

# Supervising Art and Design Students Who Integrate Mental Health Experiences with Autobiographical Research

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## **Abstract**

This article discusses some implications of working supportively with art and design students who manage mental health conditions in a postgraduate environment in a New Zealand University. The paper begins with a discussion of contesting research that considers relationships between highly creative thinkers and certain mental health conditions. It then proposes that, irrespective of arguments around correlations, supervisors are able to make a significant contribution to supporting candidates who combine autobiographically sourced knowledge with artistic inquiries into the experience of living with a mental health condition. In considering this proposition, the paper employs two case studies that illustrate certain strategies that proved useful when seeking to maximise the chances of successful and productive thesis completions. Working in tandem with wider institutional and therapeutic support, these strategies functioned alongside each candidate's research journey. Eight of these approaches are discussed in relation to a pedagogically responsive, informed and creatively supportive environment in which the students were able to develop complex and insightful research projects.

## **Keywords**

autobiographical research, creativity, disclosure, mental health, postgraduate supervision

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## Introduction

When working with candidates who seek to integrate their experience of a mental health condition with autobiographical thesis projects, supervisors can encounter complex pedagogical issues related to trust and enablement. Although most universities have formal support systems that operate at an institutional level to support students' mental health, sometimes in the discrete world of the supervisory environment, candidates will also seek out a pedagogical approach that may assist them as they navigate a study.

In the last 20 years, I have supported over 80 students on their research journeys through Masters and PhD theses in art and design. In that time, I have supervised a number of highly gifted thinkers who have negotiated both mental health and creative inquiry. Although a decade ago, McAuliffe *et al.* (2012) noted a paucity of research exploring the ways in which university staff work with students who disclose mental illness, a review of current literature indicates that the situation remains relatively unchanged.

Although research suggests a higher prevalence of psychological distress and mental illness among university students than in the general population (Cleary *et al.* 2011; Hunt & Eisenberg 2010; Moeller *et al.* 2020), 'there is a lack of research that explores the student experience of disclosure of mental illness, and the associated responses of university staff to such disclosures' (McAuliffe *et al.* 2012, 125).

Despite this, as supervisors, we are sometimes called on to manage situations where students disclose mental health problems. This is a challenging issue in higher education because, as Venville, Street and Fossey note, the decisions 'these students make about whether and how to inform teaching and support staff may influence educational outcomes in both the short term and the long term and impact upon disclosure decisions in the future' (2014, 803). Yet when students approach us, we are often unsure how to manage the information we are given in a manner that is safe, enabling and productive.

Recently, the issue of students' mental health has been highlighted by research into the impact of Covid-19 and the additional pressure the pandemic has placed on their ability to study (Cao *et al.* 2020; Huckins *et al.* 2020; Lischer *et al.* 2020). Although Chegg (2021) notes that reports of mental health issues appear to differ significantly between countries, Ojo & Onwuegbuzie (2020) have stressed the importance of physical, face-to-face relationships for students who manage depression and anxiety in times of adversity. The issue is not going away.

## Methodology

In considering pedagogical approaches to working with candidates who seek to integrate their experience of disrupted mental health with artistic inquiries, this article employs a case study of two postgraduate students at Auckland University of Technology in New Zealand. Both graduated and both have given permission for their projects to be discussed in this article. The short films they created were designed to speak resonantly to other individuals who attempt to manage related conditions. Each student saw artistic inquiry as a method for generating work that might reach people in ways that medical analysis could not.

A case study methodology has been useful because it offers a means of exploring a complex phenomenon anchored in real life, where one considers a defined group within a defined context (Flyvbjerg 2001). As such, the methodology does not focus on the discovery of a universal, generalisable truth, nor does it seek cause–effect relationships. Instead, its concerns are primarily with consideration and description of certain approaches to supervision in the lived environments where the projects were instigated, developed and refined (Feagin 1991).

