen print - chosen for its ability to allow layering of images as I felt each layer could portray a different place/depth/feeling/memory in time. It also allowed for colour variations of each work. I wanted to allow the participant to choose the variation of colour to their own taste, as the finished work would eventually hang in their home.

'For Pat' by Emma Finucane.



Process photos from Leighlinbridge.

I made an edition of four variations and then destroyed the prints not chosen to make the final print unique.

Eight pieces of artwork were created and eight books were made documenting the collective research and given to the participants with the artworks. Six months later the participants agreed to temporarily lend the work to VISUAL Carlow for exhibition.

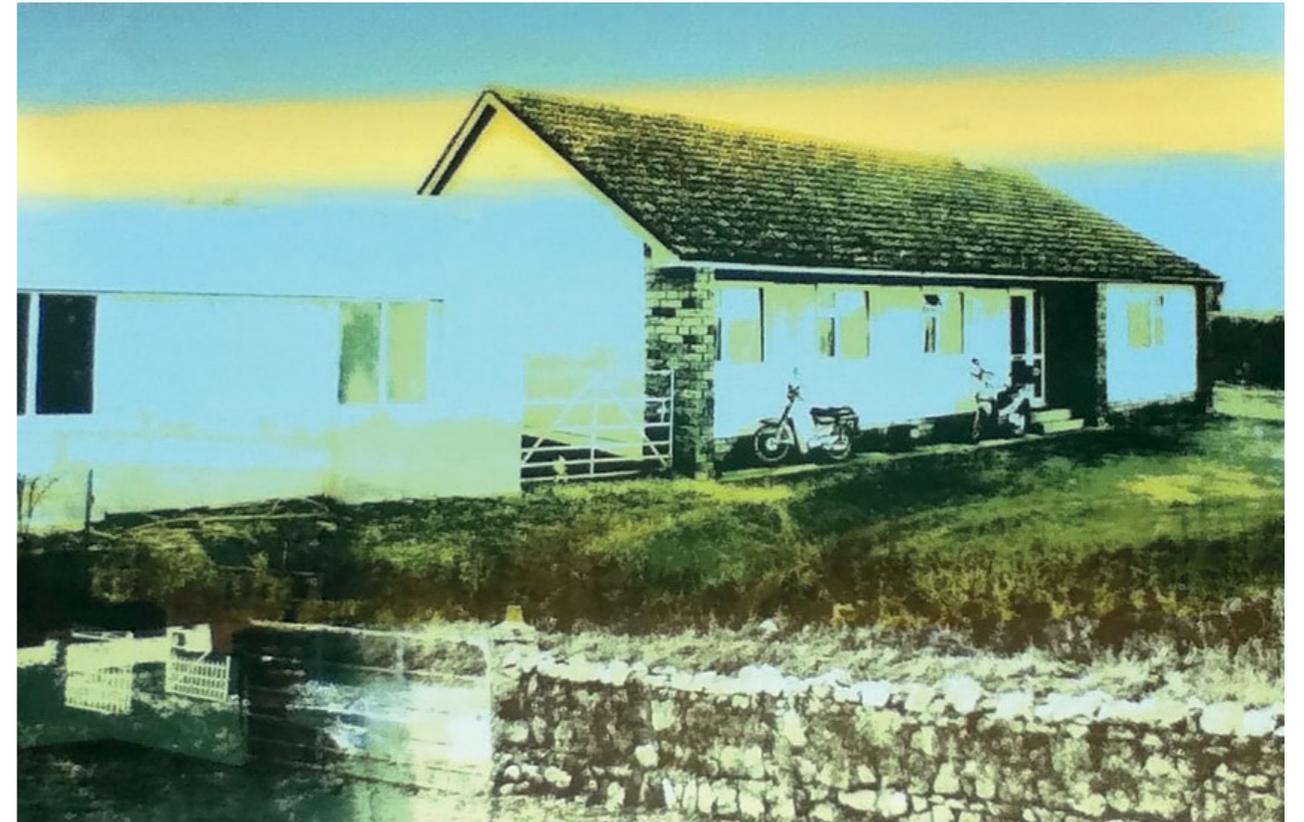
I would like to take this opportunity to thank the participants: Anne, Jim, Martin, Mick, Paul, Pat, Philip and Roseanne. The times when we met, the face-to-face meetings where we talked and worked together were an absolute pleasure. Thank you for working with me, for your time, for your trust and for sharing. The project achieved positive engagement with each of the participants, who were genuinely appreciative of the focused participation with them on issues of personal interest and who developed a sense of pride and achievement when they saw the work on show in a prestigious public gallery. The project was a model of publicly funded collaborative art practice that could not have taken place without the courage and support of Carlow County Council.



Research books for each participant.
Prints on display in the Link Gallery, VISUAL.

Emma Finucane works in printmaking, photography and video. She is interested in the way we connect and communicate with others and ultimately how it contributes to the quality of our lives. She is interested in the role of the artist in society and in developing artwork through dialogue, process-based, participatory and collaborative practice. Most recently she was awarded a residency in UCD and is currently researching new work and research methodologies in collaboration with UCD College of Science.

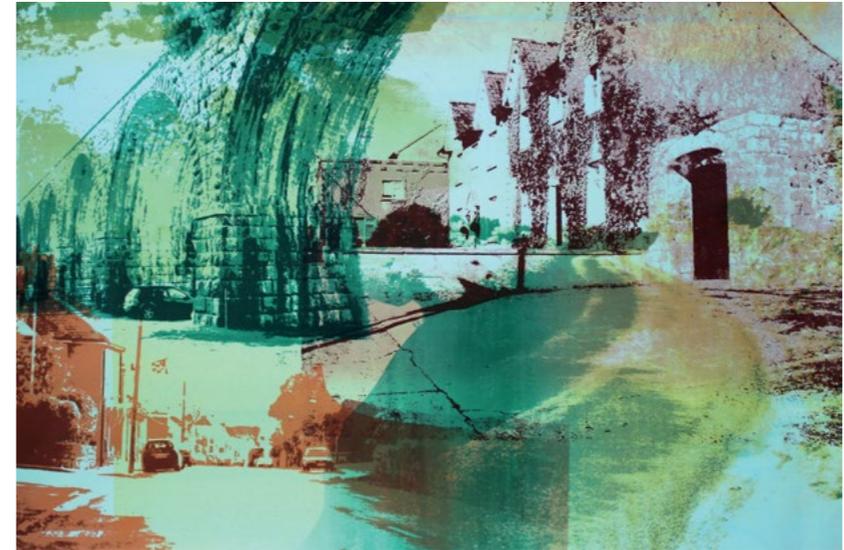
Emma studied Fine Art in NCAD where she received a first class honors degree in 1997 and a MFA in 2006. From 2011-2013 she lectured on the Arts and Health module in NCAD/TCD, managed the installation of The Open Window in Nursing Homes in Kildare and facilitated workshops in the Sharing Space Public Art Project, Ballyfermot and the Creative Well, Kildare. She has been commissioned and supported by the Arts Council Ireland, CREATE, Wicklow County Council, Carlow County Council, Kildare County Council, The Open Window Project, and Pfizer Ireland. Her work has been shown in Dublin, Belfast, Germany, UK, Los Angeles, and Copenhagen and can be found in many private and public collections including: OPW, AIB, DIT, and UCD.



'For Philip' - Screenprint, Unique. Approx 62cm w x 41cm h



'For Jim' - Screenprint, Unique. Approx 50cm w x 42cm h
'For Anne' - Screenprint, Unique. Approx 62cm w x 41cm h



'For Mick' - Screenprint, Unique. Approx 60cm w x 41.5cm h
'For Roseanne' - Screenprint, Unique. Approx 60cm w x 41.5cm h

My name is Michael

I am a native of Carlow, a Carlovian, and I live in the town centre, just around the corner from the VISUAL arts centre.

I went to school at St. Mary's Academy, then I left school and studied tool making. I was taught the trade by a German company based here in Carlow, Lapple, we made press tools for the automotive industry. I worked there for six years then I went to Canada, again working as toolmaker, then Germany, working for Volkswagen, Ford and Mercedes. I was all over the world with the tool making. When I came back to Carlow, I studied German Language at the IT. Wunderbar!

I was delighted when I heard about the project to build the boat because I knew I would want to be involved in the practical side.

The first stage was creating paintings, abstract art, and I was very pleased with that. I was happy with the way my art book turned out. The opportunity to paint with a teacher was a changing experience - the fact that I was learning something new - and I was pleased with the work I had done. It was nice to receive a few compliments.

