



## Project: Unchain the Lunatics: two stories

Anna Best takes notes whilst touring the laundry facilities at St John's Hospital

### Unchain the Lunatics: two stories<sup>1</sup>

by Anna Best

Loss of reason and enthusiasm are the main symptoms of this particular condition. In medical language it is known as Hyperenthusia, treatable by \_\_\_\_\_.

She is well known historically for recording her visions of men's sexual parts. Given half a chance she will bring up the subject, her love of certain penises. She had absolutely no occupation, entertainment, over a period of 10 years. Her diet and hygiene were both dealt with on an intermittent basis. Food consisted of \_\_\_\_\_, custard and gravy.

Her friends went to look for a motorised chair that could lower her into a hot bath, and raise her up out of it again. One of them had made the mistake of trying to lift her out of the bath – having to get in the bath, support her under the armpits and heave her upwards – a back breaking and terrifying feat for both of them. Not being able to lift up your own body anymore. That kind of weakness of body – where one wishes only to feed the body on chocolate – as if it's a separate animal lying in a cage across the road ... the shock to find oneself attached to that very body, unable to make it do what you want – is that what it's like? – the body so vast it has become immobile.

In his case, the body is so frail, and reduced to merely bones, that to stand becomes unthinkable, the pins won't straighten – they buckle involuntarily.

They won't support the tiniest of bodies now become all ribcage and shoulder blades – packed into the curvature of a warped spine.

In her case the head continues – revelling in its capacities for thoughts and proposed deeds – relishing the little movements that can occur. Associationist theories, falsely or unreasonably associating ideas, is one of her great strengths.

From the courtyard – 'the patients mainly are, most of them, unable to move and need Zimmer frames, seat belts in wheelchairs, they are deaf, dumb and blind. They don't focus on television or read or talk. They scream and shout and hit each other, very often quite seriously. Many sleep from about 9 pm for 12 hours though some go to bed at 2 am, walking the passages of each unit and opening other people's doors. ... There is nothing to do at all. I think each unit should have a small library with a bible, Shakespeare, a good atlas, encyclopaedia and dictionary, if not more. Also a small room should be given to art, ping-pong and games like scrabble. There should be all sorts of classes for exercises and breathing, ideally a swimming pool and gentle outdoor games in the summer like bowling and basketball.

Boredom severely runs the place from the residents' point of view. ... occasionally there is a little music or quizzes. Essentially nothing to do at all. We are locked in our unit – the only thing good is it's clean. ... If the centre could afford a small bus we could travel on a nice day to local sites, see gardens; go to films and art exhibitions etc. The locked doors prevent us from going outside to the 4 or 5 terraces or gardens, or indeed to other units to meet other people who reside there. At least we could have sunshine, wind, and fresh air. ... We are all treated like lost animals who don't live in the real world...'<sup>2</sup>

The wind has gone out of his sails. His eyes are melting, as old men's eyes do – watery, diluting into something, the soul dissolving perhaps – his spirits are as low as the whisky glass is full on the hour. This brings a wind of pervasive and persuasive sullen sad melancholy, when he stubbornly will not go outdoors or eat or wash himself. The whole of life, the whole of the world, could not be an inspiration. For he is in possession, possessed by a beast, or monkeys, demons, or the devil, however you want to put it.

The orphan in all of us can be detected by a curious old piece of scientific enquiry known as The Wild Beast Test. This was developed at the very end of the eighteenth century in a southern part of Scotland at an institution by the sea. The waves were sometimes the most colourful part of the scenery at that little port. The thinking behind the test is not recorded and can only be guessed at. Patients were to sit, facing out to sea, every day for one hour in the morning and one in the evening, at dawn and at dusk, watching the waves. Each one would reach a point where they began to spot creatures, or wild beasts, in the waves. The staff would ignore this and after some more time had elapsed the patients would become frantic and it was at this time, when the patient was absolutely certain of their sighting that two items of information would be recorded. One was the nature of the wild beast, and the other was the amount of time the patient had taken to arrive at this mental state. These varying amounts of time were found to be most curiously connected with the varying amounts of parenting the patient had been accustomed to. A great difference was found between those whose parents had doted on them from day one and never left their sides and those who had been thrust into an orphanage or foster home. It is quite easy to imagine which group found wild beasts sooner.