## The Creative Genius

In the arts, there is historically a contested association drawn between madness and high-level creative ability. This can be traced back to the Greeks (Becker 1978), and research into the relationship continues to be the topic of contemporary inquiries (Borowiecki 2017; Kaufman 2014; Silvia & Kaufman 2010).

Currently, the debate over associations between creativity and psychopathology tends to be considered from one of two positions. Writers like Sawyer (2012) and Schlesinger (2009) suggest that any connection is largely a romanticised myth. By extension, Bacon (2005), and Cassandro & Simonton (2003), argue that advanced creative behaviour actually constitutes a sign of superior mental health.

On the other side of the argument, the emphasis has moved recently. Although early researchers proposed a discernible connection between psychopathology and creativity (Babcock 1895; Lombroso 1891), few contemporary psychologists any longer claim direct correlations. However, Carson (2014) argues that creative individuals may share certain cognitive and dispositional traits with people who have some vulnerability for mental or emotional instability. Predating Carson's research, Jamison (1989) suggested that intense creative episodes may, in many instances, be indistinguishable from hypomania, and Holden (1987) argued that a tendency toward certain mental health conditions may enable creative individuals to access 'a richness and intensity of experience not shared by the rest of us' (1987, 10).

Simonton has suggested that these diverse positions might be correct depending on how the research is framed and what it implies. Significantly, he argues:

As a group, creative people can be more mentally healthy than noncreative people. Yet among all creative people, those who ascend to the status of creative genius can exhibit more proclivities toward mental illness than creative colleagues who do not attain that high status. Specifically, creative productivity, which is considered a defining characteristic of genius (Albert 1975), correlates positively with tendencies toward exhibiting certain symptoms or traits associated with psychopathology. (Simonton 2014, 471)

Holden proposes that, 'mild mania can supply intense energy as well as a way of seeing reality that, filtered through a creative mind and a discerning intellect, can be highly conducive to artistic productivity' (1987, 10). In discussing this relationship, she notes three commonalities between creative mood states and emotional illness.

The first she describes as *emotional reactivity*, or a form of heightened sensitivity to external and internal stimuli.

Like Holden, Andreasen notes:

Many personality characteristics of creative people ... make them more vulnerable, including openness to new experiences, a tolerance for ambiguity, and an approach to life and the world that is relatively free of preconceptions. This flexibility permits them to perceive things in a fresh and novel way, which is an important basis for creativity. But it also means that their inner world is complex, ambiguous, and filled with shades of grey rather than black and white. (Andreasen 2005, 101)

Both Holden (1987) and Andreasen (2005) describe a second correlation as *disinhibition*. They argue that disinhibition affords a breakdown in inhibitory mechanisms that can lead to unique connections between ideas and easier access to unconscious material. In discussing this phenomenon Simonton (2014, 476) says:

To a certain degree, creativity requires that the person not filter out putatively extraneous ideas and stimuli, thereby allowing the individual to “think outside the box”—the “box” that defines the constraints governing routine thinking. Yet cognitive disinhibition is also associated with increased vulnerability for psychopathology.

Holden (1987) defines the third correlation as *absorption*, or an advanced state of concentration or intensity of focus. This ability to focus in very intense ways she suggests, is often apparent in highly creative thinkers, and is evidenced not only in their ability to analyse ideas in detailed ways but also in their propensity to work multi-dimensionally with diverse variables and protean outcomes.

Irrespective of where one is positioned in the debate surrounding creativity and mental health, currently we experience increasing numbers of students who have significant experience of mental illness. The two case studies I discuss here are from gifted candidates who developed projects in their first year of postgraduate study. At separate times they returned to university after working professionally and in both cases, they chose to declare their mental health condition in their project. This was because they sought to enrich autobiographically, an environment of public discussion that, as young people, they had experienced as pathologised, stigmatised and isolating. Both were poets, filmmakers, illustrators, graphic designers and social activists.

