

## **Health and Art: a dialogue of provocation.**

Faced with the need to build the question of art and health, understanding from the beginning these two terms as already given, already present among us in somehow, it remains to try to start with what has been done and how the connection between them has been established.

In order to identify the field of experience, it will be necessary to delineate the general determination of the terms "health" and "art". The first one has the characteristic of being unthinkable without its mate, the disease. Somehow, implicitly or explicitly, health brings illness within itself, and this last one makes it possible to identify the first. The dominant mode of discourse, at this time, is the science of health. As science turns towards the transformation of nature, in a similar manner as it is intended to produce goods, dropped his gaze to what is a problem for women and men. Health, as a way of being, is ever reached by the look of a science like this, but as the rest that remains between diseases, ie between problems. The dominant discourse speak, then, of the disease, then talk tangentially about health. The term is thus contained in two determinations: as part of a dominant discourse turned to control things as rest between diseases.

About art, as we indicate greats genius (1), we must ask what is displayed as art. Head towards the artwork. What appears is an object being in our consciousness as art object, and which is very important, being an artwork only when appears as such for us. The art work can only be as a part of an artistic experience: while viewing a drawing, performance or dance music, at the precise moment when the narrator touches us with his words. Then it will be only things: instruments, paintings, books. All the works have in common a certain result from human activity. The art works are the result of an intention that seeks an artistic experience, and are also the product of human labor, perhaps the most human expression--more creative-- kind of work. The question of the essence of the artistic experience in itself takes its own course. Suffice it to say that the artistic experience is a provocation: a novelty that must be assimilated entirely. Not supported reasoning, it cannot with mere perception (who cries during movies probably knows about this), not given as landscape or every day (2). Appears, complete, before us, from us. Art experience opens in the world, what was closed in itself. Art will be determined, in these reflections, for its appearance as a work of human activity and as an intention of artistic experience.

The way I present here the terms health and art, doesn't intent defining for once or remain closed in the following analysis, but to characterize them in their general way of appearance, in its determinations, in order to guide the construction of the question.

### **The method**

Being aware, on the one hand, that common wisdom is the presentation of the

relationship between art and health as fundamentally positive, even without a plethora of thoughts upon this judgement, and on the other, the great production about each of the terms individually, is rigorous requirement the description of the method that best promises to reveal this relationship.

That art and health are "good" it goes without saying. While it has been treated with varying degrees of rigorous by the representatives of arts and health sciences, remains among us the rationale, the description of what and how, decidedly fragile, elusive. Almost in the repeat mode: art and health get along well. In part, the difficulty in thinking this link comes from the polysemy of terms, polysemy which states that the way to understand health and art is political. There is an intentionality that transcends and is related to the way in which we understand the values and the very reality of the human.

There is, then, intentionality in the ways that something about the relationship between art and health is stated. This will be displayed in multiple experiences, some of which will be made accessible. Because this relationship we studied is not limited to art-wide scale health projects, but occurs in all aspects of existence: music calms our anxiety after a difficult day, furiously hitting the keyboard may be the best way to channel discomfort, and-the queen of all, usually forgotten-- dance will convene millions, on weekends, to open ourselves to others. There is usually no reflection on this. Almost no one stops to think about the real benefit that can get --let's say: for health-- to perform any of these activities. We just do it as the most natural thing on the world.

Other experiences, more projected, become accessible through its own description. A gallery of art works, the papers published by researchers, specialized books and newspaper articles give us the intention, the contents of this relationship in its political nature. While not correspond to all the experiences, those that by their nature of communicable and projected appear before our eyes, constitute the most solid basis for thinking the way it has built the relationship. However, unraveling the political intention behind the way of understanding art and health, will require a thoughtful approach, asking about the meaning of each aspect of that which is presented as an experience of the relationship. From this perspective, the approach is phenomenological and will focus on some of the stories of experiences in the extent that they are illustrative and provide asking. This work, then, is an approach to the question of art and health and by no means a picky inventory of experiences.

