

Article

The Relationship between Knowledge about the Artist's Mental Illness and Artwork Reception

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Abstract: Art reception is a complex process influenced by many factors, both internal and external. A review of the literature shows that knowledge about the artist, including their mental health, has an impact on the general assessment of their artwork. The purpose of this research was to examine the relationship between knowledge about the artist's mental illness and the perception of the artwork. We focused on the subjective emotional experience and general assessment of ten specific pictures painted by patients diagnosed with schizophrenia. The research followed four cohorts (two groups divided into two subgroups—art experts and laypeople) of students for over a month. The results revealed significant differences between the two general groups as well as between the 'expert' and 'laypeople' groups. The findings showed that non-aesthetic categories (e.g., knowledge about the mental illness of an artist) were related to artwork perception and support a holistic and dynamic approach to aesthetic emotions.

Keywords: mental disorder; schizophrenia; art therapy; stereotypes; art perception

1. Introduction

The reception of art is a complex, multistage, and multifaceted process, ranging from perception, which is different to being in contact with a typical object (Marković 2012 [1]; Klawiter and Wiener 2015 [2]), to conscious evaluation. An impression induced by art is a dual process initiated by the formal elements and included content. The research question that motivated this paper was identifying the many different factors influencing the reception of the artworks and the subjective aesthetic experience. There are shared aesthetic preferences rooted in human evolutionary dispositions (Tinio and Leder 2009 [3]; Dutton 2010 [4]) and individual aesthetic experience and knowledge (Winston and Cupchik 1992 [5]). These factors can be divided into two groups: (1) experiences that are direct result of the perception of the artwork structure, and (2) those experiences connected with the context of reception. Human perception is a product of both physiological and cultural dispositions. Studies show an influence of the elements of culture on art reception, e.g., the reading culture (Chokron and De Agostini 2000 [6]) and those that confirm the importance of the catalogue information about a specific piece of art (Szubielska, Niestorowicz, and Bałaj 2016 [7]), such as the frames in a museum or art gallery environment (Redies and Groß 2013 [8]), and knowledge about the artist (Millis 2001 [9]), in the evaluation of the work. Historical context also plays a significant role in art reception. For example, biographical factors such as personal life recollections can influence the experience of art—one biographical factor is music, which can trigger autobiographical memories (Istvandity 2016 [10]). These important aspects are also integrated into art therapy practices (Monsuez et al. 2019 [11]).

Overall, research studies show that when individuals make aesthetic judgements, they are also guided by unconscious beliefs, including stereotypes (Niemeyer 2003 [12]). For example, gender stereotypes play an important role in art interpretation (Bloomfield 2015 [13]), as do racial stereotypes, which influence ratings of a conductor's performance (Vanweelden and McGee 2007 [14]). Research also shows that awareness of the physical or mental disability of the artist is positively related to the rating of his or her works. Survey respondents who were given information about the artist before a presentation of his or her works evaluated the works' formal structure more positively and priced them higher (Szubielska, Bałaj, and Fudali-Czyż 2012 [15]). Although stereotypes were activated during the perception phase of an artwork, they did not affect and differentiate the emotional states of the recipient. The main purpose of the research was to analyze the influence of the stereotypes of a person with mental illness, specifically schizophrenia, on the perception of his or her artworks. The analysis was carried out paying special attention to the aesthetic evaluation and emotional dimension of the art perception (Leder et al. 2004 [16]). The possible influence of aesthetic knowledge and experience on the whole process was also verified. This was an important finding, because many studies have showed that the expertise in aesthetics is relevant to our perception (Pihko et al. 2011 [17]).

