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DISRUPTION
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MADNESS

FIGHTING FOR JUSTICE IN
MENTAL HEALTH

MEDIA COVERAGE

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Salute mentale e colonialismo? Sono più legati di quanto non si creda. Intervista al Dr. Donato Zupin

ilmitte.com/2022/11/salute-mentale-e-colonialismo-sono-piu-legati-di-quanto-non-si-creda-intervista-al-dr-donato-zupin

November 17, 2022

Angela Fiore



Il Dr. Donato Zupin, ospite dell'evento "Madness" organizzato da Disruption Network Lab

La **salute mentale** è uno dei temi più importanti della nostra epoca, uno di quelli dei quali si dovrebbe parlare di più e più approfonditamente, ma anche uno di quelli dei quali si parla peggio. Spesso schiacciato fra lo stigma e il luogo comune, fra la patologizzazione parossistica e l'antipsichiatria di derivazione complottistica, il dibattito sulla salute mentale finisce spesso per stagnare o per perdersi in derive che non avvicinano minimamente alla creazione di un sistema in grado di aiutare e tutelare chi ne ha bisogno. Fra queste derive, specialmente dal lato dell'esercizio della psichiatria, rientrano i condizionamenti culturali nelle varie declinazioni del razzismo e della discriminazione, che spesso si fanno strada nei contesti di cura senza che nessuno si opponga apertamente.



Contenuto promosso da Disruption Network Lab

Che rapporto c'è fra salute mentale e condizionamento culturale? Essere “sani di mente” in un certo contesto sociale, religioso, etnico, è la stessa cosa che esserlo altrove? Come si applicano queste considerazioni, per esempio, ai contesti della migrazione? Di questi e altri temi si tratterà nel corso di **“Madness – Fighting for Justice in Mental Health”**, la prossima conferenza di **Disruption Network Lab**, che si terrà a **Berlino** (ma anche in streaming online) **dal 25 al 27 novembre** (tutte le informazioni sono disponibili [qui](#)).

Uno dei panel, dedicato alla “decolonizzazione della psichiatria”, vedrà fra gli ospiti il **Dr. Donato Zupin, psichiatra e Presidente della Sezione Speciale di Psichiatria Transculturale della Società Italiana di Psichiatria**. Con lui ho avuto il piacere di discutere del modo in cui si inquadra il discorso sulla salute mentale, nei suoi intrecci con temi come il condizionamento culturale, la religione, il colonialismo, il pregiudizio.

Cominciamo con un quadro generale della Sua pratica. Lei opera a Trieste, in un punto dell'Italia cruciale non solo per l'immigrazione proveniente dalla rotta balcanica, ma anche storicamente coacervo di identità nazionali, regionali, locali e in vario modo stratificate che hanno dovuto e saputo coesistere in modi diversi nel corso della storia del nostro Paese e del continente Europeo. In che modo, secondo Lei, la contaminazione o, al contrario, la segregazione delle identità influenzano il modo in cui la psichiatria distingue ciò che è patologico da ciò che non lo è? In termini elementari: in che misura il concetto di “follia” è un concetto influenzato dalle fluttuazioni culturali?

Prima di tutto la ringrazio per la serietà e la profondità della domanda. Il concetto di follia, la sua definizione, l'idea di quali siano le cause e quali le soluzioni sono tutte variabili profondamente influenzato da fattori culturali, oltre che dalle condizioni politiche ed

economiche. Due aspetti del disturbo mentale grave che cambiano in maniera sorprendente sono: quanto dura? Come si risolve? **Noi in occidente siamo abituati a pensare che chi è folle è folle per sempre, e che anche con le migliori cure potrà solo migliorare un po'.** Credo nascesse anche per questo l'idea terribile del manicomio, nella speranza di rinchiodere la parte considerata deviante della società in un luogo e uno spazio altri, una sorta di: "lontano dagli occhi, lontano dal cuore". La cosa stupefacente è che questa forma di follia cronica, inguaribile, sembra essere un prodotto della nostra stessa società. Nelle culture extra-occidentali, soprattutto nei contesti non industrializzati, i disturbi mentali gravi si manifestano più frequentemente in forme brevi, transitorie, a risoluzione spontanea o con meno bisogno di farmaci.

Quindi la cultura può far ammalare ma può anche dare un orizzonte di guarigione. Questa che le sto esponendo **non è un'esaltazione ingenua di una malintesa idea del "buon selvaggio" alla Rousseau, ma un dato epidemiologico ampiamente dimostrato.** Un'altra cosa sorprendente è che, nonostante il legame tra occidentalizzazione e follia cronica sia ben dimostrato, la psichiatria generalmente riflette molto poco su questa questione. La psichiatria culturale è la disciplina che si è occupata di più di questo campo di ricerca, che io trovo della massima importanza.

FRI 25.11 2022 · 19:00

DECOLONISING PSYCHIATRY

MENTAL HEALTH IN CONFLICT ZONES

LAMIA MOGHNIEH · REIMA ANA
MAGLAJLIC · DONATO ZUPIN
AOUEFA AMOUSSOVI



In uno studio del 2018 Lei, insieme allo psicologo Andrea Celoria e all'Antropologa Elisa Rapisarda, ha analizzato l'evoluzione del concetto di realtà oggettiva in relazione ai condizionamenti e alle credenze culturali e alla patologizzazione di talune interpretazioni della realtà. Esiste, nella psichiatria moderna, un accordo su quando e come si possa definire patologico un convincimento o trattarlo come un sintomo e quando invece ciò che può apparire delirante dall'esterno di un certo contesto culturale sia da ritenersi non patologico all'interno della collettività che condivide determinati valori?

Guardi, sulla carta la psichiatria ufficiale è molto democratica e rispettosa delle differenze culturali. Facciamo un esempio a noi vicino e mi dica lei se questo esempio risponde alla domanda. Mettiamo caso che ad un'anziana signora di un piccolo paesino italiano, vedova da poco e in un momento di difficoltà economica, appaia la Madonna. Secondo la psichiatria ufficiale questa signora dovrebbe essere considerata sana, perché la sua credenza è culturalmente condivisa e dunque non è un sintomo. Uno psichiatra le offrirebbe magari un supporto psicologico comprendendo il momento di difficoltà della signora, ma difficilmente le prescriverebbe dei farmaci antipsicotici. Questo dovrebbe

valere per tutte le culture, ma nella realtà le cose stanno diversamente. La psichiatria, come molte altre discipline, risente ancora di pesanti retaggi imperialisti ed etnocentrici. Per cui accade spesso che pazienti migranti vengano considerati psicotici quando non lo sono. Ad esempio un africano che creda di essere perseguitato dallo spirito degli antenati perché non ha compiuto i sacrifici rituali ha una probabilità molto più alta rispetto alla signora italiana di essere considerato folle, quando invece non lo è se la credenza sugli antenati è condivisa dal suo gruppo culturale.

Di fatto, rispetto agli europei, gli africani, in situazioni simili a quest'esempio, vengono supportati molto meno dal punto di vista psicologico, ricevono più prescrizioni di farmaci antipsicotici e diagnosi di disturbi mentali gravi. Quindi nella realtà per la diagnosi si usano due pesi due misure, implicitamente riaffermando la superiorità della nostra religione e della nostra civiltà sulle altre. Questo ha, come dicevo prima, l'effetto di mantenere una postura implicitamente imperialista e teocratica della nostra società, è come se senza accorgercene dicessimo: "siamo migliori degli altri popoli perché più potenti, e siamo più potenti perché il nostro Dio è vero mentre il loro è falso". Non sto paragonando tout court l'Italia agli stati confessionali, ma alcune eredità di quell'impostazione sopravvivono ancora nel nostro modo di pensare.