## Tim

Tim currently works as a graphic designer in New York. In conjunction with his professional work, he runs a website that he uses as a public platform for discussing Obsessive-Compulsive Disorder (OCD) and its relationship to creativity. On this site he says:

I have experienced obsessive-compulsive disorder (OCD) since I was twelve, and with it comes extreme anxiety and at times, depression. A lot of people don't know that I have a history of it. I hide it well. I've learnt to since I was young, for fear of alienation, which in turn alienated me even more. Prozac and psychiatrists don't tend to sit well with fourteen-year old boys. Through this alienation comes a vicious cycle of fear and self-loathing, where detachment from the world around you is slow but progressive and only stopped

by the realisation at adulthood that you aren't, and were never, any different from the person sitting next to you in maths class. So, I decided to take a huge step and talk about my mental health issues in a very public domain – at University. 'Coming out' about my mental distress has been an enlightening experience for me. It has been the culmination of years of secrecy and guilt about a condition that is more common than anyone could know, but is sidelined to the cold shoulder of whispers and blanketed condescension, all because of historical misrepresentations and fear of the unknown. This fear is a major factor in the stigmatization of mental health issues, and I believe it needs to be dealt with appropriately, and publicly, because putting a human face on a condition helps to elevate it from the realms of misconception. (Hagan *n.d.*, para. 3)

## Setting up the Study

Before Tim returned to study he talked with me about his desire to use artistic research as a way of designing a poetic short film that might be eventually posted on YouTube. Without being aware of research in the field (Ryan *et al.* 2010; Piper & MacDonald 2008), he already knew that many students seek the comparative privacy of online environments to find out information about personal issues that cause them anxiety. When discussing this situation on his website he says:

The film is targeted at a younger audience. It is designed to be accessible, going places that the written word can't explore. With the advent of new media technologies such as YouTube and Facebook, distribution can be fast and international. This means that work can be accessible to people who it might never have reached before. The fourteen-year old boy in his room with a computer will have access to something that may talk to him in a language he understands. He may see that he is not alone and that mental health conditions can be approached in a positive way. (Hagan *n.d.*, para. 14)

Throughout his undergraduate degree, nondisclosure had been important to Tim because he knew negative attitudes could impact adversely on both his psycho-emotional wellbeing and recovery (Reeve 2002). Interestingly, Lloyd & Waghorn (2007) and Venville *et al.* (2014), note that like Tim, a significant number of tertiary education students choose not to disclose mental illness, despite the fact that most institutional support is predicated on declaration.

Leading up to his enrolment in the programme, my discussions with him were largely shaped by a decade of prior involvement with students who trusted me enough to talk about their health and its potential impact on their study. I had learned that this trust requires respect and very careful handling because these students are very strategic about to whom, and under what conditions they confide information. Indeed, research indicates a significant reluctance in young university students with mental health concerns to seek help (McAuliffe *et al.* 2012; Cranford *et al.* 2009).

When a candidate 'comes out' about a mental health condition, I take it seriously because I see it as part of my duty of care obligations to respond supportively to any disability that impacts on a student's health. I have learned to discuss with prospective candidates, the construction of a safe support team that they can wrap around their thesis, including professionals, family and friends. The latter I

have discovered are important because, as Saks (2009) notes, sometimes such people will see early warning signs of illness before they do. In addition, I have discovered that it is important to help students structure their study carefully from the outset. For instance, if their medication makes them tired, then I suggest that they schedule supervision sessions in the afternoon. We also plan a project's trajectory so they are initially ahead of time with their thesis requirements. In other words, we proactively factor in time, in case they might need it to manage their health unexpectedly during the thesis. Often knowing that they are ahead of schedule on a complex project can help to reduce unnecessary anxiety around their study.

