

Champs libres

In pursuit of art brut (2)

By Sarah Lombardi

In this essay, I discuss the issue of the status of art production by the mentally ill from a historical point of view, from the late nineteenth century to the present. We will see how this production, excluded from the official art field until the early twentieth century, was gradually accepted, first through publications by psychiatrists, then by avant-garde artists, for whom these works opened an infinite variety of paths to explore. I address the therapeutic context, the notion of art therapy, and the misunderstandings that these give rise to. I also discuss how works made in art-therapy workshops are frequently assimilated into art brut. Finally, I look at a particular case: Carlo Zinelli, a former patient in the Verona psychiatric hospital, today considered a major late-twentieth-century artist.

This text accompanies the virtual exhibition *Champs libres: In pursuit of art brut (2)*, which features the works of six artists who attend various visual-arts workshops in Quebec. Although each workshop functions differently, their common objective is to enable people who are or have been affected by a mental illness to express themselves by making art.

I. Publications: From a Medical Approach to an Aesthetic View

In France, from in the late nineteenth century to the mid-1920s, the artworks of the mentally ill were the subject of publications written by “alienists.”¹ In these early writings, production was addressed from a symptomatological view, an approach that sought to set the parameters of insanity by studying patients’ artworks. An article by the famous Turin criminologist Cesare Lombroso (1835–1909), “L’arte dei pazzi” (1880), fits within this perspective.² Then, in *L’homme criminel* (1887), Lombroso distanced himself from the medical approach by establishing parallels between the works of the mentally ill and those of professional artists. This relationship was based, however, not on an artistic dimension common to artists and the mentally ill but on the notion of insanity: Lombroso

¹ Toward the end of the eighteenth century, a new perception of madness conferred upon the mentally ill the status of “alienated.” Now considered normal people who had temporarily lost their mind, they were no longer imprisoned alongside criminals and the destitute, but locked away in asylums built specifically for them. Physicians who specialized in the treatment of insanity were called “alienists.”

² Cesare Lombroso and Maxime Du Camp, “L’arte dei pazzi,” *Archivio di psichiatria, antropologica criminale e scienze penali per servire allo studio dell’uomo alienato e delinquente*, vol. 1 (1880): 424–37. Lombroso also collected all sorts of objects made by the mentally ill (escape tools, weapons, etc.), which he exhibited in a small museum of “criminal psychiatry” annexed to the chair of medical-legal medicine of the University of Turin. This site has recently been opened to the public. On this subject, see Lombroso’s article “Il mio museo criminale” (1906), *L’Illustrazione italiana*, 33, no. 13 (April 1906): 302–06. Following Lombroso, a number of European psychiatrists (Auguste Marie in Paris, Charles Ladame in Geneva, etc.) built collections, aware of the artistic and heritage value of artworks made by mentally ill people and the importance of preserving them. See, on this subject, Lucienne Peiry, *L’art brut* (Paris: Flammarion, 1997, collection “Tout l’art”), p. 25.

“analyzed the great artists and writers of his time in terms of pathological symptoms, accusing each group of ‘moral dementia’ or degeneracy.”³ Although the parallels that he wove were based on insanity and not on aesthetic criteria, he was transgressing against the dominant art discourse. Indeed, at this time, “the canons in force forbade such relations with ‘official’ art except for ill people who were skilled in the techniques.”⁴ On the other hand, the works of the mentally ill were openly compared to those of the “primitive arts” – that is, art from the Far East and medieval art – a comparison that was permissible insofar as “primitive” art was perceived as an archaic, infantile form of expression. Thus, the comparisons remained pejorative, either, like Lombroso, by claiming that artists were stricken with madness, or by stating that the art of the mentally ill was infantile and archaic, as medieval art was claimed to be.

The production of the mentally ill was thus excluded from the official art field until the end of the nineteenth century. But the winds began to change at the beginning of the twentieth century with the writings of the alienist Marcel Réja (pseudonym of Paul Meunier). In 1901, his article “L’art malade: dessins de fous”⁵ appeared in *Revue universelle*, a periodical published by Les Éditions Larousse. In 1907, Réja published, with the publisher of the periodical *Mercure de France* (once the periodical of the symbolists) *L’Art chez les fous: le dessin, la prose, la poésie*, in which he extended his research to both visual and literary works.⁶ As Lucienne Peiry, curator of the Collection de l’art brut in Lausanne, comments, “The pseudonym that Paul Meunier used proves the point to which this doctor was setting himself apart from institutional psychiatry; he addressed artworks without associating them with a diagnosis, recognized their emotional content, and proved to be sensitive to the quality and inventiveness of some of them. In situating the work of the mentally ill in the aesthetic register, he was bearing witness to a new attitude.”⁷ Through his writings, Réja introduced the art production of the mentally ill into the French literary and literary sphere of the time. But the status of art by the mentally ill was truly revolutionized by books written by psychiatrists Walter Morgenthaler (1882–1965) and Hans Prinzhorn (1886–1933) that were to mark “the advent of the schizophrenic artist.”⁸ This notion of the schizophrenic artist “was to definitively confer the double status of expression of madness and work of art to [production by mentally ill people] in the media.”⁹