That was such a positive experience that I was happy to continue with the boat. I was willing to continue on with the project.

It was a big project but because of my experience working with tool making, I had an idea of how it would be made, what the finished product would look like, and how the design of the boat would work, where each part would go and how it was assembled, from the drawing and the design.



Michael D'Arcy and Brian Maguire in the studio, St. Dymphna's.



“Sometimes the patient cures the society.”

CITIZEN

A Presentation given by artist Brian Maguire in VISUAL, Carlow.



I want to say at the beginning that I was assisted by Eddie Cahill throughout the six months (of this project). We had different approaches: one more robust and one more gentle. This difference related to the subjects that people undertook to examine in painting. Drink (in moderation) was a very important subject for some men, as too were gambling, ex-wives, knitting circles, engineering, football, holidays, self and family, animals - in other words just ordinary stuff, the kind of things we all deal with. In a way the issue of psychiatry and arts is bedevilled by the concept of expert because if you are an expert in one, you are certainly not in the other e.g. art and psychiatry. One becomes disarmed and has no right to speak regarding the other discipline. So I turn to quote the expert psychiatrist Dr. Lode Weyns, a senior psychiatrist in Geel Hospital, in Belgium. Dr. Lode Weyns coined the very important and revolutionary phrase that ‘sometimes the patient cures the society’.

In the small town of Geel, 20 miles east of Antwerp there are 600 patients attending the hospital, which has 150 beds. It is not that different from Carlow where 450 people live in the community but in Geel they don't live in designated houses, they live in foster care with families. The average length of

stay with a family is 20 years. When I was working there I heard an RTE broadcast, thankfully not from Carlow, a documentary, I think it was from Tipperary. It was horrific. It was about a house, in a housing estate, owned by the HSE, which had six people living in it who were all service users. Well the house was picketed, the people living there were followed to the shop, they were attacked verbally, there was all kinds of trouble. Of course it was because of concern that such a house in the estate was going to lower the sale price of the houses. (Little did the protesters know what was coming down the line, it was the bank manager and the developer not the service user that destroyed the value of their homes.) These were two examples from opposite ends of the scale. Which society was doing better? In Geel the service users move about the town, its pubs, its transport and within its locality freely. I was driving into the town one morning, the CEO of the hospital was with me and I asked her how many patients were living there. She said there were 450 and of course if you don't slow down there will be 449. There was a bicycle in front! That knowledge of each service user and their integration in the community is central to the way it works in Geel.

Photos from inside the St. Dymphna's painting studio.

Dr. Lode Weyns describes the potential healing power of the artist process as follows.

“People suffering from mental disorders may feel the need to express things, to deal with issues but also they find that language is not an appropriate vehicle to do so. Lots of people feel the need to share certain experiences, insights or feelings of a very personal and intimate nature, however, they do not seem to manage. They are confronted with the inherent limitation of language, most certainly concern where symbolically charged subconscious themes, artistic creations, have an objectifying affect. It creates a distance from the highly charged motives that allows a form of communication only with one’s self; at the same time it might construct a bridge to another person. The underlining meaning of this form of communication need not be crystal clear and therefore destructive, it is an art work as a whole that conveys a certain meaning, inherent contradiction may not be part and parcel of it.

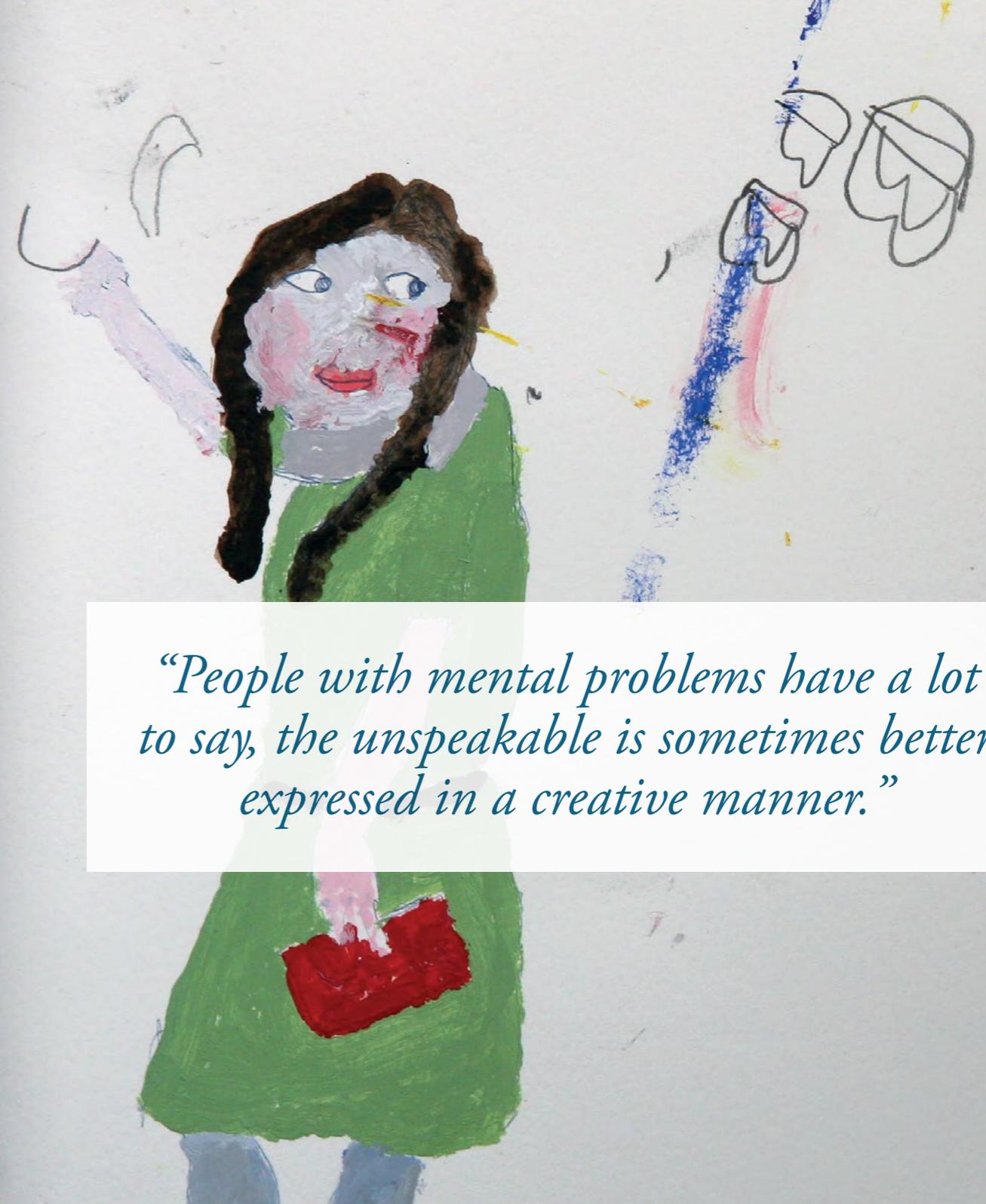
Words are like the wind, elusive as they are for people who suffer from psychosis they might sort of swell into a tornado capturing things through art. Using basic materials might ease the storm and context is given due to the very restriction of material one works with.

Language is a form of communication, it is logical, it is constructive and, in a sense, it is endless. It does not offer the opportunity that is simultaneously expressing the opposite and apposing views, silence is the only alternative. A line on a canvas does have that power using language as a medium, the only option one really has is to add a different statement a few minutes later but you never get the chance to undo what you have said and so forth.

During the creation of a work of art, time is stretched until the work is complete. The same goes for poetry because the words are seen as a whole unit, a poem only makes sense in its entirety thus the artist carries in the unity of time the creative process; a time that will last a second or a year.

People with mental problems have a lot to say, the unspeakable is sometimes better expressed in a creative manner. I put that as a rationale for the work in the room behind.”

Painting by Jim Murphy.



“People with mental problems have a lot to say, the unspeakable is sometimes better expressed in a creative manner.”



Left: Painting on left by Eddie Cahill. Painting on right by Christa Stuart.
Right: Painting by Paul Dooley.