As with all students who disclose the need to manage their mental health, I talked with Tim about what would be done if he became seriously unwell. I discussed my professional guidelines and where agreements of confidentiality might end (normally these terminate if issues of harm arise). As an extension of this, I explained my limitations, including the time I could reasonably apportion to him, and the limitation of my abilities. Most importantly, as with all students, I emphasised that a thesis is not therapy and I am not a therapist. My job is to help them meet the requirements of the degree.

This said, I explained that I cared about him and I respected what he was trying to do. In our discussions, consideration was given to the potential demands of the thesis on his wellbeing, including the implications of coming out in studio tutorials to a group of students who he didn't know. We also discussed the implications of outing yourself in a thesis that will be placed online, will be unalterable, and may be downloaded by people in the future who may form opinions about you based on what you present.

In all situations where I work with such students, I also negotiate discreetly with the university so any short-term extension or request for a leave of absence does not draw unnecessary attention to their mental illness. When such circumstances arise, I meet personally with faculty representatives and explain the situation. This strategy has proven useful because students often won't ask for institutional flexibility if they believe information about their mental health will appear on records (Venville *et al.* 2014).

## The Project

Tim's project asked how a lived experience of obsessive-compulsive disorder (OCD) might be translated into a moving image text that communicated both his experienced reality of living in a world affected by OCD and the assumptions that people make about the condition. In his exegesis he stated:

Trying to comprehend what lay at the heart of my research has been incredibly difficult for me. I was trying to understand visually, academically, socially and emotionally, something that I have known for a long time but never put a face to. I found writing my thoughts down, no matter how passionate, vicious or dark, to be a cathartic way of describing my emotions. Doing so allowed me to expose more of myself and delve deeper into my actions.  
(Hagan 2009a, 7)

Tim's film was a sophisticated orchestration of poetry, typography, film, sound and animation design (Figure 1). It fused elegant, decorative devices with notions of the body as transforming thought.



**Figure 1**

Frame grabs from Tim Hagan's seven-minute film *A Life Less Travelled* (2009b). The film is accessible on YouTube at: <https://www.youtube.com/watch?v=ixiGeGAR1V8>

Throughout the project, Tim's level of emotional reactivity was demonstrably high. He 'felt' his thinking. On his website he wrote:

Understanding my mental distress has involved ... often excruciatingly unpleasant discoveries and self-reflection. From the dark depths of depression to the utter loss of control in OCD, understanding and accepting my distress as part of who I am has been painful. But with the help of a caring network of friends, family and the right professional help, such a negative experience has turned into a unique and ultimately distinguished world-view. I have moved past the negative aspects, and delved into the rich resources of a unique perspective that I can use in all aspects of life. (Hagan n.d., para. 6)

The artistic connections Tim was able to make between ink bleeding cameras, barefoot scrambles through forests, dissolving poetry, flotation, and an artist's recording of his own creative process, occurred because of his high level of creative disinhibition. He was able to artfully link seemingly disparate ideas into a cohesive whole. The poetic monologue that accompanied his work was autobiographical and offered lyrical insights into the complex manner in which he managed his condition.

## Outcomes

Although Tim's research project was awarded First Class Honours by its external examiners and his film was a finalist in a number of design awards, it was the study

itself that became transformative. Significantly, his coming out also changed the group of students on the programme. Over time, a number of them talked to him discreetly about their own mental health issues or those of close friends and family. His strength gave them permission. By extension, following the success of his study, I was increasingly approached by other students across the faculty to be a supervisor or to discreetly mentor their theses. In these projects, some candidates chose to declare their condition publically but most were simply looking for somewhere safe to strategise their way through worries and seek discipline-focused advice that might work in tandem with currently accessed health services.

## Cecelia

The second case study relates to Cecelia. She is a Pacific Island woman with two children who returned to university after having worked for some years as a designer and then a teacher. Cecelia decided that she wanted to contribute to a growing network of professionals and academics who were addressing mental health issues among Pacific Island youth. Recent research indicated that these young men and women carried a higher burden of mental illness than the general population (Oakley Browne *et al.* 2006; Kokaua *et al.* 2009).