### **The art of madness.**

*"For Plato, the artist is a manufacturer of images ghosts that divert the eyes of the citizens of true ideas, which can only be grasped by thought. Furthermore, passion stimulates the art, affections and emotions, such as joy, sadness or anger, which left unchecked can lead ultimately to war and catastrophe. The only art should be practiced by children, women, slaves or crazy, finally, only those who have nothing to lose." (Feitosa, 2004, p. 116)*

The relation between the creator --as the essence of artistic work-- and the madness is installed the speech of my own culture. Just have to observe the villains of the children fiction movies to recognize the connections between creative genius, misunderstanding, folly and wickedness. The villain is a misunderstood (a mad and fragile genius) because his gaze goes beyond the anonymous mass. If visiting the scenes of classic films of this genre, is likely to see how the villain violently interferes in the everyday world of women and men. We see their faces, devoid of emotion, slowly covering by the shade of some infernal device that comes to reduce them --between the laughter of the villain, a clear mockery of employees caught in their routine-- filled with excitement for the first time: women and men out of their reverie by the demented figure of the villain creator, and get filled up with fear.

The villain is an artist who extract from the earth a truth to show to women and men. That truth will be a provocation, an eerie mirror that will reflect what we have more in common, which is also almost always kept in concealment, conjured by culture. In the bottom of the mirror is the certainty of death. Each of us will die, that's the challenge of the villain artist, the threat to social order. The Platonic idealism conjures the artist, it makes it impossible to coexist in the order of the ideal city. Artists will be aliens, madmen, women, slaves. All those who do not belong to the polis. All those who do not have anything to lose. Society, the part who operates mostly on the anonymous mode, cannot include that one who is essentially there to provoke and move their limits, when limits is precisely what the social order is about. Art --discovering what is hidden and keeping open what is already opened-- opens, among all, the possibility of the inevitable end. The conscious discovery, at the scene of the menacing villain, of our own death as a certainty, ends with the territory of safety, shakes the boundaries of culture.

However, that same social order that excommunicated the artist will require him/her, and even sometimes paying great money for what he/she does. Art, like anything produced by human labor, is also appropriation, commodities. And the artist is nothing but a specially qualified worker who, for worse, usually does not even enjoy, collectively, the triumphs of an union's struggle. At least in most cases. While his works currently reach unconscionable values, Van Gogh suffered a life of intense pain, the last thing we wanted for someone who's suffering a psychic pain. His hand could open the Twelve Sunflowers, get the stars mad and make a pair of boots immortal; he could also slice his ear and this, beyond any juncture, it is not desirable for anyone. In the era of rock and roll, the musicians leave this world prematurely burned by the demands of the music industry. Janis Joplin, Jimmy Hendrix; and tiny local examples abound. Society claim the work of artists to exploit it as a commodity, but also because artwork is essential: it is in the design of their logos in national anthems, in their classic characters, in their most revealing stories. In turn, each player of that social order will claim their art as their own perception, as part of their identity. Each artistic experience will reveal an intention, a political perspective. It will open in the world, what was closed in itself.

Perhaps this portrait of the artist as provocateur expelled by a society which, in the intimate, craves for his provocations, resonates, as an analogy, in one of the first experiences of art and health. I mean the mental institutions, houses

that flourished in the eighteenth and nineteenth centuries, along with the birth of the clinical (3). From these early experiences, it becomes apparent an instrumental use of art techniques in order to correct, in madness, the deviations from the real. It was assumed that theater plays would allow the insane to distinguish, between fantasy and reality that music would calm their excitement and painting and crafts would help contain anxiety and sustain attention. For incipient health sciences art is a tool that can solve a problem, this is, a disease. At present, these approaches to art persist oriented towards the problems of excluded communities: The poor, the young, the insane, the addicts. Artists are invited to perform a work that is recognized, a priori, good for promoting health, which calms and contains, entertains and distracts. Also to the extent that it sells: sometimes patients' products from their work will be, directly or indirectly, merchandise. Artists in their condition of permanent expulsion, will use this in many different ways.