Over the last 13 years I have visited 100 centres in Ireland similar to the one here in St. Dymphna's working as an adjudicator for the Lumbeg Art Awards, awarded to people and centres using art in facilitating service users. On one occasion in the midlands I met a nurse who told me the story of a woman who had lost a baby many years earlier (a tragic event that was not known) but never spoken about it. The nurse spotted this story in a drawing, and using drawing the nurse was able to engage the woman into speaking about the problem. At that specific time there was a two-year waiting list for spoken therapy, and if the drawing had not been done and its importance understood there would have been a two-year gap before that lady got to speak

I have seen the value of art in these situations, the other lesson I learned is the value of senior HSE staff being involved. I'd look to Patricia Noonan, Consultant Psychiatrist in Roscommon, now retired. There is a very fine practice on the ground up there, with different artists employed in this area. I think it is in

Ballinasloe. The reason this happened was because the person at the top understood the value in it. I suppose the two points, one that it needs to be available and two that it does not need to be professionalized. Instinct is often enough but it certainly needs the support of senior management.

We have a colleague from Brussels, Erik Thys, who authored a paper '*Creativity and Psychiatric Illness The Search for a Missing Link*', which appeals to a multi-disciplinary approach. He points out in this paper the gaps in our knowledge. Above I referred to two different disciplines and expertise - he asks for a multi-disciplinary approach. We can't have a multi-disciplinary approach if we do not have respect on both sides. There are different views in psychiatry about what art is, some of these views interact and some of them are on separate planets. One thing is clear and that is for any definition of art and psychiatric illness the approach needs to be inter-disciplinary - we need to work together.

There is a chart produced in his essay about a row (I always found rows a very good way



Laurence D'Arcy, Michael D'Arcy Catherine Mahon, Martina D'Arcy and Brian Maguire.

Left: Painting by John Conway.
Middle: Painting by Mary Murphy.
Right: Painting by John Conway.

of moving forward). It was between a man called Jameson and a man called Sas. Jameson described creativity as a 19th century concept, it is socially acceptable, it is emotional, it is romantic, and its main practitioner is the deranged artist. On the train today from Dublin to Carlow the over 60's club (who might need to be avoided in Kilkenny) informed me that all artists are seriously mad. It is a general view. It corresponds with the view of normal creativity where the prototype is Vincent Van Gough and it is mostly insider art. In other words it is mostly the work in that room, the big room. Against him was Mr. Sas who had the genius concept - he is associated with schizophrenia, whereas the other creativity is associated with bipolar, it's alienated, it's cold, it's modern, it's 20th century; its model is the visionary mental patient and it is mostly outsider art. Now what has interested me about these two is the word 'mostly' because it does crossover if you

have one that is mostly insider and the other is mostly outsider.

I believe that this work is art, it has come upstairs; before it would have been down around the toilet area. It belongs up here, it really belongs as a professional work, which is made in collaboration between artists and citizens. It is inter-disciplinary as it was made between nurses, artists and citizens. That is my main point. I think the show is important because it pushes the boundaries of how we see. One of the biggest problems, which comes from academia is that academia creates tunnels of expertise and separates them and you protect your territory. The multi-disciplinary approach is far more innovative, to use that phase from 5 years ago. The value of this work lies in its meaning and its meaning is with the person who made it, the value does not lie in its meaning to an auctioneer. Its usefulness in hiding money is very low you won't spend money on these in order to keep money on your wall but the meaning to the person who made it is very high. It has a value in that it challenges the art world to widen its understanding of art.



Above & right: Inside St. Dymna's painting studio.

Born in Bray, Co.Wicklow, Ireland, artist Brian Maguire works in Dublin and Paris. He spent part of the past three years researching with the families of women who were murdered in the State of Chihuahua, Mexico and the social context which prevails in that state. An engaged painter, his work connects with issues of human rights, often working in collaboration with people in institutions such as in the public commission in the OPZ Hospital, Geel, Belgium and in the residencies undertaken in many prisons throughout Europe and the Americas.

Brian Maguire has represented Ireland in the 24th Sao Paulo Bienal, Brazil and more recently at the 3rd Beijing Biennale, China. His work is held in public collections including The Museum of Fine Art, Houston, Texas, USA; The Gementen Museum, den Haag, Netherlands; The Alver Alto Museum, Jyvaskyla, Finland; Wolverhampton Gallery, UK; IMMA, Dublin and The Dublin City Gallery – Hugh Lane, Ireland. A member of Aosdana he is represented by the Kerlin Gallery, Dublin.



My name is Tom

I was asked to go down to help create the boat by Alice Cox and others at St. Dymphna's. They suggested it might be good for me. Mary, the nurse, said it might be relaxing. I was going through a very bad patch at that time.

It appealed to me because I knew there would be a lot of craftwork and hand work, and I had worked with stone in the Old Leighlin quarry for 14 years.

We would cut blocks up to 25 tons at a time. You would cut the block by drilling holes all around the bit you wanted, and forcing in wedges and then getting underneath it with a loader, and shaking it up and down until it came free. Then you slid it along the ground, over to the crane, and when you had it up above you, put it straight onto the saw. Then you could cut it to whatever size you want, to make headstones or curbs for graves or whatever you needed. It could take 16 hours on the saw to cut the biggest blocks. We'd leave them cutting at night.

I found working with stone very relaxing. It was very hard work, you were outside winter and summer, but it was satisfying. The proudest moment in my life was creating and erecting the headstone – a large Celtic cross – for my parents and my brother. I have always been fierce proud of it.

I'll be going into the same grave, so I put up my own stone, there's not too many can say that!

So when I heard about the boat project, I felt this could be a challenge I would enjoy.

As well as helping make the boat, I made an oar. I was given a square timber, 2x2 and about 12 ft long, and asked to make an oar out of it. We weren't given that much guidance, it was more about discovering your own way to sand it, cut it and plane it. It was very interesting and I really enjoyed it.

When I was making the oar, the man who was helping us, Terry, couldn't get over how good I was at using the plane. I think that was down to my experience with the stone.

It was a tremendous atmosphere. Everyone sat down and had a cup of tea together. No one was better than anyone else and everyone looked after everyone. There was no bullying, no discrimination.

It's amazing how far I have come, 11 years ago I had nothing, I was in the gutter. I could be heading for Carlow and end up in Killarney. My life has improved 100% thanks to the help I have been given.

Seeing the finished boat at the opening night at VISUAL was probably the proudest moment of my life – after making my parent's headstone.

I'd just like to thank Alice, Carmel, Denis, Aoife, Terry and everyone else at St. Dymphna's, Skillbase, the HSE and the VISUAL arts centre who made this brilliant project happen.





*When the blackbird flew out of sight,
It marked the edge
Of one of many circles.*

Extract from the poem *Thirteen ways of looking at a Blackbird*, Wallace Stevens

PANCHAEA AT VISUAL

Emma Lucy O'Brien, Galleries Co-ordinator at VISUAL centre for Contemporary Art.

For VISUAL, *Panchaea* was understood to be about people and the use of art as a means for creating and recreating relations between people. Its central premise worked to open up a physical and psychological space where those who were a part of the project could relate beyond the institutional framework of the mental health service they were accessing. Motivating the project was a will to challenge the sense of isolation that can surround people in this situation. In considering the space that mental health service users occupy in County Carlow, a focus was given on their perspective and the social differences that can at times set them apart and isolate them.

As a project, *Panchaea* was steered in a number of ways: meetings both public and private, painting and print workshops, the setting up of a painting studio in St Dymphna's Hospital, an exhibition at VISUAL, a boat building project and a publication to document the work that had been done. VISUAL's small part in this process was to offer up physical space for a studio workshop and exhibition, a platform from which the project could be articulated to a further public and let rest for a while in order to assess what it was that had been done and what could continue to be done.

The role of the Arts Centre in this project was to offer a common symbolic and public

space where difference might be understood and the perspectives of those of using the mental health services considered. By bringing *Panchaea* to the galleries the project was given a further political platform from which to communicate. It gave visibility to a group of people whose perspective often remains cloaked by a lack of understanding and knowledge.

Since the 1960's, art has been strategically positioning itself within society as a way in which to mediate, contest and raise social awareness on various issues. Many artists emerging at this time focused their work on the development of projects and activities that explicitly referenced a responsibility towards the social. In light of the last 50 years of art history we can now say that the political is inextricably linked to the aesthetic and that the display of art is often a political event or statement. For many artists the gallery is a place where what it means to be a human subject can be confirmed and debated.¹

VISUAL and arts centres like it are founded with an understanding of this legacy and occupy a place in civil society that requires them to be considerate of the public and various communities that they make themselves accessible to; with this are the issues that they can platform using art as a medium and catalyst for social awareness.