Aesthetic emotions cannot simply be reduced to the basic emotions. In cognitive neuroscience, an interrelation between motor, affective, and cognitive functions is supported (Damasio 1994 [18]; Llinás 2001 [19]; Gorzelańczyk 2011 [20]). Hence, the reception of an artwork is a combination of cognitive and emotional processes connected with the activation of sensorimotor and affective systems. The emotional reaction to an artwork can be divided into three main areas: embodied emotions (the automatic, bodily reaction of the organism to the object), the effect of empathizing with emotional states presented in the artwork, and emotions accompanying cognitive activity (connected with the imagination) and associative-contextual emotions (outside of the aesthetic sphere and not related to the concrete artwork) (Przybyś 2013 [21]). Information about the artist can influence the third area, but verification of the potential changes in the emotional layer allows referencing the results to the multi-faceted conception of art reception.

Examination of the emotional component of this process is also relevant because a schizophrenic artist's artworks are characterized by a strong emotional charge offered to the recipient. In addition, this kind of art has specific and distinctive elements, including the obsessive repetition of one theme, which is often used as an ornament; figurativeness; loss of perspective; horror vacui; decorative use of a background; and brutalization and changing people into a mascarón, sometimes connected with multiplication of body parts (Prinzhorn 1995; Welcz 2010 [22,23]). The most popular topics for artists with schizophrenia relate to sexuality, but also with metaphysical-spiritual themes (often depicted together in the same painting), which are presented as allegories. These formal attributes of artworks that have been painted by artists suffering from schizophrenia assist the accurate assessment of the artworks presented during the experiment, and allow the results to be related to artistic trends and practices.

Creativity can often reflect a mental disorder and brings to viewers, alongside information about the artist, some explanation of the form and subject of the artwork. The use of this knowledge relates to the stereotypes that individuals hold concerning a schizophrenic person. Recent research shows that mental illness is related to social stigmatization. Studies from the Center of Public Opinion Research in Poland (2012) show that most respondents declare positive attitudes towards people with a mental illness, but also support current social attitudes (CBOS 2012 [24]). Most of the respondents were against hiring former psychiatric hospital patients for positions in schools, hospitals, and the government. According to the literature, the stereotype of people with mental illness is based on the notion that they are dangerous, unpredictable, unable to fulfil social roles, and partly responsible for their condition (Hayward and Brugha 1997 [25]). People with mental illness are also viewed as mentally retarded (for example, 24% of respondents in the CBOS studies from 2008 (Frydrysiak 2018 [26])). Considering these negative stereotypes of mental illness, which are more problematic than the stereotypes of disabled people found in previous research, the question about how these stereotypes can affect the

aesthetic judgments is interesting to those in the social sciences and the art community. This research study utilizes two theoretical frameworks: the embodiment cognition paradigm, which focuses on the interrelation between cognitive and emotional functions, and the multi-faced conception of an aesthetic experience with knowledge about the importance of external factors in art reception. Based on these two perspectives, our hypothesis is that information about the artist's mental illness influences the general assessment and emotional experience of the pictures.

2. Results

- The results showed that in the layperson group, information about the mental illness of the artist influenced the subjective assessment of the intensity of emotions experienced during contact with the work of art (knowledge group: Mean (M) = 3.35 Standard Deviation (SD) = 0.58; without knowledge group: M = 2.88, SD = 0.5). The type of emotions did not change, but differences were noticeable in the dimensions of arousal and domination (Self-Assessment Manikin (SAM) 2: knowledge group: M = 2.9, SD = 0.46; without knowledge group: M = 2.4, SD = 0.39; SAM 3: M = 3.94, SD = 0.18 and M = 3.13 SD = 0.25). The findings show that both arousal and domination were higher for those who had knowledge about the mental illness of the artist (Figure 1).
- In the case of the expert group, there was no support for the hypothesis. The level of emotions experienced did not show significant differences between the “knowledge group” and the “group without knowledge” (knowledge group: M = 2.92, SD = 0.41, group without knowledge: M = 2.96, SD = 0.31) (Figure 2).
- The statistics show that in both the expert group (Figure 3) and the layperson group (Figure 4), knowledge about the artist's mental illness did not have a significant influence on the overall evaluation of the work.
- With regards to the question about the subjective attitude to the specific artwork, (i.e., the opposition “liked–disliked”), it was observed that the subgroup that evaluated the works as below average was the group of experts without knowledge about the artist's mental illness.