³ Caroline Douglas, quoted in Michel Ragon, *Du côté de l’art brut* (Paris: Albin Michel, 1996), p. 48 (our translation).

⁴ M. Weber, B. Samuel-Lajeunesse, and A.-M. Dubois, “L’art-thérapie: expression de la folie ou thérapie par l’art?” *International Journal of Art Therapy*, No. 1 (September 1997): 23 (our translation).

⁵ Marcel Reja, “L’art malade: dessins de fous,” *Revue universelle* (Éd. Larousse) 1 (1901): 913–15 and 940–44.

⁶ Marcel Reja, *L’Art chez les fous: le dessin, la prose, la poésie* (Paris: Mercure de France, 1907, republished Nice: Z’édicions, 1994).

⁷ Peiry, *L’art brut*, pp. 24–25 (our translation).

⁸ Jean Starobinski, preface, Hans Prinzhorn, *Expressions de la folie. Dessins, peintures, sculptures d’asile* (Paris, Gallimard, 1984), p. ix (our translation).

⁹ Weber et al., “L’art-thérapie,” p. 23 (our translation).

II. Expressions of Insanity

In 1921, while he was still an assistant physician at Waldau, a psychiatric hospital (of which he later became director) in the canton of Berne, Switzerland, Morgenthaler published a monograph devoted entirely to Adolf Wölfli, a patient in the institution. “Rather than centring his attention on the pathological traits of this person, Dr. Morgenthaler conducted research that was above all formal, trying to determine his artistic style.”¹⁰ In this work, *Ein Geisteskranker als Künstler: Adolf Wölfli*,¹¹ the artist predominates over the patient: the artist’s full identity (first name and last name) is given, dispensing with the customary confidentiality for medical reasons. Moreover, the title makes it clear that the artist, and not the ill person, is the subject of the book.

In 1922, Prinzhorn published *Bildnerei der Geisteskranken*,¹² in which works from the collection of the Heidelberg University Psychiatric Hospital, which he was responsible for studying as a physician, were reproduced.¹³ This publication, presented as a real art book, enhanced with colour reproductions, went some distance toward changing the perception of works made by the mentally ill. In the text, “a number of times Prinzhorn uses the term ‘creation of art,’ according, in his turn, an aesthetic status to art production by the mentally ill.”¹⁴ As the popularity of this book, which was reprinted the very year it was published, attests, colour was incontestably a major factor in dissemination of the works of “alienated” people, particularly through the avant-garde artistic currents of the time, members of which were literally fascinated by these works.

III. The Avant-garde and Its Attraction to Deviant Production

The symbolists, expressionists, and surrealists were to valorize mental illness, seeing it as a springboard to their visual research. For the symbolists, “insanity allowed an approach to the essence of art due to its lack of awareness of academic commonplaces, making works ‘the translation of a soul.’ In expressionism, madness as intuition, a vision of the human being, drew on the same sources as does art, while the surrealist ideology emphasized the creativity of madness, often more or less identified with the unconscious.”¹⁵ The German expressionists talked of the art produced by the mentally ill in terms of “original strength” and “authenticity,” characteristics that they also attributed to children’s drawings. In their eyes, according to Michel Ragon, “children’s

¹⁰ Peiry, *L’Art brut*, p. 22 (our translation).

¹¹ Walter Morgenthaler, *Ein Geisteskranker als Künstler: Adolf Wölfli* (Berne: Bircher, 1921); English translation, *Madness & Art: The Life and Works of Adolf Wölfli*, trans. Aaron E. Esman and Elka Spoerri (Lincoln: University of Nebraska Press, 1992).