Illustration from the 'Narrenschiff' (Ship of Fools), a satire written by the humanist and German theologian Sebastian Brant (1457-1521).

1. Doug Ashford, *Group Material: Abstraction as the Onset of the Real* <http://eipcp.net/transversal/og10/ashford/en>

This is just a part of what a visual arts centre can do as they present constantly changing and evolving spaces with an openness to take on a variety of ways of working and communicating.

The activity in the studio at VISUAL, the building of a boat, while not an open process in the sense that the general public were not a part of the physical making, did give visibility to a group of people often excluded on terms that do not recognize difference as a quality that can be understood and accepted for its own sake. Often understandings surrounding the position of people struggling with their mental health are determined by the institutions, which through socialization processes maintain parameters for engagement and acceptance. Over time we become blind, often willingly, to the ways that people can be unnecessarily restricted by these social structures.

There are many views of the world, some of which get neglected through a lack of understanding or simply because they are beyond any line of sight. In *Panchaea*, art has displayed the power to tackle the illusive and difficult subject of mental health and give it a visibility that has successfully motivated further actions and projects in Carlow.

When the plans for a boat-building project were coming to light an image came to my

mind of an etching of a boat by Albrecht Durer, *Das Narrenschiff*. Translated as the ship of fools, the *narrenschiff* existed in physical form during the middle ages and operated as a ship that was condemned to remain offshore and away from what was considered civil society. On it were the ambiguous and castaway characters who did not fulfill the normative values of society at the time: the madman, the artist, the fool and the leper. French philosopher Michel Foucault in the book *Madness and Civilisation* uses the instance of the *narrenschiff* to describe a point in history from which we have developed ideas around madness and exclusion.² Often it's by way of examples like the *narrenschiff* that we gain the greatest understanding of how over time we have come to include, exclude and tolerate; and it is in the consideration of those that are isolated and stigmatized that we learn the most about what it is to be human.



VISUAL centre for Contemporary Art, Carlow.

2. Foucault, Michel, *Madness and Civilization: A History of Insanity in the Age of Reason*, Vintage Books, 1988.

My name is Seamus

I am born and bred in Carlow. I went to the local school, I did three years in the army, I worked as a DJ, a hotel porter and then spent 20 years in Braun.

My late father, Tom (The Guy) Bolger worked on the canal boats in the 1950s, so when I received a text from Alice, asking if I would like to take part in a boat building project, I decided, yes, I would.

So on Wednesday February 27th, I found myself with twenty-one others standing in the rain on the steps at the main entrance to St Dymphna's. I remember thinking to myself, "What am I doing here?!"

We made our way by foot to the VISUAL Arts Centre, the rain still pouring down, where Tony McLoughlin, who was our gaffer on the job, explained what lay in store for us for the next nine weeks. Essentially, what were going to be doing was producing the oars for the boat; to be carved out of rough pieces of 2 x 2, straight-grained white deal, nine feet long.

Despite not having undertaken any woodwork since 1978, I found myself eagerly looking forward to the Wednesday mornings at the VISUAL centre. What really impressed me

was the way everybody worked together, people from different backgrounds helping each other, encouraging each other in a friendly atmosphere. It was freezing in the big gallery, but the camaraderie of the team, not to mention the frequent cups of hot tea, kept us warm.

Paddy Kelly and I worked together throughout the process and built up a mini production line when it came to varnishing the oars. We became good friends, indulging in the odd trip to McDonalds at the end of the day.

Thanks Paddy.

The project showed what can be achieved when a group of individuals, in most cases complete strangers at the outset, pull together in the one direction to achieve a final goal. At the end of the day, working as a team is about being helpful and not assuming you are better than others.

To me, the entire task was thoroughly enjoyable, friendships were formed, laughs were plenty and, at the end of the day, this boat and oars are ours!





Mattia Casalegno, "Sounds of complexity", EEG-based media, 2003.
Screenshots by LanVideoSource.

CREATIVITY & THE MIND

A Presentation given by Erik Thys in VISUAL, Carlow.

I would like to put together some thoughts about psychosis, creation and the human mind. I don't know if all the ingredients that I will use can be mixed in a legitimate way, but I will try to make something digestible out of it. I would like to start with the idea that everything that we perceive, remember, or experience, is essentially a construction, and in that sense also a creation. After all we have no direct contact with reality, with the outside world, even though we seem to sit right in the middle of it. Indeed, the light that we see doesn't shine directly into our brains and what we feel, hear, smell and taste doesn't flow directly into us either. All these experiences, however intense, specific and different they may be are transformed into the same kind of nerve impulses in our brains. These nerve impulses are so similar that they are even interchangeable.

I would like to give you a few examples. The simplest is the following: if you close your eyes and you push on your eyeball, you see flashes. The pressure is converted into impulses in the nerve cells of the retina so you see something without any optical stimulus.

A stronger example of the convertibility of information at the neuronal level and ultimately at the experience level is this.

An American neuroscientist, who died a few years ago, found a way to see with the



Paul Bach-y-Rita

skin. It works like this: a camera is attached to the head and subsequently the images of the environment are transferred to the skin through a kind of grid that transforms each image pixel into a little push. The grid with small vibrators that the man holds in his left hand can be attached to the stomach or to the back, but also on a finger or on the tongue, which are much more sensitive. This is the type of picture you get (see below). If you are then blindfolded, in no time you will have a visual experience. You can walk around, recognize objects and handle them, even catch a ball. The skin is a two-dimensional sensory organ (the retina is as well by the way). A visual experience is not what we intuitively think it is, it is a creation that has nothing to do with the perception of light...

Application of the device to the stomach, the back, a fingertip and the tongue

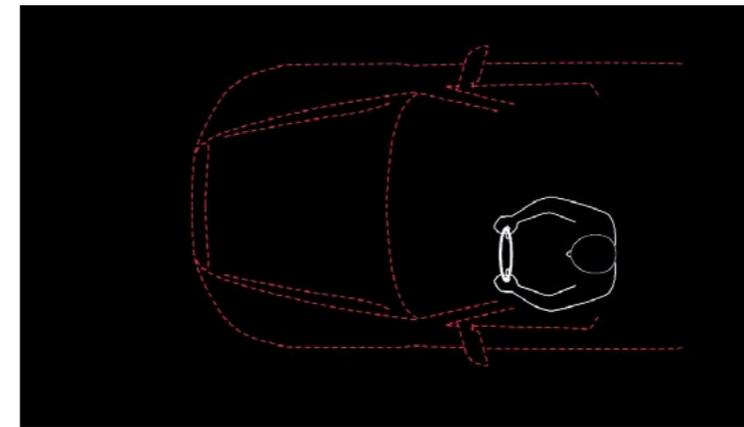
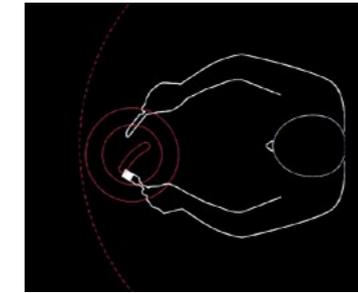
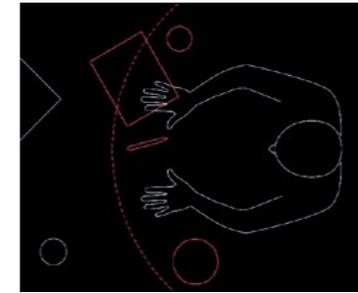
I don't mean to say that an experience, that our personal, subjective experience is to be reduced to these nerve impulses even though there is absolutely nothing else that underpins it. It is probably even impossible to filter something meaningful out of the chaotic discharges in our brains.

This seems contradictory, but this paradox is clarified with an example from Richard Dawkins. He suggests, somewhat Jesuitically, that things should be explained on the level on which they can be explained. Take a calculator.

If you have a number divided by zero ERROR appears. Well, it is quite impossible to explain this based on the electrical impulses in the circuitry of the calculator. The ERROR phenomenon can be explained by the rules of mathematics, and the calculator is designed to obey by these rules. The regulation of the calculator, and maybe our mind as well, lies at a different level than the lowest one, although this is what it is based on. This brings us in the difficult, counterintuitive world of top-down and bottom-up causation, which entails many physiological but also philosophical questions.

I just said that we have no direct contact with reality, which essentially we cannot know.