While discussing her intended project, Cecelia explained that she wanted to draw on her personal experience of adolescent depression as a way of placing a more accessible face on what was still largely a statistical analysis. She wanted to design a short, animated film that might encourage depressed Pacific adolescents to seek help.

Cecelia's own teenage experience had been one of dislocation and cultural confusion. She described times where she left for school, then in a state of depression, boarded and reboarded buses all day and was driven around and around the city. In her exegesis she described her situation like this:

The journey toward a good education went smoothly until I got to the age of sixteen. At this time my father was made redundant from his factory position and he was forced to go overseas to work. I began to wonder about my place in the world and about my cultural background. ... Although I grew up with quite strict Pacific values, I was not strong in either culture and I could not speak either language fluently enough to pass as a Pacific Islander who knew my roots ... Life became difficult then. I often slept a lot, had no appetite, I felt down about myself ... life felt like a gritty dream I was experiencing but not really a part of. (Faumuina-Khakh 2014b, 19-20)

## Setting up the Study

Venville *et al.* note that when students choose to disclose mental health issues they assess 'multiple risks; stigma, prejudice, rejection, loss of self-esteem and confidence ... against the potential risks of non-disclosure – the burden of concealment, a lack of study support and possible academic failure' (2014, 797). But Cecelia's situation went beyond this. She believed that declaring her illness might allow her to creatively resource her project in rich and resonant ways. However, although she had been well for a number of years, she also was concerned that by drawing on the autobiographical, she might potentially retrigger her condition.

Accordingly, she was systematic in setting up support for her study in the university and beyond. She met with individuals within support agencies who she felt would be helpful, discussing with them the nature of her intended research. While she was doing this, we talked through her triggers and early warning signs of illness, and how she might deal with these if they arose. Saks discusses this strategy as a fundamental step that anyone with a mental illness in the academy should take. She says it is important to 'understand how your illness affects you [because] you are in the best position to determine what works for you' (2009, para. 22).

In terms of supervision design, Cecelia and I established a system of regular meetings. Because her project was relatively complex, we agreed that feedback should be timely and face-to-face, especially when she was working with potentially anxious phases of her project. This form of feedback ensured attentive support and a safer environment that limited potentials for misinterpretation. To ensure clarity, the day following our meetings she would email a summary of agreed decisions, so we were able to verify assumptions.