In questo senso la materia di cui mi occupo, la psichiatria culturale, può dare un contributo importante alla riflessione della nostra civiltà sui suoi stessi fondamenti, aiutandoci a decostruire alcuni presupposti nocivi che non sono cambiati poi tanto dall'epoca del colonialismo. "*With God on our side*" ("Con Dio dalla nostra parte". NdR) non è un buon presupposto per incontrare e curare persone di culture altre e, aggiungerei, neanche per la salute mentale nostra.

In che modo lo spostamento di persone che condividono credenze e condizionamenti culturali diversi da quelli del luogo in cui vengono a trovarsi influenza le richieste che vengono avanzate alle strutture di assistenza psichiatrica e psicologica su un territorio? Penso ovviamente al caso di Trieste, ma anche alla traslabilità di questo concetto in una grande metropoli multiculturale come Berlino.

Per Berlino non saprei dire, spero di scoprirlo al "Madness" del Disruption Network Lab, che ringrazio per l'organizzazione e per avermi invitato. Spero che in Germania la situazione sia migliore. In Italia sono le credenze culturali della società italiana quelle che influenzano le richieste che arrivano ai Dipartimenti di Salute Mentale.

Le minoranze etniche nel nostro paese raramente hanno la forza per avanzare delle richieste autonome, quindi le richieste sono avanzate dalle parti sociali italiane che si rendono interpreti dei bisogni dei migranti (strutture d'accoglienza, di volontariato, forze dell'ordine, altri servizi pubblici). Sostanzialmente noi come psichiatri veniamo chiamati in causa su due cose: controllo sociale e supporto abitativo.

Mi sembrano istanze legate a stereotipi nostrani sui migranti: da una parte la tutela dell'ordine pubblico di fronte ad un "uomo nero" vissuto come minaccioso, dall'altra il migrante come un poverino che non sa badare a se stesso e a cui quindi bisogna fornire vitto e alloggio – a volte prima ancora di avergli chiesto che ne pensa. In qualche modo

questo riflette una scissione del nostro immaginario politico? Poi, quando si inizia il colloquio con una o un cittadina/o migrante di solito si scopre che i suoi desideri, sofferenze e progetti sono molto diversi da quelli che avevamo immaginato. Questo è la proposta che intenderei sviluppare assieme al pubblico berlinese nel mio talk al panel “*Decolonizing Psychiatry: mental health in conflict zones*” all’interno del “Madness”.

Potremmo dire schematicamente che ci sono due aspetti culturali in salute mentale, **quello legato alla cultura del paziente migrante e quello legato alla cultura della società ospitante**. Molti si occupano del primo aspetto, io rispondo alle Sue domande puntando più sul secondo perché è quello meno sviluppato e su cui credo ci sia maggior necessità di ampliare la riflessione.

Quali dovrebbero essere, a suo modo di vedere, i principi ai quali la psichiatria dovrebbe informarsi, per poter operare effettivamente in aiuto e a vantaggio dell’individuo e favorire una cura reale della salute mentale del singolo?

Ah, Lei è gentile ma qui mi chiede un po’ troppo! Non mi allargherei su dichiarazioni così generali. Quello che posso dire per certo è questo: la cultura occidentale può nuocere alla salute mentale, cronicizzare la follia. Al momento, di fronte a questo dato la psichiatria generale si interroga molto poco. Dobbiamo affrontare questo punto, anche con l’aiuto di altre discipline. Non mi fraintenda: non sono assolutamente un antipsichiatra. Quando si sta male bisogna trovare aiuto: prima di tutto con la psicoterapia, col supporto sociale e infine se serve anche coi farmaci. Ma è importante distinguere le cause collettive – e la cultura può essere una concausa della sofferenza – e la cura dei singoli casi individuali.

Leggi anche:

[JDiseguaglianze e salute mentale: è il tema di “Madness”, la nuova conferenza del Disruption Network Lab](#)

In un altro studio del 2020, scritto insieme all’antropologa Elisa Rapisarda e pubblicato dalla World Cultural Psychiatry Research Review, Lei si è occupato degli atti di terrorismo suicida da un punto di vista storico e, ovviamente, psichiatrico. Lo studio postulava che, se il terrorismo jihadista suicida si considera legato a questioni geopolitiche e culturali mediorientali, la modalità con cui questa violenza viene messa in atto e gestita in termini mediatici, trae la sua forma dalle dinamiche occidentali. In che modo, a Suo parere, le società occidentali e in particolare la psichiatria possono o dovrebbero intervenire, per scardinare le dinamiche che favoriscono, per mancanza di un termine più adatto, la fascinazione o l’attrazione che l’atto terrorista suicida esercita su chi lo commette?

Fascinazione mi pare un ottimo termine! Proviamo a prendere la cosa da un altro punto di vista. Nella mia professione, chi vuole curare bene gli altri deve prima fare una psicoterapia personale per sé stesso. Se ad esempio uno psichiatra ha delle difficoltà di rapporto coi suoi genitori dovrà prima riconoscerle e affrontarle, prima di aiutare i suoi

pazienti su analoghe problematiche. Allo stesso modo immagino che la nostra società e la psichiatria debbano liberarsi dei propri pregiudizi implicitamente fondamentalisti prima di affrontare il fondamentalismo degli altri.

Come nell'esempio della signora italiana e dell'uomo africano credo ci siano ancora nelle teorie e nelle pratiche psichiatriche degli atteggiamenti impregnati di imperialismo e implicita affermazione della nostra superiorità religiosa, a volte inconsci e a volte intenzionali. Quindi, per rispondere alla sua domanda penso che la psichiatria debba partecipare ad un'ampia riflessione assieme ad altre discipline come l'antropologia e la sociologia, una riflessione che coinvolga anche l'opinione pubblica, su come fare i conti con queste nostre eredità culturali. Lei ha ricordato alcuni articoli che abbiamo scritto su questo tema col gruppo della Rivista di Psichiatria e Psicoterapia Culturale: ecco, io inviterei gli scholars di tutte le discipline affini a dare un contributo in merito.

Questo vale per il livello della ricerca. Per tradurre questa ricerca in pratica clinica è possibile aiutare un essere umano a comprendere le dinamiche culturali inconscie che lo hanno intrappolato in un fondamentalismo che gli impedisce di sviluppare il suo potenziale creativo, quando c'è un rapporto di collaborazione e fiducia. Si può immaginare che siano condizioni rare. Ricordo un'esperienza del genere, con un neofascista che invece di agire la sua violenza nei confronti delle minoranze etniche ci chiese di poterla comprendere e cambiare. Per fare questo però servono personale, mezzi, formazione e risorse che al momento lo stato italiano non stanziava per i Dipartimenti di Salute Mentale, oltre che avere una collaborazione strettissima con le altre istituzioni pubbliche e la società civile. In quel caso oltre alla violenza xenofoba la persona in questione aveva anche varie pendenze legali, soffriva di disturbo psichiatrico, di una dipendenza da cocaina ed era momentaneamente disoccupato e senz'altro. Con un importante sforzo congiunto di più servizi pubblici e la disponibilità della persona all'autoriflessione quel caso è diventato affrontabile.