¹² Hans Prinzhorn, *Bildnerei der Geisteskranken*, 1st ed. (Heidelberg: Springer, 1922); French translation, M. Weber and A. Brousse, *Expressions de la Folie. Dessins, peintures, sculptures d’asile*, preface by Jean Starobinski (Paris, Gallimard, 1984); English translation, *Artistry of the Mentally Ill: A Contribution to the Psychology and Psychopathology of Configuration*, trans. Eric von Brockdorff (New York: Springer-Verlag, 1972; 2nd ed. 1995).

¹³ In 1920, this hospital’s collection, now known as the Prinzhorn Collection, contained 4,500 works from German, Swiss, Italian, and Austrian psychiatric hospitals (see Ragon, *Du côté de l’art brut*, p. 47).

¹⁴ Peiry, *L’Art brut*, p. 24 (our translation).

¹⁵ Weber et al., “L’art-thérapie,” p. 24 (our translation).

drawings and the paintings of the mentally ill constituted a primary resource comparable to that of Negro art for cubism in France.”¹⁶

The surrealists truly worshipped madness and were the first intellectuals to conceive of the works of the mentally ill as full-fledged artistic expression. As early as 1919, Max Ernst organized a Dada exhibition in Cologne that presented his works and those of avant-garde artists beside “drawings by children, African sculptures, found objects, and works by the insane.”¹⁷ In 1922, Ernst was writing a work devoted to art production by the mentally ill when Prinzhorn’s book was published and he gave up his project. André Breton, for his part, went in search of works by mentally ill people in the 1930s, fifteen years before Jean Dubuffet began to prospect in Swiss and French psychiatric hospitals.¹⁸

The symbolists, expressionists, and surrealists shared the idea that madness is essential to artistic creation, and each group appropriated a specific characteristic. Surrealists advanced the notion of the unconscious. But in placing the unconscious at the core of their work, they unwittingly threw into question the artistic intentionality of the mentally ill. And this led to the unfortunate conclusion, supported notably by Prinzhorn, that insane people “didn’t know what they were doing.”¹⁹ Dubuffet, who in 1945 defined the notion of art brut, and who was to build a collection of works half of which were by mentally ill artists, was firmly opposed to this point of view. In his opinion, “works by the mentally ill appeared . . . much more conscious than Prinzhorn allowed. They in fact showed little awkwardness or naïveté, and their technical quality was often obvious.”²⁰ I share this opinion: I do not think that people suffering with mental-health problems create by chance or without intention. This is a statement that is worth repeating today, when the idea that these artists work without a true aim or design is even better anchored in people’s minds, due notably to the recurrent references to the notions of “spontaneity” and “naïveté” that persist as leitmotifs in the discourse surrounding these works.

IV. The Therapeutic Context

In 1950, an international exhibition of psycho-pathological art took place at Hôpital Sainte-Anne, in Paris. Organized as part of the first World Congress of Psychiatry, this exhibition drew more than ten thousand visitors. The works of three hundred mentally ill people from hospitals in other countries, including Brazil, Canada, the United States, and Great Britain, were presented.²¹ This event was the first of its type to bring together works produced in therapeutic workshops attached to psychiatric hospitals and in the

¹⁶ Ragon, *Du côté de l’art brut*, p. 48 (our translation). In their well-known book *Der Blaue Reiter*, Wassily Kandinsky and Franz Marc reproduced a number of drawings by children alongside expressionist works.

¹⁷ Peiry, *L’Art brut*, p. 31 (our translation). I would also mention the exhibition *Le Surréalisme*, presented at Galerie Maeght in Paris in 1947, which featured works by surrealist and insane artists.

¹⁸ In 1948, André Breton published the essay “L’art des fous, la clé des champs”; see *La clé des champs* (Paris: Sagittaire, 1953).

¹⁹ Ragon, *Du côté de l’art brut*, p. 56 (our translation).

²⁰ *Ibid.* (our translation).

²¹ See, in this regard, the exhibition catalogue *De Sainte-Anne et d’ailleurs*, Galerie St-Germain, Paris, 28 June–11 July 2000.

context of individual psychotherapy. Yet, in the records of this exhibition, published by the magazine *Art d'aujourd'hui*, there was “silence regarding the therapeutic context to which the work owed its creation and its characteristics.”²² According to Weber, Samuel-Lajeunesse, and Dubois, what was left unsaid would be explained by “the incommensurate influence of surrealism as the authority of cultural legitimation [in France, at any rate], which seems to account to a great extent for this denial of reality, and which leaves intact the double status of art and expression of madness that had been constructed with regard to works perceived as spontaneously produced art.”²³ From then on, art discourse won out over the conditions under which the work had been produced. *Tabou magazine*, another publication for the general public, stated, for example, “Primitive, surrealist, or fauvist, the mentally ill rediscover all of pictorial art.”²⁴ Thus, more than a half-century after publication of the first writings on the works of the insane, the trend seems to have been reversed, with the medical aspect being subsumed under the artistic dimension.