## The Project

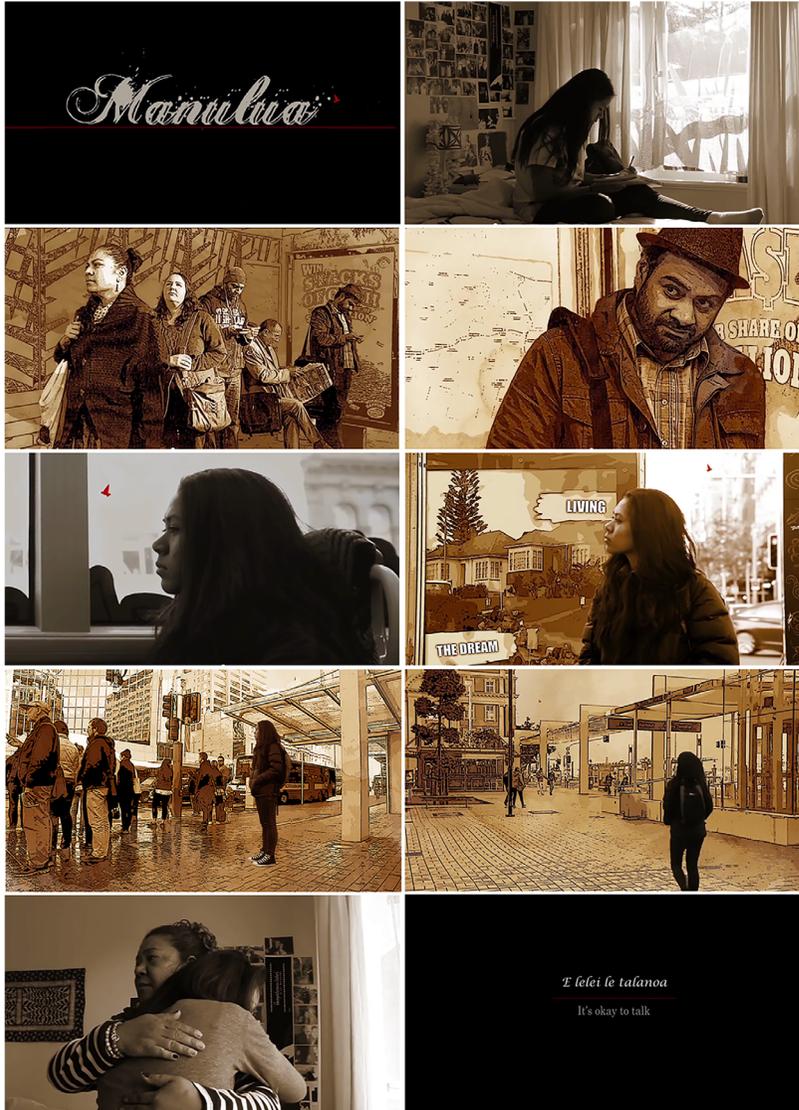
Cecelia's research project explored, autobiographically, a lived experience of depression. Located largely inside a Pacific epistemological framework, it sought to interpret a state where one is dislocated from the world in which one lives.

The title of her film was *Manulua* (the name for a bird motif used in traditional Tongan barkcloth design). Translated, *Manulua* refers to two birds. In her film, a young woman is one of the birds and her mind is the other. To find harmony she must bring the two dislocated elements into a harmonious relationship. The idea of a dislocated self was influenced by Māhina's (2002) theories on Tongan mental health, time and space. Cecelia described his thinking like this:

Depression is a specific state of mind, where the mind is separated from reality, thereby subjecting thinking to a condition of duality, which splits it into two separate and often unconnected personalities. Such a condition of duality, either by way of natural defects or by means of social causes, is devoid of spatio temporality. Here the mind loses its grip on reality. Likewise, depending on the mediation of the conflicting time-space relationships between 'two birds' flying, it can be either a form of unity (in harmony with spatio temporality or reality); or asymmetrical, a type of disharmony with spatio temporality or reality. (Faumuina-Khakh 2014b, 51)

Thus, the detached red bird in her work is a metaphor for a young girl's depression. She wanders through a city alone, subtly accompanied by this bird (Figure 2). The solution to her problem, her film suggests, is to access indigenous talking and listening therapies that have gained prominence in Pacific communities in the last two decades (Te Pou o Te Whakaaro Nui 2010). Therefore, in the closing frames of her film, we encounter the lines 'E leilei le talanoa; Depression; It's okay to talk.'

While creating this work Cecelia demonstrated high levels of what Holden (1987) called *absorption*. She operated in intense states of concentration. All of her animation sequences were hand illustrated, frame by frame, with 24 individual frames rendered for each second of film. She worked for concerted periods



**Figure 2**

Frame grabs from Cecelia Faumuina-Khakh's animated film *Manulua* (2014a)

with no sense of the passing of time. Inside this creative intensity she asked unusual questions. She sought the texture of sound, the rhythm of dislocation and the ways that a contemporary urban colour palette might reference pigments employed in making traditional Tongan bark cloth.