Quello che invece la psichiatria non può (e non deve) fare è agire come una sorta di polizia della mente rinchiudendo in maniera coatta chiunque esprima un'idea o una visione considerata pericolosa per la società. **Il farmaco che guarisce la devianza sociale non esiste.** La responsabilità di affrontare il machismo, gli imperialismi e le teocrazie è nostra come esseri umani prima ancora che come psichiatri e non ci è concesso abdicare a queste responsabilità sperando in miracoli della psicofarmacologia.

Diseguaglianze e salute mentale: è il tema di “Madness”, la nuova conferenza del Disruption Network Lab

ilmitte.com/2022/11/diseguaglianze-e-salute-mentale-e-il-tema-di-madness-la-nuova-conferenza-del-disruption-network-lab

November 5, 2022



Angela Fiore

-

5 November 2022

Ancora una volta, **Disruption Network Lab** porta a Berlino una conferenza su un tema di importanza primaria, nelle cui pieghe e interpretazioni spesso si nascondono alcune delle più pericolose falle delle società contemporanee. Si tratta, nel caso dell'evento che avrà luogo dal 25 al 27 novembre 2022, di salute mentale. Nella conferenza dal titolo “**Madness**” si discuterà di come si possa pervenire a un sistema di salute mentale giusto ed equo e di chi vi abbia accesso.

Che cos'è la salute mentale e come la si tutela?

Alla base di un percorso così complesso, ovviamente, ci sono delle definizioni. Che cosa vuol dire essere – con un termine che oggi si usa sempre meno – “pazzi”? Quali criteri e quali autorità entrano in gioco quando si discute della definizione della patologia mentale

e del tipo di supporto o trattamento al quale può avere accesso chi ne soffre? E ancora, in che modo le sovrastrutture culturali, ideologiche o religiose, gli interessi economici e la generale organizzazione di una società e del suo welfare influenzano i processi decisionali in questo ambito?

Dal 25 al 27 novembre, a Berlino, tre giorni di panel, dibattiti e performance con esperti, attivisti, medici e non solo

Al dibattito, che come gli altri eventi organizzati dal Disruption Network Lab si svolgerà al Kunstquartier Bethanien e sarà anche trasmesso in streaming, parteciperanno scienziati, attivisti per i diritti umani e la giustizia sociale, artisti, medici e operatori del settore, ma anche coloro che da questi temi sono strettamente e direttamente coinvolti, ovvero le persone che vivono con la malattia mentale. Il tutto si articolerà in un denso programma di interventi, panel, workshop, incontri, ma anche una performance e la proiezione di un film.



Leggi anche:

[John Kiriakou: dalla CIA al carcere per aver denunciato le torture americane. La nostra intervista](#)

Lo scopo dell'intero evento è esplorare le possibilità di un sistema di salute mentale che metta i diritti umani e la giustizia al centro della sua pratica, dare visibilità e voce a coloro che sono colpiti da vicino da questo tipo di situazioni, sottolineare la necessità di intervenire sul modo in cui questo problema viene trattato e pensare ad esempi per politiche più umane. Per farlo, saranno presentate prospettive e posizioni diverse, che comprendono discorsi scientifici e sociali, pratica medica, esperienze di lotta contro la gestione della sanità orientata al profitto, ma anche testimonianze sul peso che in questo ambito hanno le differenze sociali, razziali ed etniche delle persone colpite. Si affronteranno anche temi più specifici legati alla contemporaneità, come la salute mentale digitale e il rapporto fra meccanismi di guarigione, trauma e realtà digitali contemporanee.

I relatori che interverranno offriranno approfondimenti critici sulle loro specifiche aree di competenza, che spesso si sviluppano su posizioni all'intersezione tra psichiatria, psicologia, attivismo, arte e giustizia sociale.

Qui potete trovare **[l'elenco completo dei relatori](#)** e il **[programma dei panel e degli eventi](#)**, nonché il link per prenotare.

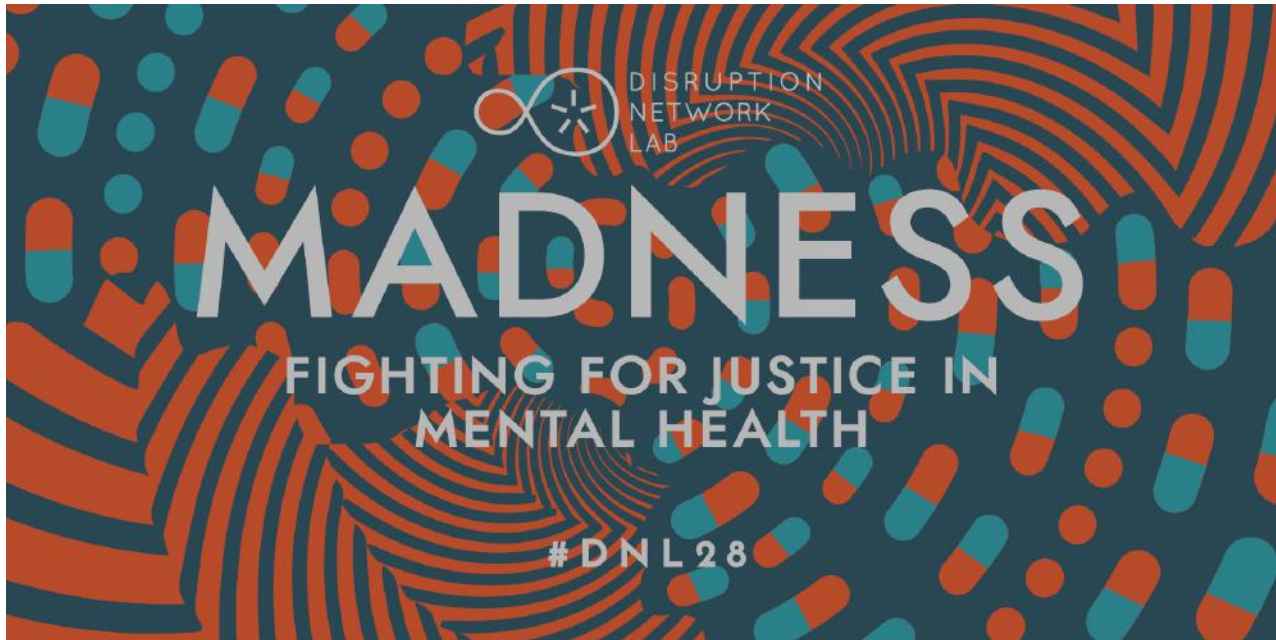
P.S. Se questo articolo ti è piaciuto, segui Il Mitte su Facebook!

Art and Transformation: Creating Justice in Mental Health

madinamerica.com/2022/11/art-and-transformation-creating-justice-in-mental-health

By Karin Jervert

November 23, 2022



Madness: Fighting for Justice in Mental Health is an upcoming conference created by the Disruption Network Lab. The Lab examines the intersection of politics, technology and society, exposing the misconduct and wrongdoing of the powerful. This year, the conference will investigate systems of mental health care focusing on the prevailing discourses and practices, biases, and inequalities. It will explore the questions: What does it mean to have a just mental health care system and who has access to it? Who decides who is labelled as mad?

The conference is being held in Berlin, Germany, as well as streamed online free on November 25th through the 27th. You can view the conference live at disruptionlab.org/madness.