In France, as all over the world, art therapy became very popular in the 1960s. Art therapy is a practice based on pictorial and/or graphical activity, in which the meaning of the work is created from a dialogue between the therapist and the patient. As Vittorino Andreoli, professor of psychiatry in Verona and chairman of the Section on Psychopathology of Expression of the World Psychiatric Association, notes, “We can also attribute a therapeutic meaning to art therapy in the sense that conflictual psychic energies are liberated, which creates a sense of well-being in the patient, independent of the comprehension that takes place at the moment the work is produced.”²⁵ Thus, the primary function of art therapy is a “liberation” that allows patients to express themselves through the production of art. However, as Andreoli reminds us, although the arts are involved in this process, “workshops in psychiatric milieus are neither art schools nor sites of apprenticeship in the medieval manner, because their goal is different: it is a clinical and therapeutic goal. . . . Our intention is not to train artists, but to at least improve the mental health and quality of life of ill people.”²⁶ Works produced in a therapeutic context thus are not a priori works of art and do not necessarily hold our interest as art. However, the media began increasingly to integrate the practice of art therapy with the production of works of art: “Today, the dominant modality is the exhibition of given works, implicitly or explicitly, as art.”²⁷ This phenomenon was manifested, especially within medical milieus, by the organization of exhibitions and publishing of catalogues, or by the creation of collections. And the term “art therapy,” thanks to the use of the word “art,” only reinforced this misunderstanding. As for art brut, which has greatly helped to fight the prejudices with regard to mental illness, it was unintentionally among the factors responsible for this “drift.”

²² Weber et al., “L’art-thérapie,” p. 25 (our translation).

²³ Ibid. (our translation).

²⁴ *De Sainte-Anne et d’Ailleurs*, p. 3 (our translation).

²⁵ Vittorino Andreoli, “Art des fous, psychopathologie de l’expression, art-thérapie,” *International Journal of Art Therapy* No. 2 (Jan.–Feb.–Mar. 1998): 9 (our translation).

²⁶ Ibid., p. 8 (our translation).

²⁷ Weber et al., “L’art-thérapie,” p. 24 (our translation).

V. The Influence of Art Brut

Given the growing popularity of art brut, the institutions that offer art-therapy workshops are increasingly tending to call the works produced in this context art brut. This assimilation is explained by the fact that the definition of art brut was based on works discovered in psychiatric hospitals – in other words, in a context similar to that where the first art-therapy workshops were located. However, beyond this common point, art brut has nothing to do with art therapy: art brut works were made not in the context of workshops but, usually, in solitude and secrecy, as borne out by the case of Aloïse (1886–1964): “In 1920, when she was thirty-four years old, Aloïse, who was confined at the Cery psychiatric hospital near Lausanne, Switzerland, began to make drawings and writings in secret, hiding in the bathrooms.”²⁸ At the time, patients did not have access to professional materials, and so they often used non-traditional supports; Aloïse “used scraps of paper . . . old envelopes, fragments of grey cardboard, bits of Kraft paper, the backs of calendars.” And although she had free access to paper and coloured pencils as of 1945, “she preferred above everything old wrapping paper, which she smoothed out and repaired.”²⁹ Later, art-therapy workshops supplied gouache, acrylics, pastels, sheets of paper, canvas, and other materials, and offered guidance by professionals (art therapists). Patients worked in groups; the aim was communication through the drawing or work produced within the workshop.

Today, as Michel Thévoz, former curator of the Collection de l’art brut in Lausanne, notes, “Art production is more abundant than ever in the psychiatric hospitals, precisely because a number of art-therapy and occupational-therapy workshops have been opened since the 1950s.”³⁰ It must be recalled, however, that until the 1940s, many works produced in these institutions were destroyed by the staff: “For sixteen years, all of Aloïse’s paintings, and all of her writings, were destroyed right away.”³¹ Only starting in 1936 were they preserved. What is more, as Thévoz notes, “It is a fact that the new psychiatric strategies have led to an abundance of pictorial and sculptural production. But as the quantity grew, the inventive contribution dropped.”³² Michel Ragon concurs: “Art by the mentally ill reached its highest level of expressiveness at the moment when the population in asylums was the most repressed. These artists, who were in reality clandestine artists, practised their art in secret. . . . Starting at the time when psychiatrists appropriated the expression ‘wild’ to make it one of the givens of their therapy, the artistic vein in the asylums had dried up. For the bullying and repression to which the nurses and doctors submitted the mentally ill, considering that their artistic delirium encouraged their dementia, was substituted an encouragement to paint, and now works of the insane were gathered as material that

²⁸ Ragon, *Du côté de l’art brut*, p. 64 (our translation).