The concept of health that supports the scope of health sciences, makes health immediate and regularly invisible to its view. Health itself is closed to the approach of science because it is not something that can be intervened and controlled. As a consequence, art would not be linked to health, but to disease. It will become a therapeutic tool, work subsumed within the field of these sciences. Both the first and the most recent experiences are marked by this manipulation. I don't ignore the quiet efforts of many art and health workers of health to develop this relationship critically, but I'm trying to make a limit visible. And to make it visible is the necessary condition to provoke it. This limit is the denial that the social order makes of the work of art as discoverer (des-coater). Everything that is instituted in the social order will deny, in fact, any provocation; however, in the art, this des-coverage is total; when it is part of an artistic experience, it opens all possibilities and, within them, the possibility to die. From the ordinary landscape in which we operate, it may be difficult to understand the weight of this revelation, which means both, to reflect on our own death and on the infinite possibilities that are open, mediately or immediately, to each of us. At the gates of freedom, social mandates are moved. Perhaps, along the way, we crash against our own dream, but that dream will be real, it will be worth living it.

### **Otherness-art-resistance**

However, art and health workers have challenged these limits in various experiences. They are especially rich in the field of mental health, as it was developing in Latin America and Italy as the anti-asylums movement. With its best-known figure on Franco Basaglia (4), the movement is guided by the question on insanity, in a work of unveiling together with the patients, where subjectivity and the rights of "the crazy ones" start to being recovered. In this scenario, the coexistence with the stigma of madness appears with its fierce face, and it is one of the most elaborated aspects of the movement workers: otherness.

Otherness that appears, that gets des-covered and challenges. The limits of the asylum begin to fall as otherness starts to be questioned and, in this discovery, the artistic experience is essential. Thus, the formerly crazy ones can produce a radio program like the experience of "the radio broadcasts La Colifata" (5) in

Argentina, or get involved in an artistic action over an abandoned old building, reassigned to patients, in order to transform it into a full rainbow, in Fortaleza, Brazil (6). It is this otherness that refuses to go away, that resists and provokes. The paintings and drawings of these experiences of suffering give us back an open world as the Twelve Sunflowers by Vincent does. The dialogue between the diverse others seems possible only if the artistic experience opens up to the world. Otherness resists as an affirmative act of its own self, des-taking cover of itself, becoming visible.

### **The apparent evanescence of health.**

So far, we have the artistic work getting part, as a particular activity of the health work. But is it possible to think of a relationship like this, in all the pathologies that constitute medical taxonomy? Does art have something in common with diabetes, for example?

I have already said that health is ungraspable for health sciences. However, this has not stopped anybody from thinking and refining concepts. And these concepts have followed their own course. Concerning the discussion on the status of psychiatry within the medical sciences, in the 70s, a critique of the notion of health as absence of disease emerges. From that moment on, the concept of health will be subdued to form an equilibrium, a state, a process or a contradiction. In any case, each of these approaches, which characterized the major American currents, from Marxism to neo-systemism - focuses health on a time that is not the time of human experience, but the time of productivity.

Giorgio Agamben puts the idea of time between chronos-the linear, continuous, made of elusive moments in order to constitute infinite time - and Aion-the time of life, finite, always present, time to play and time to experience. Every society has these two times, in different measures, and the necessary rituals to structure human experience in some kind of productive chain. The subject who defines health in terms of time for production - the balance, or the state, or the process - can only be one who cannot make the experience as a whole: and that is the subject of knowledge.

If health is that thing which escapes from gaze of science, the subject of knowledge will never reach anything but a shadow. If being healthy is to move successfully into the world of the ineffable, the only one who will understand that way of being will be the one who can face the experience, the Aion's time, the concrete reality of women and men thrown to the world: a subject of existence.

From its initial evanescence I can say now that health, if cognoscible, it is so by an existing one. This existing one is fallen into the world in a way that is inseparable from his being, and this means --contrary to all solipsism-- that its own existence is possible only because she/he exists in the world. And in that world she or he will encounter things --entities-- and the others. These last, will both confront: the others showing the discovered things and safe ways of being, and the entities as they will dis-cover or hide. Culture, language, myths, ie: the specific type of society in which women and men "fall", will be their

"world". However, the existing being is constantly demanded, the others will expect things from him/her and she/he, moving in anonymity, will give himself/herself as expected. This is the mode of being of the passersby surprisingly caught by the shadow of the villain: the peaceful citizens. However, contrary to what these films show us, the peace of those citizens is fragile. Social mandates tend permanently to outperform the possibilities of every being already discovered, and when exceeded, deprivation arises.