In this podcast, Mad in America's Arts Editor, Karin Jervert, interviews the curator of the conference, Elena Veljanovska, and three artists—Dolly Sen, Anika Krbetschek, and Marcello Lussana—about art and transformation, human rights, and justice in mental health.

[Dolly Sen](#) is an internationally renowned writer, filmmaker, artist, and activist. [Anika Krbetschek](#) is a multidisciplinary artist and curator. And Marcello Lussana is a research associate and coordinator of the project Social Interaction Through Sound Feedback, [Sentire](#).

These artists will be interviewed at the conference on Saturday the 26th at 8 pm CET/2 pm EST on a panel moderated by Lily Martin titled "Art and Survivor Empowerment."

Karin Jervert: Today, I will be talking with Elena Veljanovska, who is the curator of the conference *Madness: Fighting for Justice in Mental Health*.

Later in this podcast I will be interviewing artists Dolly Sen, Anika Krbetschek, and Marcello Lussana, but I wanted to talk briefly with Elena first, so she can tell us more about the conference and how it came about. Welcome, Elena.

Elena Veljanovska: Hello, Karin, and thanks for inviting me.

Jervert: Thank you for being here. First off, could you tell us a little bit about yourself?

Veljanovska: As you mentioned, I am a curator and cultural manager. Since 2019, I have worked at the Disruption Network Lab as a Senior Project Manager, as well as a curator. I originally come from North Macedonia and have previously worked as a curator in KONTRAPUNKT where, together with my colleague Iskra Geshoska, we founded and ran the Festival for Critical Culture CRIC for five years. This is among other cultural and artistic projects, of course.

Another thing about me is that in 2006, I cofounded LINE Initiative and Movement. This was a platform for new media art and technology. I was also running it as the artistic director until 2010. My experience comes largely from the non-profit sector, from the civil sector, and even though for many independent projects I have collaborated with a lot of institutions over the years, this is my main interest. My educational background is in art history and archeology, which feels far away now from what I do at the moment.

Jervert: I wanted to ask you a little bit about what the Disruption Network Lab does.

Veljanovska: Disruption Network Lab is a non-profit organization based in Berlin. It was founded in 2014 by the Tatjana Bazzicheli, who is currently the artistic director of the organization. We provide a platform of events and research, focusing on the intersection of politics, technology, and society.

Our objective is strengthening freedom of speech and exposing the misconduct and wrongdoing of the powerful. How do we do this? During one working year this translates into organizing three interdisciplinary and international conferences, followed by two workshops with each conference, and then six meet-ups, two for each conference, as well.

The conferences are usually proposing a topic, usually at the interface of scholarship and politics, human rights, technology, justice, and art, whereas the meet-ups focus more on building the local community around the same topics. So, we are really addressing a wide range of topics. I just wanted to mention a few. For example, in the past one or two years, we discussed gender transitioning, AI-powered military programs and targeted killings, a conference on whistleblowing for the Whistleblowing Anthology we published last year, and the conference 'Behind the Mask', about whistleblowing during the pandemic.

We develop work that advocates for the globally marginalized and follow the motto, "Uncovering Systems of Power and Injustice." The topics are just pointing at the depth of problems in every field that we are working on.

In order to achieve our goals, we collaborate a lot with whistleblowers, investigative journalists, human right activists, hackers, and artists. The listeners can find more about our work on our website, DisruptionLab.org. Also, they can check past events on our YouTube channel and download the book from our website.

Jervert: This year, the theme is madness and mental health. Can you tell us more about how you conceived of this theme and how it was curated?

Veljanovska: The conference comes with a bit of a genealogy. This is the 28th conference of the lab, working with marginalized groups and difficult topics that inevitably take a toll on the people that are involved. This was a topic that Tatiana had in the folders for a long time and we wanted to address it. Whistleblowers especially are very affected by the mental health sector, among other things.

Tatiana was thinking initially of this topic as a potential conference, inspired by the Patients Movement, globally, and Mad Pride in Italy, but I think this awareness, amplified by the effects of the pandemic and isolation of many people, made us finally address it and devote a full conference to it.

She asked me to curate this conference. And I decided, because I come from the field of critical culture, as well as having in mind the work of the Disruption Network Lab, to focus the topic around conversations about injustices and human rights—conversations that put the people affected and their rights at the center of the discussion. We decided to answer these questions: What does it mean to have a just mental health care system, and who has access to it, but also who decides who is labeled as mad?

I am viewing this topic very critically by choosing speakers who are uncovering systemic problems, talking about racism and the need to decolonize psychiatry, addressing Big Pharma, corporations and media, and over-medication. These are all huge topics. We will discuss state violence and the judicial rights of the people affected, but as the whole conference focuses on criticism, it should lead to improvement of the mental health care systems and lead to the improvement of the livelihood of the people that are affected.

I also want to mention that in all our criticism, I am realizing that I am valuing quite a lot how much has been done so far and that we can have this conversation around this at this level. At this moment, we will continue criticizing, but also think of how much more we can do.

My personal motivation and interest in this topic comes through close family members that are affected. Over the years I have gained insight into the mental health care systems in Macedonia. Also, I'm just reading a lot. The whole problematic aspect was not completely unfamiliar to me.

Jervert: I've heard some people say that if you don't see psychiatric oppression, you're not seeing the full picture of systemic oppression. And I see in your schedule of panels and talks that there are these huge important cultural, societal, economic themes of human rights, systemic oppression, state violence, and decolonization, but art-making plays a seemingly central role as well. You have a panel of artists who we will be talking with shortly in this podcast who are focusing on art and survivor empowerment.

This was something I am very interested in as the arts editor of Mad in America. Why was it so important for you to include the arts in this conference?

Veljanovska: We combine a very intersectional approach in our conferences, but the arts are also my home field—arts and culture. I believe that artistic language can complement and add a completely different dimension to the discussion about mental health.

Here I mean the arts in its widest sense, like all the formats: dance, performance, movement, painting. There are much more embodied practices, but also more conceptual forms like video art, film, and sound. Art can diversify the vocabulary we have at hand, when discussing mental health, and when are discussing the experiences that the affected people have, artistic practices are an obvious way of making these conditions experience-able, or bringing others closer to how it feels.

Art, for me, simply has a role in this conversation, it has the capacity to give shape to feelings and emotions.

Another aspect that we will discuss on this panel is art used as a therapy, as a common tool in treatment. Here, the artistic practices can serve as a coping strategy. In the panel, both perspectives will be discussed hand-in-hand, because the panelists are also experienced in this. They present three approaches in art-making which are different in their foremost talent and thematic focus, but they are all deeply insightful.

For me, it was crucial to have this aspect of the conference, and I want to mention that it's not only the art panel. We will present in-depth artistic approaches and strategies, but also we open the conference with a performance by Marcello, who you will speak with later on. We will show a movie that is called Faces of an Exhibition that actually works with people who are experiencing hearing voices and experiencing psychosis and schizophrenia.

We are including these practices that are rare and quite valuable for the conversation.

Jervert: I am looking forward to speaking to the three artists. You've touched on this a bit, but I'd love to hear you expand on your thoughts around how you see art-making contributing to the fight for justice and mental health.

Veljanovska: It's not a simple answer. As any answer with art is not simple, because the conclusions come some years later maybe, but I think we need the arts to achieve a more just and compassionate approach to mental health. To me, art can be straightforward, critical, political, bold, and subversive, and this is not seen from other fields. There are many societal topics that are discussed in the artistic field much earlier than any other field. It is necessary to learn, to pay attention, and develop this kind of shared understanding of the individual experience, so then we can come to the big picture.