²⁹ Jacqueline Porret-Forel, “Réponse au questionnaire,” in *Un vaste monde de lumière: Aloïse, Alice Bailly, Violette Diserens*, exhibition catalogue, Musée des beaux-arts de Lausanne, espace Arlaud, 10 February–22 April 2001 (Lausanne: Musée des beaux-arts, 2001) (our translation).

³⁰ Michel Thévoz, *Collection de l’art brut, Lausanne*, afterword by Lucienne Peiry (Zurich: Institut suisse pour l’étude de l’art; Geneva: BNP Paribas Suisse, coll. “Musées suisses,” 2001), p. 36 (our translation).

³¹ Ragon, *Du côté de l’art brut*, p. 64 (our translation).

³² Thévoz, *Collection de l’art brut, Lausanne*, p. 36 (our translation).

could be used in diagnosis.”³³ Although “encouragement to paint” is obviously better than bullying, and although we can only rejoice at the progress that has been made in this regard, it is true that as patients began to be encouraged to have an art practice, the urgency and the vital need to express themselves were less strong, affecting both the inventiveness and the vigour of the works produced. To this factor must be added the advent of neural sedatives. By attenuating both patients’ psychoses and hallucinations and their concentration, medications lessen their expressive power. But medications alone are not responsible for this phenomenon: “Independently even of therapeutic practices, insanity has changed; it has not evaded history nor, in this case, a context of homogenization, normalization, and social concern and/or control, which tends to generalize a state that one could call ‘borderline.’”³⁴

Therefore, it must be recognized that after 1950, art brut became rarer in hospitals and, as a general rule, few inventive works emanated from art-therapy workshops, where creativity was contextualized.³⁵ But there are still exceptions, as shown by the works of Denis Belleau, Steven Brodtkin, François Ducas, Karine Labrie, Jean Laporte, and Antonio Mazza, whose production is presented in the virtual exhibition *Champs libres: In pursuit of art brut (2)*.

Although they work at various visual arts workshops or related structures for the mentally ill,³⁶ these artists have in common that their work arises, in my view, not simply from self-expression but from an artistic vision. In this context, they must thus be seen not as mentally ill or “assisted” people but as artists whose work has been selected on the basis of aesthetic criteria. I will conclude with another, famous example: Carlo Zinelli.

VI. Carlo Zinelli: A Renowned Artist

A patient at the psychiatric hospital in Verona, Italy, Carlo Zinelli (1916–74) was confined from 1941 to 1973 for mental problems that developed into chronic schizophrenia. In 1951, he began to put graffiti on the walls of the hospital with a piece of wood and a pebble. The hospital staff tried to stop him, but he continued whenever he had an opportunity. Finally, he was given access to sheets of paper and coloured pencils. Later, a visual-arts workshop was set up in the hospital, from which Zinelli and other patients benefited. In 1960, Jean Dubuffet saw Zinelli’s works. Certain that he had found an art brut artist, he acquired a number of his works. Today, Zinelli is seen as an artist who was “recognized as such by artists and art critics, to the point that everything having to do with psychiatry gradually dropped to second place; in the most recent

³³ Ragon, *Du côté de l’art brut*, pp. 57–58 (our translation).

³⁴ Thévoz, *Collection de l’art brut, Lausanne*, p. 36 (our translation).

³⁵ On the drop in production of art brut within psychiatric institutions, see my previous article, *In pursuit of art brut*, in the Archives section of the Web site of the Société des arts indisciplinés <www.sai.qc.ca>.