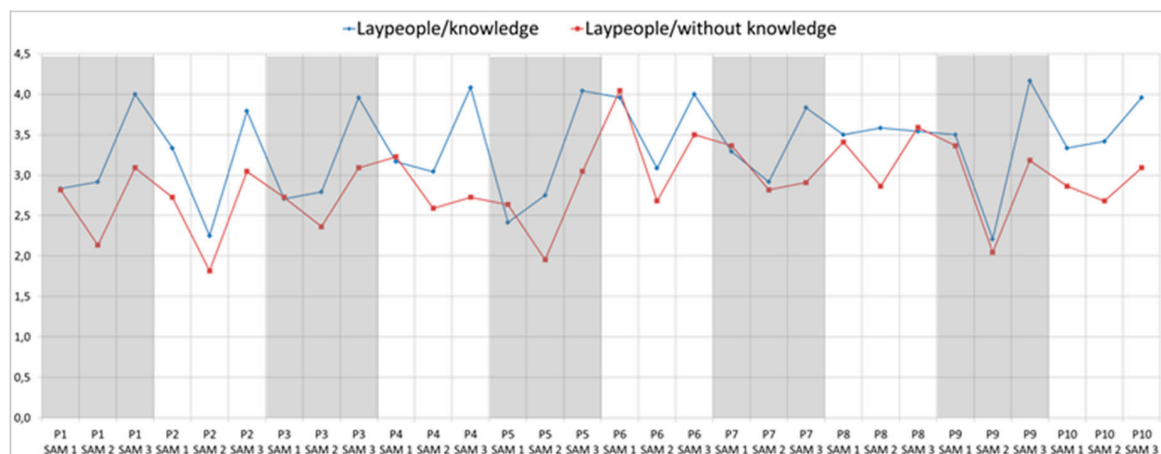


Figure 1. Self-Assessment Manikin (SAM) questionnaire results for the layperson group (SAM 1—valence rating; SAM 2—Arousal rating; SAM 3—Dominance rating).



Figure 2. SAM questionnaire results for the expert group (SAM 1—valence rating; SAM 2—Arousal rating; SAM 3—Dominance rating).

At the same time, in the expert group, the difference between the “knowledge” and “without knowledge” groups was visible only in the case of half of the images (pictures six to ten). This applied especially to the three works whose themes and style were the least shocking and characteristic. In this group there was also a picture (no. six) that triggered the most positive emotions in the laypeople from both groups and in the experts with knowledge). There were also two works (sketches) based on a repetitive geometric motif that had the smallest artistic value (no. nine and ten). Participants who did not have information about the artist’s mental illness enjoyed these the least. This type of difference was not noticeable in the case of the works characterized by a complicated, incomprehensible symbolism, as well as the only self-portrait in the set (no. five), and the work with an obscenely presented erotic subject (no four). A similar division was clear between the expert and layperson subgroups without knowledge. In the case of the laypeople, this type of difference did not appear between the group “with knowledge” and “without knowledge”.

The results partially confirmed the assumptions about the differences in the subjective aesthetic and emotional response, as well as the reception of the artwork between the expert and layperson groups.