### The writer's note to the reader.

Unchain the Lunatics: two stories reflects my working process – meeting people, writing a proposal without an outcome, taking the train, trying to work collaboratively from a distance in various ways, things dissolving and taking different directions. I visited a general hospital, spent time in the Royal Edinburgh, a psychiatric hospital, and got interested in asylums, partly through going to the Bangour Village Hospital (an old asylum now being developed for private housing) and partly through looking into nursing homes for my mother. I thought a lot about the paradox of care and control, security and confinement. The debates about what collaboration is seem to touch on similar issues of control, freedom and power.

Eventually, I invented a writing system based on a fantastic website I found which included a Mental Health History Timeline.<sup>3</sup> In writing, clarity or def

In a descriptive or explanatory narrative is a kind of confinement. I wanted my writing to be quite elusive, as if it is a kind of freedom.

I have questioned collaboration, what it can be, how it is becoming defined and almost standardised within the art world, how difficult it really is, how easy it is! I had conversations with Justin Kenrick<sup>4</sup> about this, in which he said that every exchange is potentially a form of collaboration. Personally, I am very aware of the imbalance in authorship in many art collaborations, my own included: i.e. the artist gets a commission and asks someone else to contribute, and the power sharing, in terms of the process and the end product, is not equal. I have often worried about this: I ask myself 'am I collaborating properly?' and 'are the participants getting anything out of it?' But I think this is a rather narrow and literal view of what can be a dynamic process of keeping a situation open for as long as possible. Perhaps having a long conversation is a positive result; perhaps participants saying no and knowing why they are saying it is also a good outcome. I don't have answers, but I feel there is too much need for evidence or results in art collaborations.

Dominic, a patient at the Royal Edinburgh who was introduced to me by Anne Elliot<sup>5</sup>, was the only person who wanted to have a correspondence with me.<sup>6</sup> He writes beautiful poetry and graffiti on the walls not only of the hospital, but also along the streets that surround it, and in the local supermarket. While I was visiting, the staff tried to persuade him to only write in certain places! The idea of confining graffiti is like confining thought. Dominic and I wrote to each other a bit, but it was rather mundane and mostly about my babies, on their way or when they had arrived, and the weather. Again I was thwarted!

In Unchain the Lunatics: two stories I have included bits of this writing, and I also used the material which I carried away in my head after the many conversations and encounters I had with a whole array of people, including those who are officially part of the context, such as patients or doctors, and others with whom I had an incidental chat on the phone. Accessing what was in my own head, and approaching the idea of context in a conceptual rather than a physical way, I experienced a sense of great freedom. Particularly because of the distance I was working from, all my ideas on how to collaborate, such as setting up an email writing group, were great as ideas. But they never got off the ground, they somehow dissolved, people said 'no', or never responded, or felt they couldn't be frank enough while still working for the hospitals. This was the way the project went and I didn't want to force the situation, respecting the fact that people say no to artists' proposals and incorporating that refusal into how I worked.



Anna Best with Bill Wallace in a tour of the laundry facilities at St John's Hospital.

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Artist Anna Best had so many ideas, derived from personal experiences. There were so many things she wanted to do, and she would write and write and write. She wanted to explore issues that were important to her, such as anonymity, authorship, asylum confinement and care, and the struggle to find sense in things. She toured hospital departments and met groups, and she tried different approaches. After a time, her personal circumstances meant that it became impossible for her to come and visit the hospitals.<sup>5</sup> From a distance, she tried email links with writers' groups as well as telephoning and writing to possible collaborators but she really began her project when she discovered the 'Mental Health History Timeline' by Andrew Roberts.<sup>6</sup> She used phrases extracted from it to spark her own writing.

What Anna could actually achieve evolved in relation to her situation. As a result, the project became inconclusive in certain ways. She did not form a relationship with any one person within the hospital, and perhaps her own ideas were so particular that it made it harder for other people to find a way in. For Anna, collaboration turned out to be a process of establishing the Functionsuite team as a support network and gleaning a certain amount of information from hospital staff and patients.