In the ontological sense, deprivation goes beyond the possible relationships between entities --shadow as deprivation of light-- and involves a way of being in the world in which it is implicitly stated that something is missing. When the mandates of the world outweigh the concrete reality of a person, this person will be in a situation of lack of options that will constitute, ontologically, a disease. That this would be then marked in a particular way by medical science does not alter this character: medicine is simply a tool, ie an entity among many others that can use women and men.

From the reality of an existing one that moves in a demanding world that is shown and hidden, and from the repeated situations of failure to which it is subjected, we can just think of one possible kind of meaning to the term health. A sense that cannot be detached from the idea of searching options, des-coverage of beings, the opening of the world. An opening in the absence that will require to make present, mediately or immediately, all its possibilities. A way of being in the openness that will pull him or her out from the safety of the culture and throw him or her to overcome the disease, but also confront with the absolute possibility of his own death. The passerby stops, no longer surprised by the villain, but taken by anguish and then turned inward, asks about what is given-by the other to the extent that they have discovered the world for her or for him - and opens at his/her infinite possibilities.

To understand health not as a shadow but as will, we must consider the undiscovered as limiting the being and the power of that being to act --with others in common interests-- in order to open his/her possibilities. Health, while discovery and openness, is a strength in the sense that we saw earlier: a volitional action affirming the presence of diversity. But it is also a dangerous territory, health is a struggle that seeks to overcome the excess of mandates coming from the world and, therefore, is also a struggle against limits. It is how we plunged into the darkness of the occult and bring to light our own word, the one that accurately and beautifully name and say what we are.

## **Provocations**

In our society, the discourse on health is captured by science. However, this appropriation is neither apolitical nor lacks a framework of ethics. The scientific discourse on health is closely linked, throughout power relations, to everything that is exposed. The most obvious evidence of this is the imposition of ethical mandates by religions that scientists reproduce. The stem cell technology, therapeutic abortion, and so many others imply political positions turned to the question of life or identity, that are far beyond the realm of what can be explained by science. The rest, the judgment that finally reproduces the scientific institutions, is that of power relations: they say that homosexuality is

a disease, abortion is murder, the stem cell technology is heresy.

On the other hand, health, in its ontological sense, implying openness, is inextricably linked to art. Scientific thinking itself requires it to opening which allows the analogy, when formulating hypotheses of any experiment. Attempts of scientific thought, in the logic of health policy, will try to know reality and then act on it avoiding or minimizing the damage of the disease. However, health policies that claim to know the thing in itself, that only consider the knowledge that science grants keeping women and men who exist specifically in the anonymous, will be condemned to complacency. They will be unable to accompany the projects that foster social groups, from the opening of its possibilities, and will be blind to any new dimension on health problems, as it is seen in the difficulty of positive science to characterize addiction-- that exceed the fields of reference set by the subject of knowledge.

How can health and art be related? For the extension of this paper is sufficient one provocation: stepping out from the ordinary and the repetition is absolutely necessary both to overcome the lack that illness implies, and to any form of human creativity. Both --art and health-- are turned toward the same aperture, women's and men's infinite possibilities that appear on the horizon of their projects. Also, and is ethically to say, turned towards the dangers of fully existence. Health is not a bed of roses, but a demanding and dangerous territory; art bears the burdens of perennial exclusion. Why would anyone want to venture here? Are our dreams so beautiful? So much it worths?

## Bibliography

1. Heidegger, M. El Origen de la obra de arte. Fondo de Cultura económica, Buenos Aires, 2004.
2. Sartre, JP. Lo Imaginario. Losada, Madrid, 2005.
3. Foucault, M. Historia de la locura en la edad clásica. Siglo XXI, Buenos Aires, 1998.
4. Basaglia, F. La institución en la picota, Buenos Aires, Encuadre, 1974.
5. <http://www.frentedeartistas.com.ar/>
6. Liberato, M; et al. Arte, loucura e cidade: a invenção de novos possíveis. Psicol. Soc. Vol.25 no.2 Belo Horizonte 2013.