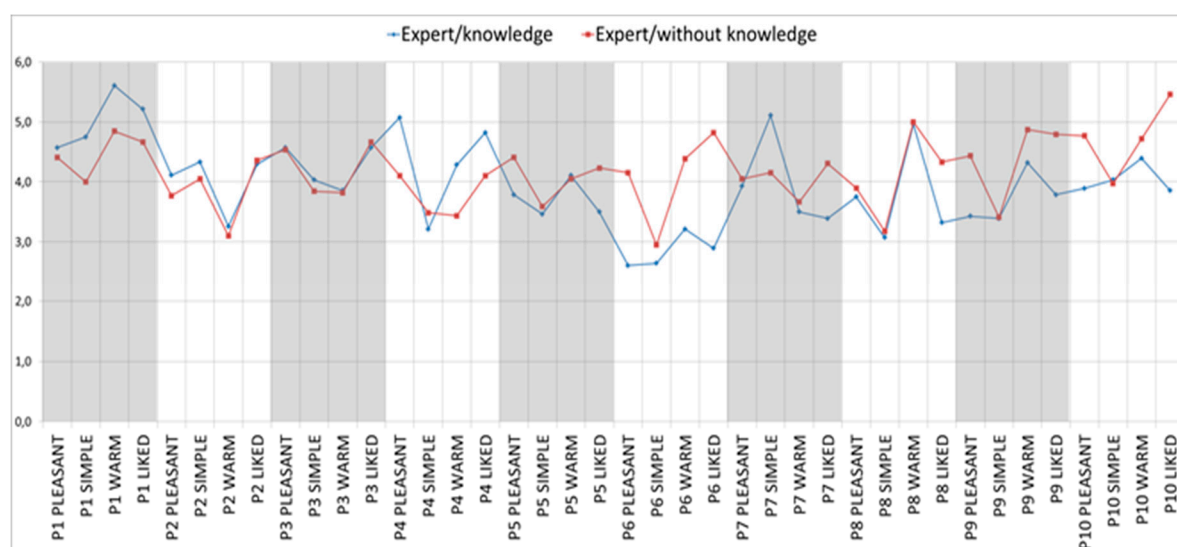


Figure 3. Results of the overall evaluation of the work by the expert group (1—pleasant, 7—unpleasant; 1—simple, 7—complex; 1—warm, 7—cold; 1—liked; 7—disliked).

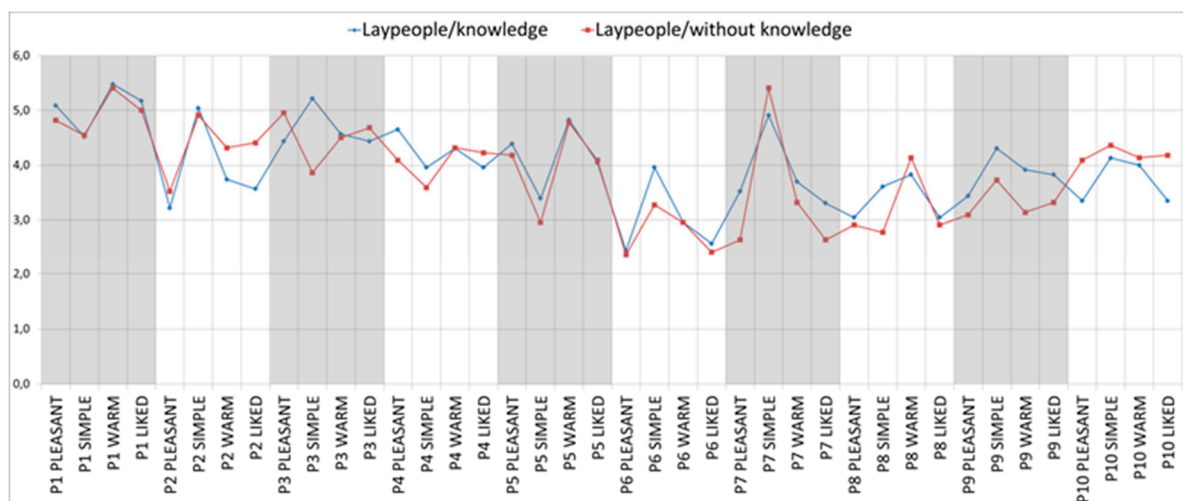


Figure 4. Results of the overall evaluation of the work by the layperson group (1—pleasant, 7—unpleasant; 1—simple, 7—complex; 1—warm, 7—cold; 1—liked; 7—disliked).