In this respect, the artist is not only giving an opportunity to process personal experiences, but can also be a vehicle in the survivor's fight for social justice and self-empowerment.

Jervert: Thank you so much, Elena. I am excited for this conference. I will be watching live online and I am looking forward to all the wonderful conversations. It is important work that

you and the Disruption Network Lab are doing.

Veljanovska: Thank you, Karin. I don't think there is a more fitting medium for this topic.

Jervert: To talk more about this topic, we invited the artists from one of the panels at this conference. Moderated by Lily Martin from the Alanus University of Arts and Social Sciences, the panel focuses on art and survivor empowerment and these artists' methodology while working with different mental health conditions by using research, humor or art therapy as means of expression and framing proactive practices.

I'll start off with Dolly Sen. Dolly Sen has a brain of ill-repute. Because of that she is an internationally renowned writer, filmmaker, artist, and activist. She is a working-class, brown, queer person who is interested in the disability and madness given to us by the world. She wants to disrupt the systems that produce that programming called oppression, not through Trojan Horse viruses but with my Little Ponies on acid with a little sadness in their hearts. You can learn more about Dolly at DollySen.com. Dolly, thanks for being here.

Dolly Sen: Thanks for having me.

Jervert: I wanted to ask you about your project *Bedlamb*. This is part of another project called *Section 136*, where you have conversations about madness with people on a bed, filled with stuffed lambs. Can you tell us a little bit about that?

Sen: I've been a filmmaker for about 20 years. In fact, I did my degree in film and I have tried to get films on mental health by survivors onto TV, and it hasn't happened. When I watch films, people who have a connection to mental health are being interviewed, but I was interested in what the person on the street felt about mental health, madness, and what drives people mad and how we can help people.

I did two *Bedlambs*, one actually in *Bedlam Hospital*. I interviewed mostly artists, and some of them did have a connection to mental health. They were very interested in the political side of mental health and why people were driven mad, and how the world drives people mad, and their answers to people's distress was partly political and making social changes.

Then I did one in my then hometown of Great Yarmouth, which is a quite poor, deprived seaside town in Norfolk, England. I basically propped up the bed with lots of cuddly sheep on a high street and invited the passers-by to just come to talk to me about madness. They had a slightly different approach. When I asked what is driving people mad, more than two people said Boris Johnson. People were talking about lack of secure housing, poverty, discrimination. They understood—which surprised me because I would've thought a lot of people would say something's wrong with their brain because that's the story that's put out by psychiatry, it's all in the brain. I don't think of distress as a broken brain, I think of it as a broken heart.

It was an experiment that confirmed what I thought of what madness is. There are people who thought the answer is helping people by investing more money in mental health system, but mostly it was people saying that the person's situation and experience needed to be changed and they couldn't change it, it had to be a political or economic thing.

Jervert: That's really wonderful to hear because when you work in this field of activism, you feel that the medical model is so pervasive and the narrative is so ingrained that if you were to

talk to the public, the answer would always be “there is something wrong with their brain.” But, when you did the *Bedlamb* project, the general public was actually—and maybe it was the way you framed the question, too—they did name oppression, they named housing trouble. They named these ways that mental health is not exactly encouraged in our social and economic environments.

Next, I am going to introduce Anika Krbetschek. Anika is a multidisciplinary artist and curator, working artistically through mental experiences, such as disassociation, trauma, compulsion, as well as its effects on identity and perceptions of the world. She learned how to express herself and transform emotions and experiences through working for years with, and learning from, art therapists. In her curatorial work and collaborative projects, she applies inclusive approaches and aims to build artistic spaces in order to create an empathic form of education around inclusion and mental health.

You can find out more about Anika at AnikaKrb.com. Anika, thank you so much for being here.

Anika Krbetschek: Thank you so much for inviting me.

Jervert: I read something on your website that really jumped out at me. Can you tell us more about the line, “Without dream and intuition, nothing real can move?”

Krbetschek: I would actually go back to being a child. I was very much absorbed by my dreamy way of perceiving the world around me. Since then, I am always getting lost in structures, the branching of a tree, the glittery surface of water. This is really an essential part of my personality, which is enjoyable. But I also know a drifting away or a similar feeling, which is less enjoyable. Drifting away comes as a freezing reaction to triggering situations, and it’s less controllable, and it impedes my daily life.

Through an artistic perspective I’ve created a relationship between my dreaminess and my dissociative disorder. Exploring this artistically releases so much tension inside of me. It’s such a beautiful act because through connecting the dissociative state with dreaminess or the concept of dreaming puts this disorder outside of the frame of illness for me.

This artistic method is linked to what the quote means. You can also see this in a project I do. It’s called *Amoeba*. For *Amoeba* I used the concept of “unicellular” beings and their way of moving forward as a metaphor for psychological growth based on trauma. In this work, movement in the sense of transformation, is a task of the unconscious. This is also what the quote says: Every outer movement evolves from an unconscious movement, like dreaming or intuition. There is something interesting about intuition, because even though 99% of everything we do, we do intuitively, in capitalist societies, we are very much focused on rationality.

This is also reflected in the mental health system. When I did behavioral therapy, I learned how to analyze my behavior rationally. I did lots of tabular analyzing. I love analyzing, but there are so many processes that are tickling the unconscious that are neglected. Art and art therapy holds a perspective that is not necessarily rational. That’s the reason I love making art and why I want to make art my profession, because I don’t know any other job where I could use my psychological condition of being a dreamy, intuitive being. My so-called illnesses are an artistic resource.

I think real stuff in the end is whatever real stuff is or reality is, but in the sense of something psychically manifesting, that is something that will always be interpreted and perceived, and understood in new ways through our unconscious path.

This sentence tries to describe that and also points to the ability of using the act of dreaming and intuition to create and change reality.

Jervert: I've never heard such a wonderful exploration and explanation of what art is. I feel similarly to you about how this works in us. I love the way that art can hold us as complete beings and diverse beings, which is just so wonderful. So thank you for that.

I am now going to introduce Marcello Lussana. Marcello is a research associate and coordinator of the project Social Interaction Through Sound Feedback, Sentire. Since 2012, he has been a composer and programmer for different projects, such as Motion Composure and Metabody. He lives in Berlin and produces computer music for audiovisual performances; dance, theater, and live electronics. He is currently a PhD candidate at Humboldt University of Berlin on the subject of interactive music and body perception.

You can find out more about Marcello's project Sentire at Sentire.me. Thank you so much for being here, Marcello.

Marcello Lussana: Thank you for the invitation.

Jervert: Your focus as a composer has been on interactive systems. Can you tell us a little bit about what that means?

Lussana: About 10 years ago, I started to discover a different way of interacting with music. Historically, computer music, or electronic music, has been seen as detached from body movement, because we don't have a direct interaction between the movement and the sound generated. But this kind of connection was re-established in the 1980s in experimental arts, performance and sound, but also others. Performance art started to use different kinds of sensors to connect body movement, or biological activity of the body, with sound generation.

I found it interesting and motivating, this way of reconnecting the body with sound. I think it's at the basis of our way of interacting with the world, not necessarily just to my work as a composer. We usually move and hear some sound, that's how we relate to reality, or one way we relate to reality. At the same time I was fascinated because this way of connecting body and sound generation also gives you extra information about your body perception.