The statement that we cannot know the world somehow also implies a separation between reality and ourselves, between the outer and the inner world. But actually, there is no reason to believe that we could have a direct contact with the inner world, with ourselves. What part of ourselves would have contact with what other part or can this be elucidated? Until we have better explanations, it seems a good working hypothesis that what



Peripersonal space

we experience from both the outside world and the inner world is a model, a simulation, an embodied simulation as they say, and something with only a relative reliability. And, this is rarely pointed out, the boundary between the outer and the inner world is also not more than a model, a hypothesis, a simulation. Indeed, there are good reasons to believe that this boundary is not as sharp as we feel it intuitively, which has implications for who we really are. On one level it is a rather trivial fact that we interact much more with the outside world than we realize. In our brains, we have different body maps that correspond with our bodies, just think of the homunculus of Penfield, here in an artistic version by the artist Mathieu Mercier.

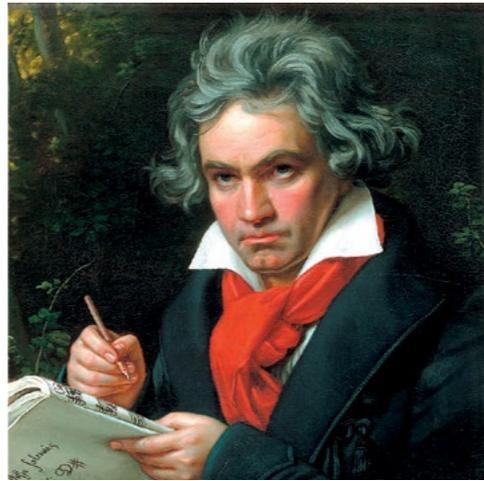
But there are also body maps that correspond to the space around us, called peripersonal space.

We are very attentive to everything that is literally within reach, e.g. this glass of water, but also for whatever is within our reach through extensions of our bodies. For example, fork and knife, through which we have an almost tactile contact with the food. Or a car, whose body we almost feel when we park; at that moment we are united with the car. This is consistent with the concept of the extended mind, namely the idea that things outside ourselves make up part of our minds. Still on a somewhat trivial level, you could say that our thoughts, feelings and experiences constantly rely on some type of external scaffolding, as neuroscientist Andy Clark calls it. He also sees language as external scaffolding. Language is probably essentially something different than we think it is. It is probably much closer to perception and action

than we intuitively think, even in the most abstract use of it. According to the idea of external scaffolding there is no fundamental difference between the appointments in the calendar of someone with a bad memory and the appointments in the head of someone with a good memory. This somewhat mechanical view reflects the contemporary lifestyle with all kinds of devices, like mobile phones and computers, which are extensions of our bodies and minds.

But I think the idea of the extended mind can be interpreted much further. I think the most profound and yet least conscious blurring of the boundary between inner and outer world happens in the social field. We are social animals par excellence and we influence each other much more than we think. A walk through the city with a friend or alone are two very different experiences. We constantly empathize and I do not mean that necessarily positively, we mirror, who knows with mirror neurons, we imitate. In our heads are hundreds of other people, of whom we repeat the sentences, feel the mood, imitate the attitudes and so on. And although I believe that absolutely nothing else underpins all this than nerve cells, the result of this extended social mind is, much more than we think, a kind of collective unconscious. Subjectively we feel like we are sitting alone in the cockpit of our private plane, but in reality we are on a crowded bus, perhaps without a real driver.

The Dutch neurologist Dick Swaab has written a popular book "We are our brains". I don't agree with this, not because I think he is wrong but because I think it is more accurate to say: "We are each other's brains". Maybe I'm becoming too soft here, but I



Ludwig Van Beethoven,
Symphony No. 6 in F major
Op. 68, 'Pastorale', Berliner
Staatskapelle, Daniel Barenboim
(played during the presentation)

Robocop, Paul Verhoeven 1987



think such a concept of the human mind comes close to what used to be called soul. The soul is something that doesn't completely coincide with the brain or the physical body, the soul transcends this and it overlaps, it melts with the world. Moreover, traditionally the soul is considered to be immortal, and actually that is partly a feature of this approach to the extended mind. Many souls get lost completely, but some survive through the centuries.

While listening to his music, you can experience here and now something of the experience, the spirit, the soul of the great Ludwig. We experience that old soul together now; this is already an example of how art can realize these kinds of connections. But not only do we have an illusory impression of a clear boundary between the inside and the outside world, we also have a false impression of being very constant through time, forgetting about the continuous osmosis

between ourselves and the environment over time. A popular subject of discussion is the so-called mystery of good people who change into violent monsters during the war. But if we make abstraction of the illusion that we are stable, sharply defined personalities, then such a phenomenon may not be so puzzling.

Consciousness, says the German philosopher Thomas Metzinger, is like a tunnel through which we explore the world. According to Metzinger's view, consciousness is nothing but the appearance of a world, at the same time creating a separation between the inner and the outer world. Each morning upon awakening the consciousness machine boots up, something like this.

You saw the awakening of Robocop in the subversive movie by Paul Verhoeven. An interesting detail is the arm, does it belong to the Robocop or not? Are my arms my property? Would my amputated arm still be my property? I am reminded of the



Lost Highway, David Lynch 1997

psychotic patient who saved all his cut hairs and nails because they were a part of him. That our arms belong to us is actually illusory evidence. The appropriation of body parts, but also of movements we make, of things we say, even of our thoughts, may also be a construction. Ascribing things either to oneself or to the outside world is probably a very old mechanism, it is necessary for an organism to function. An animal must know whether it is moving by itself or being moved. A person should know if he hears his own voice or that of someone else. And indeed, psychotic people often have more difficulty distinguishing mine and thine. The most radical and mysterious example of this is thought insertion: the feeling that some of your thoughts are not forged by you but by someone else or even something else. This single psychotic symptom puts all apparently evident self-awareness upside down and raises many questions. Apparently, our thoughts are

not automatically ours: a thought is thought by some thinking instance, and at the same time reviewed by another thinking instance. In this sense, Descartes' *je pense donc je suis* is an overly simple view that takes the subjective, deceptively homogeneous and autonomous perspective for realistic evidence, even uses it as a foundation for everything else. The British philosopher John Campbell believes the psychotic phenomenon of thought insertion forces us to rethink the way we think. For instance, he does not agree with what Wittgenstein says about pain, namely that you cannot say that you know you're in pain, but you can only have pain and the knowledge lies within this. But you may know that you're in pain, just as you may know that you are in love.

That all this can be disconnected in a psychotic patient again shows that we are less uniform and unambiguous than we experience ourselves. So our position in the world is more

American Beauty, Sam Mendes 1999



fragmented, more porous and less defined than we think, and certainly not neutral or objective. Whether we want to or not, whether we know it or not, we are fascinated and driven by things that seem meaningful, in other words by salience, by what is useful or dangerous. We are not neutrally open to the world; we are constantly searching and evaluating. But striking or meaningful is more than just useful or dangerous. Perhaps it essentially means not trivial; not foreseen by the virtual prediction machine that our mind is.

Salience is a kind of strangeness alarm, something we cannot be sure of. And this strangeness alarm is more sensitive in one person than in another. Especially psychotic people can be overwhelmed by increased salience. Nothing is self-evident, nothing is a coincidence, everything is meaningful. I would like to show this with an excerpt from a slightly more tasteful film, *Lost Highway* by David Lynch.

Actually nothing happens and yet this sequence is overloaded with meaningfulness. Everything seems equally important and equally difficult to grasp, everything seems to be connected with everything and with a great mystery. In a way it is unbearable and we yearn for a kind of conclusion, an explanation that dissolves the burning uncertainty.

So you can imagine that any certainty, any useful knowledge in this feverish confusion, in this undirected fascination, will provoke a kind of aha sensation. The feeling of certainty, of knowing is something special. It is a kind of colour, a label for thoughts and concepts when they are upgraded from possibility to certainty. It is nothing more than a feeling, because we know all sorts of things that are not much more certain than others. We know that the earth revolves around the sun, with as much conviction as people used to know the opposite; we know that we saw a red car this morning but we also know that our

memory is not perfect; we know that we are in pain; we know that we are in love. We know that we have found a solution to a problem. This aha sensation, this eureka moment, this explosion of knowing is as close to psychosis as it is to creation. If Archimedes crawls out of his bath and runs naked and screaming down the street; this is a sublime combination of creation and mania; a synergy of a new idea; a solution to the mystery; a psychotic click from the musings of hypothetical thinking to being certain; and an hypomanic state of euphoria, agitation, disinhibition, and even exhibition, in the case of Archimedes.