³⁶ Denis Belleau works at Folie/Culture and at l’Atelier de la Mezzanine, in Quebec City; Steven Brodtkin, in the Wellington Centre, a structure attached to the Douglas Psychiatric Hospital in Verdun, Quebec; François Ducas and Antonio Mazza, in the Fondation pour l’art thérapeutique et l’art brut du Québec in Montreal, better known as Les Impatients; finally, Karine Labrie and Jean Laporte are associated with the Vincent et moi program at the Centre hospitalier Robert-Giffard, Beauport, Quebec.

exhibitions, the discourse of art predominates, and not that of his medical history.”³⁷ He had exhibitions in art galleries and museums as a contemporary artist. According to Andreoli, the case of Zinelli proves that “mental illness, even in the extreme form of chronic schizophrenia, is compatible with ‘great art.’ Carlo was certainly a great madman, but he was also a great artist.”³⁸ When they supplied him with drawing materials, the medical staff did not expect Zinelli to produce exceptional works. But he began to create masterpieces, and his drawings gradually gained value. As Andreoli points out, “This madman from the Verona hospital is now known in Tokyo, New York, and the major European cities, and each of his paintings is evaluated on the art market at about 20 million lire.”³⁹

However, in such a context, is it legitimate to see Zinelli fully as an artist, since he wasn’t aware of the value, either artistic or financial, of his work? And is there not a risk of appropriation when such production is submitted to the laws of the market in the same way as any other work of art? Answering these questions forces us to wonder about the notion of the work of art. According to André Boulon, art therapist and visual-arts professor, “Only two criteria seem to be able to stand up in an approach to defining art in the twentieth century. The first would be on the order of awareness by the creator of an ‘artistic’ finality at the moment of the creation and would resemble Dano’s notion of intentionality. The second would be Thierry de Duve’s principle of the declaration: ‘Any manifestation that the artist has proclaimed as such is art and will be accepted as such by society to which he belongs.’”⁴⁰ According to this point of view, which is debatable, one can summarize in three key moments the process leading to the creation of a work of art recognized as such by the art networks: the artistic intention pronounced by the maker, the considered production by the artist of a work of art, and the work perceived and pronounced as such by society. In Zinelli’s case, only the recognition of his paintings in the social field took place – a recognition that was expressed, in fact, totally independently of his will. Thus, according to Andreoli, “The pictorial production alone has its place in art, and not the mental illness that is its author.”⁴¹ Even if, in this particular case, one can only endorse this statement, it would be wrong to exclude patients systematically from the process of legitimation of their work. Indeed, some of them clearly manifest their artistic intention and designate their creations as works of art, sign them, and see themselves as having the full status of artist. But the fact remains that their recognition as artists within society depends above all on the process of constitution of “the value of art,” which is established by cultural actors (curators, art critics, etc.) and economic actors (gallery owners, art merchants, etc.).⁴²

As for the risk of appropriation by the art market, “pressures are inevitably exerted on creative artists to adapt to a notoriety that had been posthumous (for them)

³⁷ Andreoli, “Art des fous,” p. 5 (our translation).

³⁸ Ibid., p. 6 (our translation).

³⁹ Ibid., p. 5 (our translation).

⁴⁰ André Boulon, “Des sens qui se dérobent: pour une pratique essentiellement interrogative,” *International Journal of Art Therapy*, No. 1 (September 1997): 16 (our translation). See also Thierry de Duve, *Faire école* (Paris, Presses du réel, 1992).

⁴¹ Andreoli, “Art des fous,” p. 5 (our translation).

⁴² Raymonde Moulin, *De la valeur de l’art* (Paris: Flammarion, 1995), p. 221.

but which, today, is coming more quickly to them. In the United States in particular, we have seen some production, though promising, lose its vigour as the artist's success increases and he conforms imperceptibly to what seems to correspond to the wishes of collectors."⁴³ Thus, we must remain vigilant, to try to ensure that the production does not escape its creator and follow a fate in which he cannot take part. Unfortunately, we cannot prevent this.

As we have seen, in the early twentieth century, art produced by people suffering from mental illness was set apart from the art field and kept in shadow. Today, we are seeing the inverse phenomenon. On the one hand, these pieces are abundantly exhibited, either in the workshops where they were produced or in galleries and museums. On the other hand, now seen as positive a priori, they are often mistakenly called works of art. Yet, here as elsewhere, true works of art are a rare commodity. ■

⁴³ Thévoz, *Collection de l'art brut*, Lausanne, p. 49 (our translation).

DENIS BELLEAU

Denis Belleau was born in 1960 in Montmagny, Quebec and studied visual arts in college. He works part-time as an assistant ceramist technician at Loisirs Beauport, just outside Quebec City. He also writes a comic strip for the street newspaper *La Quête* and for community group newspapers. He regularly attends the Atelier de la Mezzanine in Old Quebec City, a visual-arts workshop set up in 1999 by Folie/Culture, an organization for people who have or have had mental-health problems.