I can relate to what Dolly and Anika said. Dolly mentioned that psychological problems are often seen by psychiatrists as related only to the brain, but it's actually a more embodied issue. It would be very, very limiting to look only at the brain. If we instead focus on perception, that's what many forms of art therapy do, independently from interactive sound. That's a way to get back to your body and get into this relationship between body and mind. In the end it is all an abstraction. We always function, we always understand reality as a whole.

To me, connecting sound with movement was interesting from this possibly therapeutic usage. As a gate to body perception and at the same time, to therapy.

Related to what Anika mentioned is how can we connect these dreamy human beings we are in such a functional, goal-oriented society. I see this as a challenge for ourselves and other people who get in touch with such artworks, to question human functionality and capitalistic society. Of course, it's a long path and it's very personal and it's definitely not straightforward, but to me that's a strong motivation behind my project.

Jervert: I am excited to hear more about Sentire, which is one of the interactive sound works that you do as therapy.

Let's dig into some art questions with the three of you. First, something that all three of you have in common is that you see art as a practice and a process that can transform distress. How does the process of transforming distress manifest in your art practice?

Sen: For me, it's a reclamation of power. It's changing the narrative of the story. This is why I say to people, I am a person who has experienced oppression and abuse, and those were the things that write my life story. Your creativity and art-making is the way you take control of that pain. But also, if you are labeled mad, you are not allowed to tell the truth about anything. So art enables you to tell the truth about yourself. I feel like I have to take on the world and change things. So art is my shield to be able to face the world. It does a lot of things, actually.

Jervert: Do you think the ability to hold and express truth is a core aspect of transformation?

Sen: I think so. Art is the only way I can tell the truth and have people accept it, which shouldn't be, but that's the way it is. That's the world we live in at the moment, unfortunately.

Jervert: Being able to hold and tell the truth and having the reception on the other end be compassionate and non-judgmental.

Krbetschek: I would like to give an example regarding getting control back, maybe in a different perspective. I tried to bring up my therapeutic process last year on the stage in a quite direct way. I was doing a reading performance of diary entries which I did in the last 10 years, containing texts and poems I wrote down to get through violent experiences and sexual, physical, and mental abuse. The central point of this performance was that I would always experience re-traumatization while reading these diary entries on my own. I felt like bringing this intimate, but also ugly moment, onto the stage and framing it as an artistic act would give me control back over the situation. It was a bit of a risk, because I could also just have had a flashback on stage and that's it. But, I had a really powerful and therapeutic moment with this performance.

I also got resonance from the audience, they had a therapeutic moment with the performance as well. This also brings light to the fact that so-called illnesses, which are linked to certain experiences such as trauma or as a result of abuse, are framed in the societal context and linked to structures of power and hegemonic structures. That's why I think that making so-called illnesses visible through art is not only an act of self-therapy, but also always points to societal and systematic issues, and stand in an activist and justice-related context.

Jervert: Yes, the individual transformation becomes collective transformation through the art process.

Lussana: A similar perspective, but a very different way of performing and acting, the intention of Sentire was in this direction as well. The way we usually perform as a performer is on the stage. We invite one person from the audience, and we interact together for about 10 minutes, and then the next person, and we do this for about one hour.

The sound changes depending on the distance and touch between these two participants, and we always wanted to keep it this way. We could have theoretically added an extra-sensor that detects the individual movement of one person, but we decided to keep it simpler this way. The sound reacts based on both persons. This means you have to be conscious of what the other person is doing and how it's relating to you. If both persons are not moving or not changing the distance, but only individually moving, nothing changes in the sound. So, it was also meant to create more empathy and more connection between the two people interacting.

The performance was more open from this point of view, as art often is. Art therapy in a broader sense, but it has been used in a couple of therapy systems. For example, where they talk about feelings and then act. For example, the couple just had a fight and had a therapy session and this was given as an exercise giving by the therapists. They have to negotiate their distance. So, it can work from both points of view. It can become a tool for therapy, but it can be also a tool for exploring the other person and the connection with that person.

Jervert: I wanted to ask you more about this concept of art as activism and art as serving to contribute to human rights and justice in the mental health system. I want to first ask you about this perspective of art as transformation, how this informs your projects in mental health.

Let's expand more on how your projects are being informed by the way art is transformational and specifically how this engages with the mental health community.

Krbetschek: For me, becoming an artist is very much linked to my psychological works in progress. Working with art means finding translations of psychic movements, of emotions, sensations, and impressions. It's also holding something other disciplines cannot for me. Especially being a survivor and an artist. Mental experiences, especially trauma, need ways to be expressed and processed.

Trauma taught me that not every memory can be approached directly. Sometimes we have to find ways around it. I think art can deliver these ways to express feelings linked to trauma through abstraction or through metaphors, and it can be visual or coded in poems, or in a movement of a performance. I learned how to work artistically, especially in my time working with an art therapist—therapeutic approaches and methods are essential in my art-making process. My work is fundamentally process-oriented, using intuitive and raw expressions, and being with opportunities to self-reflect.

It also has become more important to me to contextualize my work and make it comprehensible, contextualizing it in social structures, because my aim is to create emotional reactions, especially emotional empathy, like Marcello already said, and to destigmatize so-called mental illnesses. I think destigmatization is one of the most important processes for systematic change and structural change in a social way.

Jervert: I am curious to know where you think the art therapy field is, as far as being aligned with alternative views towards human rights. Art therapy is an institutional model that can be subject to the same systemic oppression that other psychiatric models can. I wonder where you see the art therapy model right now.

Krbetschek: I cannot give a very specific answer to that, because I'm not an art therapist. I'm not in the research field. I experienced art therapy, and that's seven years ago. I do know a bit about the connection to the so-called outsider artist. Everyone who is marginalized in the art industry is still very much in a conflict in a field of discrimination and inclusion. It's not like there isn't a lot happening, and way more visibility, but still, it's always a separationist system.

We have a term especially for people outside of the art world and it's an empowering process to have their own category. But, it's still a category. I know that's not really regarding art therapy, but this was an individual experience for me.

Jervert: It's really interesting, the idea of outsider artists. Art can sometimes create exclusion because of different ideas of what is an artist, what is art, what is good art, what is bad art—all these things can create ways of excluding certain groups and marginalizing certain artists. It's an important thing to keep in mind, opening this process to all people. As it was from the beginning of the human race, art was always for everyone. Somehow, we got lost, maybe in the capitalist system, around excluding and making it elite. It's a very interesting conversation to have as well.

I want to give time to Dolly and Marcello to talk more about the question about working within mental health with this perspective of art is transformational.

Sen: This is not related to that, but it's a response to what was being said before. When I started as an artist, I was invited to an outsider art fair to sell my stuff and I had the criticism that my work didn't look mad enough. They said, "You don't look mad enough, your art doesn't look mad enough. So people won't be interested." It is elitism and it's one group of people dictating what the other should be. Like you said, art is for everyone. Somebody else in the same fair said, "Your art is too intelligent to be in this," and I just thought that was so disrespectful.

Art, to me, explores what it is to be human. Humanity is art and art is humanity. I think psychiatry at the moment is quite inhumane. I am trying to get the two to meet in the middle. I actually was an activist before I was an artist. I was standing outside of the Motley Hospital, which is a very famous psychiatric hospital in London, where I was the patient with a placard saying "Abuses are happening here." I realized that people passing me on the street were just thinking, "This is just a loony," and I was having absolutely no impact or influence on people who were running the place.