3. Discussion

The reception of an artwork is a complex process in which multiple transitions and interrelationships between cognitive and emotional states are important. Contact with the artwork begins and ends with an emotional process. Utilizing a holistic approach for aesthetic emotions demonstrates that an affective reaction to art is conditioned by direct bodily reactions to the artwork's structure (e.g., the composition of a painting), intense cognitive activity, as well as a reflection referring the recipient to the non-aesthetic categories. Several studies have shown the importance of context in contact with a work of art, hence these categories influence direct contact with the work and affect individuals' perceptions of the art. This research study confirmed the importance of a non-aesthetic component, namely knowledge about the artist. The study findings also showed that knowledge of the artist affected the emotional state of the recipient as well. This was confirmed by the dynamic approach to aesthetic emotions, showing that during the viewing of the image, individuals experience a diverse set of emotional states that accompany perception and aesthetic evaluation.

The results reinforce the significance of knowledge in perceiving artwork, the expectations of the viewers, and their cultural capital and aesthetic experience. These factors can have a subtle impact on the perception of an artwork, but they can also take an extreme form, such as in the case of Stendhal syndrome, a clinical phenomenon in which the presence of an antique artwork or architecture causes symptoms such as chest pains, rapid heartbeat, dizziness, fainting, and even hallucinations (Nicholson, Pariente, and McLoughlin 2009; Palacios-Sánchez et al. 2018 [27,28]). In this research by Nicholson et al., information about a disorder of the artist, because of the socio-cultural context, had a relevant impact on the emotional reactions of research participants.

The results from this current study showed that knowledge about a mental disorder of the artist does not influence the specific type of emotion, and does not determine if the emotion is positive or negative. The findings showed that for participants in this context, the major determinant was the direct contact with an artwork (its structure and topic). However, knowledge about its specific history clearly affected the intensity of emotions. When the participants knew that the painting has been created by a person with schizophrenia during art therapy in a hospital, they reacted to the picture more emotionally. Furthermore, they declared a better sense of control than subjects without knowledge of the artist's mental disorder. This finding could have been caused by a better awareness of the derivation of the emotions that they felt and the factors that caused them, especially in the case of contact with schizophrenic art, where knowledge about the origin of the work can explain its subject and general mood.

The findings showed changes in the structure of the emotional art reception, yet no changes in the aesthetic evaluation. The difference in these results shows the impact of the disabled person stereotype on art reception. This kind of difference can be caused by the specificity of the stereotypes of a mental disorder, which arouse deep emotions, but on the other hand, are not connected with a positive attitude and empathy, such as in the case of the stereotype of a physically disabled person. However, in the case of assessing the art of disabled artists, empathy and conviction about their reduced capacities is important. The abovementioned stereotypes of people with schizophrenia in Poland is based on a lack of trust and beliefs about their dangerousness, and not, for example, on a belief in their lower cognitive or artistic capacities. Thus, information about the artist's illness can activate a larger emotional response, but is related to a higher aesthetic assessment.

Implementation of the aesthetic knowledge questionnaire allowed for emphasis of the differences between the results of the experts and the laypeople. In the case of the experts, who generally evaluated the presented works more critically, the examined non-aesthetic factor was not relevant in the emotional increase during contact with the artworks. Any impact of the knowledge about the artist was seen only in the context of questioning the attractiveness of the artwork (opposition "like" or "dislike"), and this occurred in just a few cases. This dependence was present primarily during the evaluation of the paintings with the lowest artistic quality. This may be explained by an awareness of the fact that the artwork was created during therapeutic workshops, not by professional painters, which can overstate an assessment. From a sociological perspective, the assessment made by the experts indicated that current art trends, such as Art Brut, are not appreciated, because they are used by self-taught outsiders, but they also present a specific artistic quality. This assessment was not clear in the case of the laypeople. The differences between the experts and laypeople suggest that they are vulnerable to the influence of the non-aesthetic knowledge, such as the information about the artist.