### Outcomes

Cecelia drew together very complex concepts into a film and exegesis, the findings of which she presented at numerous indigenous conferences and meetings of mental health professionals. In the conclusion to her exegesis she said she hoped that her project would:

... offer something useful to a network connecting individuals who are passionate about advancing the public understanding of mental illness. In so doing it might help to break down the stigma surrounding depression, particularly for young Pacific people, and motivate them to find greater success and voice in the post-colonial urban society in which they live. (Faumuina-Khakh 2014b, 65-66)

## Conclusion

These two case studies cannot represent the spectrum of diverse issues we encounter as supervisors who work with students who manage mental health issues. However, they may cast light on some strategies that have proven useful when developing effective approaches to autobiographically based study. Many of our most talented creative thinkers operate in ways that are unfamiliar to us as supervisors (Engles-Schwarzpaul and Peters 2013), and I would suggest that, if we wish to be effective in supporting candidates who integrate mental health experience with artistic inquiry, we need strategies for supporting not only their intellectual journeys but also their emotional ones. Accordingly, these case studies profile eight embedded approaches that may prove useful.

1. Know what support already exists in your institution and beyond, and discuss this with the candidate so the best possible support networks are considered. Specifically, encourage them to construct an insightful support team around their thesis, including professionals, family and friends.
2. Talk confidentially with the student about their triggers, early warning signs and what they currently do to minimise symptoms.
3. Help them to structure a proposed timeline of their study so they are initially working ahead of schedule. This allows additional space to manage their condition. (If this doesn't work, let them know that there may be facilities for extending the time available for their research).
4. Develop approaches with the university so records of their mental health issues need not appear on official documents.
5. Discuss what will be done if the student becomes seriously unwell. Be clear about your professional guidelines and where agreements of confidentiality might end. In addition, clarify your limitations, including the time you can reasonably apportion to them and the limitations of your abilities.
6. Provide timely, face-to-face feedback on work. A personal discussion allows you to critique work in a safe, supportive environment that can limit the potential for misinterpretation. If there are concerns about misunderstanding, ask the student to summarise agreements from the meeting in an email.
7. Carefully talk through the implications of declaration, both in relation to the research process and the thesis' final lodgment.
8. If a student decides to 'come out' to their peers in a programme, let them control the pace and nature of the process but, be clear to all parties about your support for managing illness, irrespective of its nature. Be prepared in these circumstances for other forms of declaration to begin surfacing as higher levels of trust and support in the group become evident.

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## In closing . . .

Research shows that individuals who experience mental health difficulties often want to pursue tertiary study (Mansbach-Kleinfield *et al.* 2007; Shankar *et al.* 2009). These students enrol in universities because they seek not only to increase their potential for employability, but also because they think that study might have a positive effect on their mental health and wellbeing (Toombs & Gorman 2011; Price 2011). Although supervision is not therapy, supportive and strategic help from supervisors can help move such students' educational experiences to a state of personal and scholarly transformation.

Our ability to work with people who manage mental health conditions becomes important when they confide in us as academic mentors. As we negotiate the implications of such trust, we operate with a duty of care. We become more than research trainers. Some of our students imagine horizons and complexities we cannot conceive. This can be a wonderful and difficult thing, and it is at the heart of transformative education. It is not something to avoid, but it raises an important issue that professionally, warrants wider, pedagogical discussion.

## Approval

All visual and written material about candidates in this article has been constructed collaboratively and is included with consent. For political reasons associated with visibility and ownership, Tim and Cecelia refused to use pseudonyms in their work. They believe that it is only through visibility that study in tertiary education will improve for students who manage mental health conditions.

I respect them immensely.

**Welby Ings** is a professor of design at Auckland University of Technology. He holds a PhD in narratology and is an elected Fellow of the British Royal Society of Arts. He has been a consultant to many international organisations on issues of creativity and learning and is himself an award-winning designer, film-maker, illustrator and author. In 2001, he was awarded the Prime Minister's inaugural, Supreme Award for Tertiary Teaching Excellence and in 2013 the AUT University medal for his contributions to research and education. His research focuses on practice-led methodologies, pedagogy, ethics, design, queer theory and film practice. An online research profile and downloadable CV are available at: <https://academics.aut.ac.nz/welby.ings>

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