I realized art and humor were a way to communicate to the public what was happening in a way they could understand and relate to. Also, using art and humor was hard to ignore—the heads of the hospital couldn't ignore me doing a Trip Advisor review of their hospital, for example. The art came after the activism. It's a great way to communicate and in some contexts it can't be ignored.

Jervert: There is something about the context of art that creates something more accessible, something more relatable, something that can really perpetuate empathy and understanding,

which is what you try to elicit when you're trying to make social change and for people to see the abuse that's happening.

Lussana: It relates to what I was mentioning before. The transformational aim in Sentire was to let the participant explore directly. That's why we wanted to engage the audience, and try this connection with sound out together with another person. Proximity is not really seen as one of the five senses, but it is somehow a sense, it's something we perceive all the time. But usually we don't give it so much attention. We do give it some attention, but in specific contexts. For example, for sex it's the proximity and touch that has a lot of importance. But otherwise it's usually something professional. When we do some kind of physical therapy it's something comfortable or uncomfortable. Someone getting too close to us, keeping a certain distance, and so on.

The people who explore this sense are dancers or performers. For a dancer, it's totally normal to play with distance with other dancers or performers. With Sentire, we hope to open this door for the participants, and give a bit of a hint to what is there to explore even without this system. You can explore it every day at any moment. As I said before, for me, body perception is strongly connected with therapy and mental health. So that's the transformative potential that I see in Sentire.

Jervert: I am seeing it as a bit of a door that can be opened, one of many, for people to explore their emotions in relationship to the world, in relationship to their body, in relationship to other people's bodies, and connect to how their relationship with the world is in the process of healing—affecting their mental health. It's another way people can travel that path towards healing, which is wonderful.

I remember a book called *The Silent Language*, about non-verbal communication. I read it way back when I studied communications in college. The amount of communication that is happening in a non-verbal way with space, proximity, and things like that, is quite profound. It's a very rich part of the human experience to explore as far as how it relates to healing.

Lussana: Yes, the book is by Edward Hall. That was the person who coined the word Proxemics. Proxemics is basically the study of distance between humans, but in the case of Hall, it was mental—for architecture and urban environments. Now it's an established term to talk about distance and also the cultural value of that. Not only the physical distance, but how we perceive distance based on age, cultural background, and how it is strongly related to our mental state.

In the case of different conditions of mental health, the perception is different between individuals. It's very important to talk about, to see distance in this more complex way and not just a measurement in centimeters.

Jervert: This reminds me of another book called *Healing Spaces*, which is about the way we architecturally create institutions of healing, like hospitals. They didn't talk much about mental hospitals. I am working on a project actually with people in Berlin right now, *Sound and Psych*, around how sound environments affect our mental health and how mental institutions are built a certain way—create certain sounds and affect how we “sound,” what sounds we're comfortable making. If we are allowed to listen to music or things like this. It is a restricted sound environment, which is connected to the power dynamic in that situation.

I am just noting that all of these ways we don't normally think about healing are so important. Environments are built around how human beings interact and communicate with one another, and these environments can be detrimental to our health, or they can be helpful to our healing, depending on how we approach the research and wisdom we are looking for.

We'll finish off with one last question, expanding again on this social justice issue that the conference is based on—madness and justice in mental health. I'll rephrase it a little bit: If you were to see art playing the ideal role in mental health institutions today, what do you think that would look like? What do you think that would be from each of your perspectives?

Sen: That needs a lot of deep thinking. The instinctual answer I can come up with is just give it over to the artist for a year and see how it goes.

Jervert: Yes! I love that.

Lussana: There is a big need to connect with human beings. I don't remember who, but someone said, in our society, we see mental illness as a problem, but in more traditional societies people with such problems would be shamans or people who work with healing, with dreaming, as Anika mentioned before, with art and with therapy in the end.

We should find a way to understand what we call mental issues and work more at the core of our society. In the end, this is only a problem of society that just pops up as a problem of individual people. That's what we really need: We need more connection between people in our society. That's probably what is missing most.

Krbetschek: There is a very intense history of art and psychology. This history is very much marked by separation and discrimination and abuse. There is psychiatric art very much marked by injustices and injured human rights. Artists with mental illnesses are now able to work artistically. And every time we are working around mental conditions authentically and critically, some kind of collectivistic healing process happens regarding this history of psychology and art.

Still, the art market and the industry suffers from problematic structures, especially for marginalized groups. There is so much potential for inclusion, in the wide understanding of inclusion, inclusion of all marginalized groups, not only people with disabilities. It is actually good for all of us. This inclusion is fundamentally linked to human rights.

Jervert: Thank you so much, all of you, for being here with me today. It's been a wonderful conversation.

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Behörden machen kränker

Eine Konferenz wirft den Blick auf staatliche Gewalt gegen psychisch kranke Menschen

Claudia Krieg



Für einen psychisch oder seelisch kranken Menschen kann jeder Weg zur Überforderung werden. Gibt es dafür kein Verständnis, verschlimmert sich oft der Zustand.

Foto: dpa/Sina Schuldt

Von Gewalt zu sprechen, ist in vielen Fällen gar nicht so einfach. Julian Schwarz forscht und lehrt an der Klinik für Psychiatrie und Psychotherapie der Medizinischen Hochschule Brandenburg in Rüdersdorf bei Berlin. Er erklärt am Beispiel einer seiner Patient*innen, wie schnell eine staatliche Handlung gegenüber Menschen, denen es psychisch nicht gut geht, in Gewalt umschlagen kann.

Es muss dabei nicht unmittelbar um physische Überwältigung gehen: »Eine Frau, Mitte 50, hat ihr ganzes Leben lang gearbeitet und wird dann krank. Die Krankenkasse will ihre Krankschreibung über die Hausärztin nicht akzeptieren, und wirft sie über ein Gutachten und wegen formaler Gründe aus der Krankschreibung«, berichtet der Mediziner. »Wenn das Krankengeld nicht kommt, bringt das die Menschen in eine noch schwierigere Situation. Es macht sie kränker«, betont Schwarz. Er sehe im täglichen Geschäft vielfach diese Art von Gewalt, ausgeübt von Krankenkassen, aber auch von Jobcentern. »Wenn da jemand aufgrund seiner Erkrankung nicht zum Termin erscheint, erfolgt willkürliche Sanktionierung.« Es gebe kein Verständnis für Betroffene. Auffällig sei zudem, dass seit der Corona-Pandemie deutlich weniger Maßnahmen für gesundheitliche Vor- oder Nachsorge – wie Aufenthalte in Reha-Kliniken – bewilligt wurden, sagt der Arzt. »Wenn jemand eine Reha machen möchte, dann hat er auch Bedarf«, ist er sich sicher. Neuerdings werde bei Anträgen viel mehr nachgefragt und Widerspruch eingelegt. »Das kannte man so bisher nicht«, sagt Schwarz. Rehabilitierende Maßnahmen zu verweigern, komme jedoch einer Behinderung des Genesungsprozesses gleich.