Belleau is a prolific artist, producing ceramic pieces, paintings, drawings, and videos. In the “video minutes” workshop offered by *Folie/Culture*, during which participants make a one-minute video in three days, he produced three videos, which we show in this exhibition. The originality of his work resides in the fact that the images are based on drawing and are animated manually.

Atelier Folie/Culture

This organization has worked in awareness raising, information, and promotion in the mental-health field since 1984. It organizes events (exhibitions, performances, plays, etc.) that bring together people with mental-health problems and professional artists. It supports, produces, distributes, and disseminates the result of art research that is closely linked to emotion and madness. The organization also publishes a magazine, *Les Cahiers Folie/Culture*.

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Atelier de la Mezzanine

Atelier de la Mezzanine was created in 1999 by Folie/Culture. It offers artists who have or have had mental-health problems access to conditions in which they can learn, produce, and disseminate visual arts. Another goal of the organization is to help decompartmentalize art and to develop exchanges and communications with different milieus.

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JEAN LAPOINTE

Jean Lapointe was born in Quebec City in 1961. After studying human sciences and mechanical engineering at Collège de Limoilou, he worked for two years in the railway sector as a draughtsman. At the same time, he was studying visual arts in Quebec City and Toronto. Since childhood, he has been interested in making things and in woodcarving, the rudiments of which he learned in Saint-Jean-Port-Joli, a small village in Quebec known for its woodcarvers, and where an international sculpture symposium has been held for a number of years. He is associated with the Vincent et moi program.

For Lapointe, at first drawing was just a preliminary stage in the production of three-dimensional works. But it gradually became his favourite form of expression, relegating sculpture to secondary importance. His favourite subject is human beings, which he draws in various settings. He uses ballpoint pen and China ink, rendering volumes with crosshatching in pencil.

Vincent et moi

Vincent et moi is a loan program for works produced by people with mental illnesses who receive psychiatric care at the Centre hospitalier Robert-Giffard or in the community, and who are involved in a creative process. Supporting artists in their careers, this program, which was created in 2000, offers a new way to see the relations between hospital users, the hospital staff, and the community through a collection it has assembled that is on exhibit in the care units, offices, and corridors of the institution. The works can also be borrowed.

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KARINE LABRIE

Karine Labrie was born in Quebec City in 1976 and has lived with a foster family since she was eight years old. Deaf from birth, she communicates with sign language. She completed elementary school and then took targeted courses, also completing various training programs (pastry making, pharmacy, gardening, etc.). For the last few years, she has been attending a workshop where she makes small assemblies for companies. She is associated with the Vincent et moi program.

Labrie's interest in drawing was manifested at a very young age. Fascinated by the world of fashion, she essentially portrays a female world populated with prostitutes and femmes fatales in period costumes. The subjects, produced in ballpoint pen on various supports (paper, cardboard, fabric, etc.), are then cut out and glued onto a neutral surface. She also produces collages composed of buttons, beads, and ribbons.

Vincent et moi

Vincent et moi is a loan program for works produced by people with mental illnesses who receive psychiatric care at the Centre hospitalier Robert-Giffard or in the community, and who are involved in a creative process. Supporting artists in their careers, this program, which was created in 2000, offers a new way to see the relations between hospital users, the hospital staff, and the community through a collection it has assembled that is on exhibit in the care units, offices, and corridors of the institution. The works can also be borrowed.

Programme Vincent et moi
Centre hospitalier Robert-Giffard
2601 de la Canardière
Beauport, Quebec G1J 2G3 Canada
Web site: www.rgiffard.qc.ca
Contact: François Bertrand

STEVEN BRODKIN

Steven Brodtkin was born in Montreal in 1949. After completing high school, he attended the School of Art and Design at the Montreal Museum of Fine Arts in 1965 and 1966, where his teachers included Patrick Landsley and Gentile Tondino. He also took drawing courses at the fine-arts school at the Saidye Bronfman Centre for the Arts. When he was forty, he began to take private painting lessons with the artist Seymour Segal. He has had a number of solo and group exhibitions and is represented in a number of private collections across Canada and by the Canadian Art Bank, which acquired one of his pieces in 1973. He currently attends the Wellington Centre.