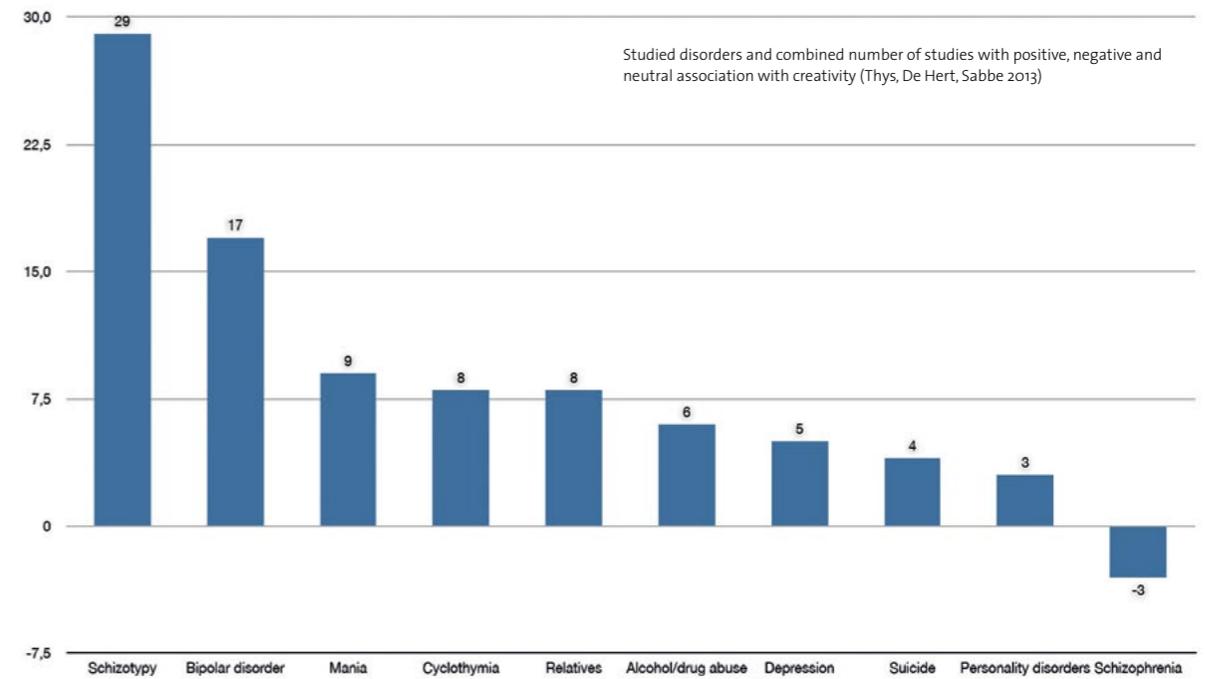
I have followed a slightly divergent way around my subject but I wanted to show you how psychosis, hypomania and creation are related to each other and how they are grounded in mechanisms that are very natural: the blurring of essentially artificial boundaries between the inside and the outside world, a different tuning of the salience mechanism making things seem more meaningful, and a convoluted way of thinking that turns into a knowing.

Of course there is more to successful creativity as an artist, a scientist or a thinker than just a spark of ideas, such as energy, social skills, ambition, etc., but this thinking style and sensitivity related to psychosis and bipolar disorder seems to be a fundamental condition. With that in mind, I started looking for more answers in the quite disparate literature on the relationship between creativity and psychopathology. It was a difficult search through thousands of articles.

It was at one time very discouraging because research on the link between creativity



Some of the many papers on creativity and psychopathology



Studied disorders and combined number of studies with positive, negative and neutral association with creativity (Thys, De Hert, Sabbe 2013)

and psychopathology is complicated by extraordinary methodological problems, of which the definition and measurement of creativity are the most basic. I must confess that I've come to doubt all this at a certain moment; that the link between creativity and psychopathology was only a fantasy, wishful thinking; or at least something that cannot be ascertained through scientific research.

And yet when I put everything together, all the available but imperfect evidence, and simply added it up this old idea re-emerged from the data, namely that creativity is associated with intrinsic and genetic susceptibility to psychotic disorders and mood instability.

This does not mean that all people with schizophrenia or bipolar disorder

are creative or that all creative people suffer from schizophrenia or bipolar disorder, for we know that this is not the case. The pathologies most frequently associated with creativity are schizotypy and cyclothymia, i.e. the milder forms within the schizophrenic-bipolar continuum, surrounded by family members who have more severe or debilitating symptoms.

That is also what is shown in the recent, huge study projects by the Swedish researcher Kyaga.

This means that schizophrenia and bipolar disorder seem to be in some sense the price humanity pays for that unique feature of creativity, it also means that our patients are carriers of something very special and valuable. Creativity is not a trivial thing.

Look at all the things around us, the museum building, the beautiful works of art inside, this beautiful city, the clothes you wear, this pen, this microphone, but also the democracy we live in, the philosophical inspiration that guides us, even the words we speak, they have been created by creative people. Some of these things, like the works of art, were even created by a single person. Not by commissions, not through rational decision making, not through evolution, but through the special creative talents that some people have. What if these people, who created our world, were more vulnerable for psychiatric disorders and that both phenomena were intimately related? Some of them were very ill, like Vincent Van Gogh, Vaclav Nijinski, Syd Barrett and John Nash, but they left a very valuable heritage. Some of them had very ill family members, like Albert Einstein and John Kennedy.

So this subject is not fantasy, it is not an interesting but unimportant topic; this is something fundamentally human that deserves great attention and care.

I want to conclude with a sharp quote from the American psychologist Kay Redfield Jamison. She is a bipolar patient herself and the author of numerous publications on bipolar disorder and creativity:



The continuum of schizophrenia, bipolar disorder and normality and the place of creativity

BJPsych The British Journal of Psychiatry (2011) 199, 373-379. doi: 10.1192/bjp.bp.110.085316

Creativity and mental disorder: family study of 300 000 people with severe mental disorder†

Simon Kyaga, Paul Lichtenstein, Marcus Boman, Christina Hultman, Niklas Långström and Mikael Landén

Background
There is a long-standing belief that creativity is coupled with psychopathology.

Aims
To test this alleged association and to investigate whether any such association is the result of environmental or genetic factors.

Method
We performed a nested case-control study based on Swedish registries. The likelihood of holding a creative occupation in individuals who had received in-patient treatment for schizophrenia, bipolar disorder or unipolar depression between 1973 and 2003 and their relatives without such a diagnosis was compared with that of controls.

Results
Individuals with bipolar disorder and healthy siblings of people with schizophrenia or bipolar disorder were overrepresented in creative professions. People with schizophrenia had no increased rate of overall creative professions compared with controls, but an increased rate in the subgroup of artistic occupations. Neither individuals with unipolar depression nor their siblings differed from controls regarding creative professions.

Conclusions
A familial cosegregation of both schizophrenia and bipolar disorder with creativity is suggested.

Declaration of Interest
None.

Study projects by the Swedish researcher Kyaga.

I work in the UPC (University Psychiatric Hospital) of Kortenberg (part of the University Hospital of Leuven) and in PSC St Alexius in Brussels, a small hospital exclusively aimed at psychotic people, of which I'm the medical director.

In Brussels, we do a lot of artistic work with the patients within a specific organization, called KAOS. There, the aim is not therapy or destigmatization or any other hidden motive, it is to support artists to do their thing, to organize shows, cover the logistics, make contact with other organizations and initiatives. Some of the artists are patients, some are not; everyone chooses freely to come out or not.



A collage of people typically figuring in "famous bipolar" lists

“Genetic testing for bipolar illness is inevitable. Increasingly sophisticated prenatal selection techniques will give new options to those at risk for passing on the illness. This may result in the unintended consequence of selecting against potentially beneficial variance in cognitive styles, drive, risk-taking and temperament.”

(Jamison, 2011)



“Today Panchaea can symbolise a new key, a key that opens up opportunity, builds hope, showcases talent, and is inclusive of all.”

MENTAL HEALTH

Willie Hackett, Clinical Nurse Specialist Family Therapy.