Schwarz wird am kommenden Samstag bei der internationalen Konferenz »Madness« (dt. Wahnsinn) im Kunstquartier Bethanien am Kreuzberger Mariannenplatz eine Diskussionsrunde zum Thema staatliche Gewalt und psychische Gesundheit moderieren. Das ganze Wochenende über werden dort im Rahmen zahlreicher Veranstaltungen und Workshops, die auch online zu verfolgen sind, die Chancen für ein Gesundheitssystem ausgelotet, das »auf Menschenrechten, Fairness und Gerechtigkeit basiert«, wie es in der Ankündigung heißt. Wissenschaftler*innen, Menschenrechtsaktivist*innen, Künstler*innen und Ärzt*innen, auch Betroffene kommen zu Wort, also Menschen, die mit psychischen Erkrankungen leben und daraufhin stigmatisiert wurden.

Wie kann das gesellschaftliche Bewusstsein für den Umgang damit geschärft werden? Julian Schwarz spricht von »Wissenslücken« und einem regelrechten »Bildungsdefizit«. Beim Behördenhandeln habe das gravierende Folgen:[1] Polizeibeamt*innen erlebe er oft »grundsätzlich grenzüberschreitend« – nicht nur im Umgang mit seelisch und psychisch kranken Menschen. Personen, die in der Öffentlichkeit auffällig werden, würden häufig in Handschellen in die Rettungsstellen gebracht, weil die Polizei sie als fremdgefährdend betrachte[2]. Die Möglichkeiten, Beamt*innen in Deeskalationstrainings zu schulen, nutze die Behörde selten. Auch zu Nachbesprechungen von Situationen, in denen Polizist*innen kranke Menschen im Klinikumfeld gewaltvoll behandelten, fehle oft die Bereitschaft, sagt Schwarz.

<https://www.disruptionlab.org/madness> [3]

Links:

1. <https://www.nd-aktuell.de/artikel/1167691.polizeigewalt-die-gefahr-ueberforderter-wachhunde.html>
2. <https://www.nd-aktuell.de/artikel/1166455.polizeigewalt-bis-zur-bewusstlosigkeit.html?sstr=nora|nol>
3. <https://www.disruptionlab.org/madness>

Quelle: <https://www.nd-aktuell.de/artikel/1168798.staatliche-gewalt-behoerden-machen-kranker.html>

Berlin » Pop-Up Institute's Lily Martin on Madness, art and empowerment

24.11.2022 - 16:28 Uhr



Interview

Pop-Up Institute's Lily Martin on Madness, art and empowerment

Co-founder of the Pop-Up Institute Lily Martin spoke to Exberliner about working to destigmatise mental illnesses through creative arts therapies. This weekend she'll be taking part in the Disruption Network Lab's conference 'Madness: Fighting for Justice in Mental Health' at the Kunstquartier Bethanien.



Lily Martin. Photo: Simon Reichel

What is the Pop-Up Institute and what do you do?

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The Pop-Up Institute is a location independent, process oriented institute. The projects always circle around the fight against the stigma of mental illnesses. One of our main goals is to work truly collaboratively. We bring together people with the experience of mental illness and artists or creative arts therapists and enter into a collaborative process with an uncertain outcome. For our first project, 'Mental', for example, we worked with artists and people who've experienced schizophrenia. They came together and worked for over a year in different constellations. Sometimes all together, sometimes in little groups. In the end an interactive exhibition was created.

What would you say is the biggest way that mental illness is misunderstood and stigmatised today?

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defining features, have a diagnosis. Mental illness becomes the only defining characteristic in other peoples' eyes. For example, people living with schizophrenia are perceived as dangerous or unpredictable and people with trauma from the war could struggle to get employment, lose their job, or have problems getting an apartment if people find out that they have mental illnesses. So they become very isolated.

What role can the media play in this stigmatisation?

Media has a very big impact. For a long time people living with mental illnesses have been depicted very badly in the media. They're represented as predators who are crazy and who do bad things to other people. That's the image many people have of those living with mental illness. It totally disrespects the 99% of people who have a diagnosis and would never do anything harmful to anybody.



Martin will be moderating the panel discussion, 'Art and Survivor Empowerment' at the Disruption Network Lab's conference 'Madness: Fighting for Justice in Mental Health' on Saturday 26 November, 20:00 – 21:30.

Have you observed any ways in which people can incorporate art therapy-type practices or techniques into their own mental health care in an everyday way?

A big lesson from our work in the past year was that, whether or not you have a diagnosis, everybody has things that they have to process and that have a big impact on them emotionally. It doesn't matter if you are diagnosed with schizophrenia or not, we process things very similarly. For example, some people use creative nonverbal methods like painting or movement to process their emotions and their feelings. This is not a designed therapy, but it can have a therapeutic impact on you.

The Pop-Up Institute's approach to collaborative work is unique because everyone (professionals and people with mental illness) have equal responsibility for the project. How do you make this work?

In our process, we understand that everybody has a certain expertise. Artists or creative arts therapists contribute their experience with the arts and nonverbal methods to the collaborative process. That's their expertise. People with the experience of a mental illness contribute their experiences, emotions and thoughts as their expertise.

We also paid everybody the same amount of money for the hours they put into the work. That's something that we've been told was healing and empowering. It's empowering to have gone through a process and learnt something from it. Then to be able to use that experience as expertise, work with it and give it to others. It has a meaning and a value. It's not just a bad thing and although it was hard, it's not something you have to hide or not talk about.





Installation view from 'NO MUD NO LOTUS', part of Pop-Up Institute's first project 'Mental'. Photo: Pop-Up Institute

In many ways it feels like mental illness is actually becoming increasingly de-stigmatised, but those kinds of conversations are only really happening in privileged and often white spaces. Do you have any thoughts on this kind of class and race discrepancy in discussions around mental health?

The Disruption Network Lab's Madness Conference is international and there are contributors who have experienced some very disturbing things involving racial prejudice. I think that here in Germany we have quite a good healthcare system, it's not perfect, but at least people don't have to pay for some psychotherapy, arts therapies or for going to the clinic. But it is very Eurocentric and I think there is a lot of injustice for people who define themselves as a person of colour. At the Pop-Up Institute, we've worked with people who feel that once you're labelled as the patient, your voice is not really heard anymore, and I think that's even worse when you are a person of colour. There is definitely a problem with racism and structural discrimination.

What kinds of people would you like to see at the conference?

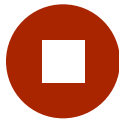
It doesn't matter what kind of experience you have. 'Madness' is not only for psychiatrists or psychotherapists, you can just be someone who has struggled with their mental health or experienced treatment that you might not have been happy with. Maybe you are an artist or creative arts therapist, or just someone who wants to know more about this kind of work. You could be an activist or maybe an advocate, it doesn't matter. Every voice is welcome at the conference and should be heard. It's about asking how we can change our mental health system and make it just and fair for everyone.

- The conference runs from Friday 25 November – Sunday 27th at Kunstquartier Bethanien (Mariannenplatz 2, Kreuzberg) and events will be streamed online for free. Visit Disruption Network Lab's [website](#) to buy tickets and read the full programme.

Lily Martin founded the Pop-Up Institute together with Kerstin Schoch. Lily is a researcher at Alanus University of Arts and Social Sciences.

She will be moderating the panel discussion 'Art and Survivor Empowerment' at the Disruption Network Lab's conference 'Madness: Fighting for Justice in Mental Health' (Saturday 26 November, 20:00 - 21:30)

Madness – Konferenz über Mental Health Care Injustice



16:53 Minuten

Veljanowska, Elena; Wesemann, Nina; Wesemann, Nina · 25. November 2022, 14:35 Uhr

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