Brodtkin previously painted in oils in large formats. In recent years, however, he has given up this technique for drawing with oil pastel, dry pastel, or coloured pencils on paper. Landscapes, still-lives, and portraits, which we have used in this virtual exhibition, are recurring themes in his work. But whatever the theme, the background against which his subjects emerge is always saturated with abstract and coloured shapes.

Wellington Centre

The Wellington Centre, which is associated with Spectrum (the group of rehabilitation and community support services of the Douglas Hospital, a Montreal psychiatric hospital), offers its users many activities, including a drawing and design studio, as well as carpentry, ceramics, and flower-arranging workshops. Socio-professional education and social integration services, adapted academic services, and support and job-placement services are also offered.

Wellington Centre
4932 Wellington Street
Verdun, Quebec H4G 1X6 Canada
Web site: www.hopitaldouglas.qc.ca
Contact: Nicole Lahaie

ANTONIO MAZZA

Antonio Mazza was born in Montreal in 1964. Italian by birth, he lives with his parents. His father, a tailor by profession, has been retired since 1996. Mazza attended school through grade 11. When he was twenty, he worked as an assistant mechanic for ten months, then from 1987 to 1997, he attended supervised workshops. In parallel with the Les Impatients workshop, which he had been attending since 1993, he is taking a carpentry course at Hôpital Louis-H. Lafontaine, as part of an occupational-therapy program.

Mazza has produced a wealth of works. His pencil and coloured-pencil drawings offer precise memories of his childhood. These narrative drawings are lively, full of humour, and seem inoffensive at first glance. However, upon closer examination, dangerous situations with the threat of accident are revealed.

Les Impatients

Since its creation in 1992, Les Impatients has been devoted to the well-being of people who have or have had psychiatric difficulties by putting three workshops at their disposal. The workshops, located in downtown Montreal, Montreal East, and Hôpital psychiatrique Louis-H. Lafontaine, offer visual arts, art therapy, and music therapy. In addition, the organization has a space where works from its collection are shown in group and solo exhibitions, sometimes in association with professional artists.

Les Impatients

Fondation pour l'art thérapeutique et l'art brut du Québec

100 Sherbrooke Street, Suite 4000

Montreal, Quebec H2X 1C3 Canada

E-mail: impatients@qc.aira.com

Web site: www.artbrut.qc.ca

Contact: Lorraine Palardy

FRANÇOIS DUCAS

François Ducas was born in Montreal in 1970 into a family of six children, of whom he was the youngest. He grew up in the Pointes-aux-Trembles district of Montreal. After elementary school, he was integrated into a special-education class for one year, after which he took various training courses. A music lover, he is fond of all the Francophone female pop singers, and knows the story of rock by heart. He attends many concerts and avidly follows the lives of show-business stars, never missing an opportunity to have himself photographed with them. He has been attending the visual-arts and music-therapy workshops at Les Impatients since 1997.

A raw energy flows from his felt-pen drawings. His compositions portray punks and their paraphernalia (metal chains, anarchy symbols, etc.), electric guitars, motorcycles, cars with all sorts of engines, zeppelins, rockets, and his favourite female singers.

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Production & Thanks

Edition: Société des arts indisciplinés
Curator: Sarah Lombardi
Coordination: Valérie Rousseau
Translation: Kathe Roth
Design: Bruno Ricca
Photograph (Labrie, Lapointe): Simon Lecomte
Photograph (Brodkin, Mazza, Ducas): Marie-Christine Cyr

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The Société des arts indisciplinés (SAI) gratefully acknowledges the financial support of the Fonds Jeunesse Québec, the Fondation du maire de Montréal pour la Jeunesse, and the Société des arts technologiques (SAT). SAI would like to thank the artists in the exhibition associated with the following visual-arts workshops: the Wellington Centre, Folie/Culture, Les Impatients, the Vincent et moi program, and the Atelier de la Mezzanine. For promotion of the project, the SAI also thanks ABCD, Art en marge, la Collection de l'Art Brut, Raw Vision, and Bulletin Psycho-Ressources.com.

This project follows upon the virtual exhibition *À la poursuite de l'art brut*, on-line from June 2002 to October 2003, which offered a reflection on the notion of art brut and its evolution by presenting the work of three young outsider artists: Scott Griffin, Victor Henri, and Jocelyn Therrien.

The Société des arts indisciplinés (SAI), founded in 1998, has the mission of gaining recognition for undisciplined art produced in Quebec and Canada by devoting itself to research, education, and dissemination in this field of art that is a part of our heritage.

Société des arts indisciplinés

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