Mental health impacts on people and their families in many ways. Along with dealing with the symptoms of illness, people experience feelings of loss, fear, uncertainty and isolation. A loss of hopes and dreams, a loss of how people imagined life might turn out for them and their family member. When mental health visits people's lives it can bring fear and uncertainty about the future, and often a sense of isolation from the local community, and life in general. Mental illness is about the journey of recovery for people. Recovery is more than the absence of illness, it is about life and rebuilding the balance that is essential to us all. That balance is about productivity, self-care and social interaction. The Panchaea Project helped to provide that balance. Throughout the project, productivity and hard work were in abundance as participants worked at all the aspects of the project, including self-care and personal interest. As they chose to be part of the project they brought their own skills, took ownership and personal responsibility while rekindling old interests. Panchaea was all about interaction from the outset. This continued throughout the workshops and culminated in a wonderful social occasion at the launch of the public exhibition.

For families, Panchaea brought a sense of pride, re-introduced hope and decreased fear of the future. Families always knew of their loved one's potential, knew that their family member was much more than the set of symptoms that came with the illness. To experience the community visibly looking at their loved ones' talents in a public exhibition brought a great sense of pride, love, hope and optimism to families.

The Dolmen Studios in St. Dymrna's Hospital is now the permanent home to the work produced in the Panchaea Project.



PROMOTING THE DEVELOPMENT OF THE RECOVERY APPROACH WITHIN AN ARTS PROJECT.

Alice Cox & Carmel Keegan. Dolmen Studios & Gallery.

Developments in the Irish Mental Health Services are largely due to the mental health philosophy, legal and legislative commitments along with public influence for change. Significant change in treatment followed national policy documents such reports as Planning for the Future (DoH, 1984), Shaping a healthier future (DoH, 1994) Quality in Mental Health-Your Views (DoHC, 2005) and Vision for Change (DoHC, 2006). The Expert Group in Mental Health Policy - A Vision for Change (DoHC, 2006) is the governments' national strategy for mental health which highlights the importance of recovery and details an inclusive model of mental health service provision for Ireland (HSE, 2012). The Mental Health Commission (MHC) was established in 2002, pursuant to the Mental Health Act 2001 (DoHC, 2001). This policy document, "A Vision for Change", 2006 remains the most progressive and inspiring piece of mental health policy. If fully implemented the Irish Mental Health System should stand tall and proud. However this recovery led model as envisaged by the Vision for Change requires continued mental health reform to achieve International best practice (MHR, 2012).

In December 2005 the MHC issued a discussion paper 'A Vision for a Recovery Model in Irish Mental Health Services' inviting all the stakeholders including services users,

advocates, carers, mental health professionals and voluntary organisations to share their views and hopes with MHC. It details six key pillars of service development which include leadership, person centred and empowering care, hope inspiring relationships, access and inclusion, education, research and evaluation (MHC, 2008).

What you should expect from a good quality mental health service in a recovery-orientated model are the five key building blocks to include hope, listening, choice, partnership, social inclusion (MHR, 2013). It's prudent that the use of language can either be caring or detrimental to the process of recovery. A recovery-based approach should strive to use language that supports recovery rather than illness based language. Barriers to recovery can often be a greater challenge than the illness itself. Advocating through the recovery ethos can inform public attitudes and promote recovery (NMHCCE, 2010, MHC, 2008).

The Carlow mental health service demonstrates a commitment to implement the recovery model by translating recovery principles into practice, supporting the change process and building a partnership of support (Healy, 2011). The development of the recovery approach through project work in the Dolmen Studios strives to promote and develop the supports necessary to allow

individuals live their lives to the greatest. It demands a change in the attitudes and behaviours of everyone involved in providing support for its service users. It demonstrates hope, offers motivation, facilitates peer interaction, supports social culture and recognises individual and holistic approaches (Schrank & Slade, 2007).

The service promotes ongoing involvement with, Advancing Recovery Ireland (ARI), Service Users, Carers, Voluntary Support Groups, Wellness Recovery Action Plan (WRAP) using key recovery concepts such as hope, personal responsibility, education, self advocacy and support (Copland, 1995-2013). The Irish Advocacy Network provides peer advocacy, support, choice and information. A representative attends regularly and actively engages service users with support. The project strives to empower service users, family, carers, based on a partnership model of care and treatment. It helps individuals learn, understand and cope with their mental health difficulties. It recognises strengths and limitations, to draw on supports/coping to manage stressors within a Stress Vulnerability Model and framework (Zupin & Spring, 1977, Neuchterlein & Dawson, 1984). It understands recovery is a personal journey as defined by the individual in *A Vision for Change* (DoHC, 2006). Schrank & Slade (2007) argue recovery is more than a collection of symptom remission/normal function (brief psychiatric rating scale, Gorham (1962), but includes developing skills while managing mental health difficulties together with a valued occupational role in their community, that is in keeping with the service users movement.

The person's private and social concept of recovery has its roots in the service user/

survivor movement. Deegan (1988) places huge importance in the concept of hope, as it was a necessary component that inflamed her recovery pathway. Analysing those around her deal with their illness while she struggled to cope, when she came to understand hope is the essence of recovery. Higgins (2008) captured the common issues of service users in narratives that described their individual journey of recovery through the petals of mental health recovery including hope, positive self image and identity, spiritual connection, relationships, trust in self, self-determination, meaning, voice, confidence and control, personal resourcefulness.

In February 2012, The Carlow Mental Health Services, South Sector Multidisciplinary Team considered a proposal to participate in a public art work called *Panchaea* (2013) commissioned by Carlow County Council. Its aim was to work with service users to explore isolation and stigma through the medium of art. Collaborating with voluntary sector organisations and employing support specialists promotes hope and recovery to the service user within a safe supported environment. Mental Health Reform (2012, pg11) believe 'Implementing recovery-orientated services requires both structural and cultural change. It's about visibly demonstrating the values as well as working from a recovery mind-set'. By creating a culture of empowerment within Mental Health Services, Dolmen Studios strives to give service users the best chance to achieve their goals of recovery.

The recovery model supports a personal recovery framework, which offers hope, self-identity, meaning and personal responsibility for ones own life. The purpose of group activities is to support individuals to re-engage in determining their own future.

All service users in the Dolmen Studios are linked to the multidisciplinary team (MDT). According to Mental Health Commission (2006) team working offers benefits to both service users and the mental health professionals with access to a range of skills and quality treatment that delivers safe and effective care. Mental Health Recovery (2013) suggests a recovery plan is based on individuals' needs, which could include access to a key worker on the MDT or access to other professionals such as counselling, psychological therapies, social issues, benefits & housing among others. If needed and with agreement could be linked with community supports, education programmes, opportunities to work with families and carers if desired. Relapse prevention education is supported and if the service users are discharged from mental health services have the appropriate information and contacts to re-engage if necessary.

A variety of tools and sources were available to help participants record their own narrative. A ghost-writer was on hand. While some service users worked well in this way (Services Users Narratives, 2013), others found looking at their story through a collection of images supported them tell their story without using supportive text. Capturing moments through images became a powerful trigger in the reflective cycle. Many of the images captured throughout the project encapsulate the detail, emotion, friendships, happiness, contentment and hope of the participants. These images were used to help individuals and group members in reflective and timeout sessions (Images on display Dolmen Studios & Gallery 2012-14). The use of the Jelly Baby Tree (JBT) as a tool to capture people's stories was supportive. It

was an invaluable debriefing/feedback tool that supported individuals to articulate emotions or moods, available supports, coping mechanisms and how they worked within a project on any given day. The tool facilitated the process of good communication and feedback that fosters healthy communication to improve self-esteem and confidence (UK Grad. 2003). Dolmen Studios promotes helping participants feel safe while encouraging active participation, promoting peer support and making sure participants have involvement, influence and control in their recovery plan (NSUN, 2012, Inspectorate of M.H.S 2012, M.H.R. 2012).

Skills are an essential part of an individual's interaction with the environment and form the basis of performance, behaviour, cognition and social interaction. Skills are acquired by development, learning and practice. Mental illness can damage person's skills in many ways, causing difficulties to manage at varying degrees. Use of activities, group work such as arts, crafts has a role in enabling the individual to recover, adjust or acquire skills. Teaching skills and routine sets of behaviour to allow individuals work in community settings (Creek, 2003).

The Art exhibitions provided a platform for individuals to showcase their skills to family, friends and community while encouraging the individual's motivation, confidence, creativity and recovery (Exhibition of participants work in VISUAL Studio Gallery 2nd February-21st April, Dolmen Studios & Gallery 2013-2014 – Individual Narratives, 2013) Dolmen Studios continues to engage service users in project work moving onto a new phase in the recovery journey. We are grateful to the Carlow Arts Council who facilitated the arts project and gave invaluable support, recognition and funding for the project.