This study had several limitations. First, the study was limited to a single characteristic—the information about the artist's mental health. The study can be potentially replicated using other characteristics such as gender, age, social status or race, which can also trigger certain stereotypes. However, these findings have implications for how stigma can impact the perception of artwork, so a focus on a stigma, such as mental illness, has implications for researchers and practitioners in the field. On a wider scale, stigma is an adverse phenomenon which demands a wider discussion of the presence or absence of certain artworks in galleries or about the social aspect of art. Such considerations require further empirical research.

4. Materials and Methods

The study evaluated 115 participants, made up of students from different fields, between 19 and 44 years old (the average age was 24.2). The answers of 3 participants were not included in the general results due to incorrect answers in the questionnaire. The participants were randomly assigned to two groups (experimental—53 participants and control—62 participants). Both groups were subsequently split into two subgroups ("experts" and "laypeople"). In the experimental group, there were 29 experts and 24 laypeople, while in the control group there were 40 experts and 22 laypeople. The division into expert and laypeople was based on the Polish version of the test verifying aesthetic knowledge, examined and used in the Assessment of Art Attributes (AAA) (Chatterjee et al. 2010 [29]). It verifies, for example, the number of completed courses in aesthetics and art history, the frequency of museum and art gallery visits, and the average time spent watching and creating artistic works. According to the original assumptions of the test, the expert group was composed of people who obtained fourteen or more points on the test.

For the study, we used ten artworks from the collection of the art gallery run by the association "Pod Wieżą", operating at the State Hospital for the Mentally Ill in Rybnik (Poland). All the works were painted by people diagnosed with schizophrenia as a component of art therapy during treatment. The works chosen had characteristic features of the work of schizophrenic patients, i.e., figurativeness,

an open composition without a perspective, and decorative background treatment with ornaments based on a repetitive motive. The research equipment was a laptop with a projector.

5. Research Procedure

The research was carried out over several sessions. The tests were carried out as follows:

- An electronic copy of the chosen work was presented to the participants (each image was displayed for one minute).
- The task of the respondents was to fill out two questionnaires (described below).
- Just before the exposition, half of the respondents were informed that the works were painted during art therapy by a person treated for schizophrenia.

The questionnaire evaluation focused on two elements: emotions felt while watching the work (Table 1), and an aesthetic assessment (Table 2). The emotional state was checked using the Self-Assessment Manikin (SAM) questionnaire (Bradley and Lang 1994 [30]). SAM is a pictorial assessment technique that directly measures three emotional aspects associated with a person's affective reaction to a variety of stimuli: (1) pleasure, (2) arousal, and (3) dominance (Bradley and Lang 1994 [30]) (Table 3). The subjects were asked to mark the correct emotion figures and assess their emotional state on a five-point scale, as in the studies on the assessment of photographs created by people with intellectual disabilities (Szubielska, Bałaj, and Fudali-Czyż 2012 [15]).

Table 1. SAM questionnaire results.

	Experts Knowledge	Experts without Knowledge	Laypeople Knowledge	Laypeople without Knowledge
SD	0.73	0.52	0.74	0.85
M	3.97	4.17	3.98	3.87

Table 2. Aesthetic evaluation test results.

	Experts Knowledge	Experts without Knowledge	Laypeople Knowledge	Laypeople without Knowledge
SD	0.78	0.26	0.77	0.94
M	3.97	4.57	3.73	3.79

Table 3. Self-Assessment Manikin (SAM) scale scoring (Geethanjali et al. 2017 [31]).

Scale	Valence Rating	Arousal Rating	Dominance Rating
5	Pleasant	Excited	Dependent
4	Pleased	Wide-awake	Powerless
3	Neutral	Neutral	Neutral
2	Unsatisfied	Dull	Powerful
1	Unpleasant	Calm	Independent

The aesthetic evaluation of the image was measured based on a seven-point scale covering the following aspects: pleasant–unpleasant; simple–complex; warm–cold; liked–disliked. It was a Polish-language version of the aesthetic evaluation test, used in research on differences in the reception of an artwork between non-experts and experts (Winston and Cupchik 1992 [5]).

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