

## Symptomatic Strategies: Artistic Approaches Resembling Psychiatric Symptoms

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**Abstract :** This paper compares deviant behaviour in two different readings: 1) as symptomatic for so-called 'mental illness' and 2) as part of artistic creation. It analyses works of performance art in the respective frames of psychiatric evaluation and performance studies. This speculative comparison offers an alternative interpretation of mad behaviour beyond pathologisation. It questions the distinction of psychiatric diagnosis, which can contribute to reducing the stigmatisation of mad people. The stigma associated with madness entails exclusion, prejudice, and systemic oppression. Symptoms of psychiatric diagnoses can be considered as behaviour exceptional to the psychological norm. This deviant behaviour constitutes an outsider role which is also defining for the societal role of 'the artist', whose transgressions of the norm are expected and celebrated. The research proposes the term 'artistic exceptionalism' for this phenomenon. In this study, a set of performance artworks are analysed within the frame of an art-theoretical interpretation and as if they were the basis of a psychiatric assessment. This critical comparison combines the perspective on 'mental illness' of mad studies with methods of interpretation used in performance studies. The research employs auto theory and artistic research; interweaving lived experience with scientific theory building through the double role of the author as both performance artist and survivor researcher. It is a distinctly personal and mad thought experiment. The research proposes three major categories of artistic strategies approaching madness: (a) confronting madness (processing and publicly addressing one's own experiences with mental distress through artistic creation), (b) creating critical conditions (conscious or unconscious, voluntary or involuntary creation of crisis situations in order to create an intense experience for a work of art), and (c) symptomatic strategies. This paper focuses on the last of the three categories: symptomatic strategies. These can be described as artistic methods with parallels to forms of coping with and/or symptoms of 'mental disorders.' These include, for example feverish activity, a bleak worldview, additional perceptions, an urge for order, and the intensification of emotional experience. The proposed categories are to be understood as a spectrum of approaches that are not mutually exclusive. This research does not aim to diagnose or pathologise artists or their strategies; disease value is neither sought nor assumed. Neither does it intend to belittle psychological suffering, implying that it cannot be so bad if it is productive for artists. It excludes certain approaches that romanticise and/or exoticise mental distress, for example, artistic portrayal of people in mental crisis (e.g., documentary-observational or exoticising depictions) or the deliberate and exaggerated imitation of their forms of expression and behaviour as 'authentic' (e.g., Art Brut). These are based on the othering of the Mad and thus perpetuate the social stigma to which they are subjected. By noting that the same deviant behaviour can be interpreted as the opposite in different contexts, this research offers an alternative approach to madness beyond the confines of psychiatry. It challenges the distinction of psychiatric diagnosis and exposes its social constructedness. Hereby, it aims to empower survivors and reduce the stigmatisation of madness.

**Keywords :** artistic research, mad studies, mental health, performance art, psychiatric stigma

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