My name is Bearnard

I first got interested in art when I started painting with acrylic at St. Dymphna's last year.

I was talking to Alice Cox and she suggested I might be interested in helping to build the boat at the VISUAL arts centre. When she first told me the plan, I thought it was a cock and bull story – building a boat! But I said to her, "Of course you can include me."

It worked out well for me anyway, because I used to play golf on Tuesday and I was fed up with golf, I wasn't even able to hit the ball out of my own way. So I went to the lad's house I play with and I said, "Look, I've got a job building a boat, and I can't play golf any more."

It was amazing but as people got to hear about the project, they would say to me, "How's the work going?" I had not worked in years, so it was a nice feeling to have people asking me, "How are you getting on with that project?"

When we were planing the wood to make the oars, I got a loan of my father's plane, and they showed me how to open up the screw, take out the blade and sharpen it. I never knew you had to take the blade out to sharpen it. Simple stuff, but it was great to be learning.

Some of the lads would have had serious mental health problems – they were uncommunicative - but they were able to plane and sand, and be included. Everyone helped everyone. The project brought people together.

When it was finished, my father, who is in an old folks home, said, "You'll have to show me this boat."

So I drove him over and showed it to him. The little boat we had made looked grand floating on the pond outside the gallery.

It was a proud moment for me.





“Work as if you are living in the early days of a better society.”

A NEW ECOLOGY OF ART, EDUCATION, HEALTH AND WELL BEING

Professor Declan McGonagle, Director, NCAD, Dublin

Since we are now in a period of resetting expectations – economic, political, social and cultural – and not just in recession, it is important to look beyond the phenomena of this *resetting* in order to create a response in cultural contexts. We are in need of a ‘new economy’ in Ireland, and elsewhere, that is inclusive of social and cultural capital in ways that the ‘old economy’ was not; in effect, an ecology of interdependencies between social, cultural and economic capital. It is useful to have a working definition of cultural capital and, for me, it includes the arts, education, and health and wellbeing. This participatory project, centred on VISUAL combines all of these dimensions.

Any response to our current circumstances must involve all of these, so in *Panchaea*, we have a possible model, and the underlying principle is applicable to other contexts. What is required, generally, is new thinking and new understandings from which the new, necessary forms of production can emerge but also, crucially, new forms of distribution, experience and participation. This will take new competencies (in an inclusive culture) and education will provide those new competencies. And art and design, once released from simple ‘decorative’ functions, has a huge contribution to make to this, fundamentally, societal process where the ultimate gain is not just great art but a better society. I am reminded here of the advice to artists by the Canadian poet, Dennis Lee,

“Work as if you are living in the early days of a better society”.

The key to this, in my view, is to work without pre-determined formal outcomes but to have ‘situated’ process – a situated practice. The question for artists (and for art) is not just ‘here is my work, where will I put it and how can we get people to deal with it?’ The more effective question is ‘what is the situation, and what could be done in that situation?’ And situation could mean a white box gallery, the street, an hospital, an office or the public realm. The approach I am supporting here acknowledges and embraces the idea that art is only called into existence – whatever forms it takes – through a shared agency in the construction of meaning, if not manufacture; an approach that is selfless rather than selfish. Negotiation, transaction and communication are key to this approach as is a sharing between self (of the artist) and ‘other’ in the making of meaning and value.

It is this that creates empathy. And, that, in my view, is what art is for. Art has been present in human society, for as long as we can measure, because it creates empathy. This is not sentimentality. Empathy means seeing self in other and this process is literally vital, as without empathy we do not have society. We can no longer expect this to be provided by politics or by the ‘old economy’ model – a model that is now hiding a concerted attempt to create a ‘small state’ behind the concept of the ‘Big Society’. It is very clear that a number



of aspirations; considered not only desirable but essential, in what used to be called the 'post-war consensus' in Europe; have been abandoned in this period. The aspiration to attack, and not just manage poverty; to pursue full employment; to provide access to 3rd level education and therefore social mobility; to provide healthcare – free at the point of use – and, interestingly, to provide for the arts at arms length from Government are no longer at the centre of the party political processes in these islands. I believe that cultural space is the only space where those relations, based on reciprocity and respect, can now be nurtured.

The value here lies in creating a model of selfless art(s) practice in given situations. It is only out of such new practice, in new situations, that the new forms we will need in the future will emerge; new forms of production, of distribution, of experience, of participation and of validation. Elements of this have been underway for some time but must be understood beyond the historical model of community arts. There is widespread evidence of artists reconnecting with lived, societal experience but it is only those whose

works embody, rather than simply re-present those relations, who have, in my view, the potential future in their hands.

It is also clear that out of a situated process new institutional forms can also emerge that will have to combine the new thinking; required anyway by the associated thinking of digital technologies; rather than the linear thinking of traditional media, necessary in arts/culture, education and in the health environment. It is a fundamental shift from forms of institutions and of practice that purport to 'hold' value in a single powerful setting to a model of sharing value, essentially a shift from sites of pilgrimage to dispersed service and participation.

In art, I would characterise this as a shift from working and understanding in one dimension, to working and understanding in four dimensions. Historically we have a model of value of art and of artist, operating in one dimension based on the idea that value lies in a mysterious act of production; something replicated in education where the focus is on skills-only acquisition and where value is 'made' in the studio by a sole, genius producer. The pretence then, is that what happens

Launching the boat.



Process photos from boat building in VISUAL.

beyond the studio is of no real concern as the 'work speaks for itself'. This is a powerful - but only relatively recent - historical model of value of art and artist.

Then there is the two dimensional model, which understands and accepts the role of the gallery, of exhibition and of distribution. That is, actually, where critical and financial value is attached to artworks and conferred on artists. The two dimensional model, at least, acknowledges the process of studio to gallery. Over the last few decades we have had another model of practice develop around 'public art' representing a move from the gallery into the public domain, reflecting, I believe, an appetite for a reconnection with unmediated, lived experience and a three dimensional model of practice and understanding.

However, the failure of most public art is that it mostly maintains the 'selfish' model of practice, of the artists retaining sole agency in the making of meaning. Public art projects may embody a change of location, from gallery to street (or roundabout) but rarely a change of ideology around the agency of the artist.

Then we have the model of practice I am recommending, the four dimensional

model, that contains all of the possibilities of other models but is understood as a field of relations within which models of practice; definitions of artist and non-artist; situations; and shared agency (including traditional and non-traditional approaches) in negotiation make meaning and value. The four dimensional model does not start with 'form', i.e. 'here is my sculpture, where will I put it and why doesn't the public understand it?' It starts with purpose and situation. This takes us beyond the inherited questions about what art is to questions about what art does, whatever form it happens to take. This includes all the possibilities of working in four dimensions, as artists, as curators, as administrators and as educationalists. It means working in the space where all other models interact, transact, negotiate, share knowledge, and value and share agency in making meaning and value.

The potential visible in the Panchaea project - and I am discussing it here in a setting where art, for healthcare/wellbeing is the potential that comes from thinking and working in four dimensions.

Declan McGonagle has been Director of the National College of Art and Design, Dublin, since 2008. Prior to that he directed Interface Research Centre at University of Ulster [2004 – 2008], dealing with issues of art, design context and contested space. He set up and directed the Civil Arts Inquiry at City Arts Centre, Dublin [2001 – 2004], and was the founding Director of the Irish Museum of Modern Art [1991 – 2001], following periods as Director of the Orchard Gallery in Derry and Director of Exhibitions at the ICA in London in the period 1978 – 1990.

He has been Chair and then a Board member of the Liverpool Biennial [2001 – 2009], and directed New Necessity, the First Tyne International in Gateshead/Newcastle in 1990/1. He has served on several State advisory bodies in Ireland and was shortlisted for the Tate Gallery's Turner Prize [1987] as well as serving on the jury [1993], also the juries for the Jerwood Painting Prize, London [2001] and the first Artes Mundi Artists Award, Cardiff [2002]. He was Ireland Commissioner for the 1993 Venice Biennale and the 1994 Sao Paulo Biennale and served as a member of the broadcasting Council of Northern Ireland and the Healing Through Remembering Project in Belfast. He is a Contributing Editor of Artforum, New York and a member of the International Advisory Panel of Engage, London, and was also a Board member of the Derry/Londonderry City of Culture 2013, having chaired the interim Board. He writes, lectures and publishes regularly on art, museum/gallery policy issues, and curates exhibitions with a focus on the relationship between art/artist and society.

Image by Emma Finucane.





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