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Art Spaces Beyond Psychiatry

A Thematic Analysis of Benefits and Challenges

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There is a crack in everything. That's how the light gets in.

Leonard Cohen

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Introduction

Across cultures and centuries, art has served not only as a means of creative expression but also as a tool for healing and communication. In the mid-20th century, these tools became formalized in the development of art therapy, which uses practices such as painting, pottery, theatre, dance, and music to address mental health concerns (Waller, 2013; Shukla et al., 2022). While art therapy has proven effective in many contexts, it has been criticized that the profession is highly embedded in clinical structures. Allen (1992) termed this “clinification syndrome”. There is a substantial body of criticism directed at psychiatric hospitals and the “clinification” of art therapy, arguing that both fail to help individuals experiencing mental distress (Adame, 2014; Bentall, 2009; Whittaker, 2010). This has led to calls for more effective solutions that could replace the dominant clinical approaches (Stupak & Dobroczyński, 2021). Several promising arts-based interventions, such as museum therapy or arts on prescription, are increasingly attracting attention (Camic & Chatterjee, 2013; Rajalin et al., 2021). Another form of intervention that has gained public attention are artistic spaces situated near or inside former psychiatric institutions. These spaces offer individuals the opportunity to engage freely in artmaking and have not been studied rigorously until now. I term these art spaces "Artistic Spaces Beyond Psychiatry" (ASBPs). This term is chosen to avoid association with any single project and furthermore it emphasizes the physical and ideological separation from psychiatric institutions. The concept of the ASBP shares certain similarities with the “Open Studio Approach” described in art therapy literature (Finkel & Bat Or, 2020). However, in contrast to that approach, ASBPs extend into broader socio-cultural dimensions, engage the art world, and offer alternatives to mainstream psychiatry (Ehemann, 2020).

The theoretical framework of my thesis consists of successive layers. It begins with past and current cultural reflections of mental distress and the history of art brut (Minturn, 2004). This underscores that the concept of ASBPs is built a long-standing interaction between psychiatry and art. Further, it illustrates that certain conditions, including experiences of mental distress, have historically been associated with a heightened need for artistic expression (Beveridge, 2018). This is followed by a historical account and investigation of the rise of psychiatric institutions (Porter, 2003). In turn antipsychiatry, its history and alternative models of mental health care are discussed (Stastny et al., 2007). However, despite this critical perspective on mainstream psychiatry, the downsides of various antipsychiatric movements are then discussed to illustrate why institutional structures remain necessary (Papeschi, 1985). Consequently, I discuss several theories that emphasize the role of the environment in structuring psychological and social processes. Understanding how people perceive places and assign meaning to them is vital, particularly in contexts where they potentially contribute to social segregation (Madanipour, 1999). Despite increasing interest in the relationship between our environment and mental health, little is known about artistic spaces in psychiatric hospitals. This multilayered approach allows for a better understanding of the complex entanglements.

After laying the theoretical groundwork, the thesis turns to an empirical investigation, investigating 15 qualitative interviews of various stakeholders. Data was analysed using Thematic Analysis (TA) following Braun and Clarke's (2021) framework and investigating both semantic and latent meanings. Clift et al. (2021) noted that progress in the field of arts and health should be guided by rigorous and transparent methods to inform future policy. Given the intersection of psychiatry, environmental psychology and even art history, a qualitative, interdisciplinary approach can be particularly useful. Qualitive methods are known to shed light on unquantifiable experiences, especially among seldom-heard

populations (Ratcliffe et al., 2024). Interdisciplinarity, on the other hand allows for a more comprehensive understanding of complex problems that cannot be fully understood within the boundaries of a single discipline (Smaldino & O'Connor, 2022).

Here, I briefly outline how ASBPs influence individuals with psychiatric experience and other stakeholders, demonstrating their broader relevance as a research topic. By enabling artistic expression, these spaces can help former patients to stabilize their mental health, actively participate in meaningful activities and a strengthen their self-esteem (Ehemann, 2020; Oelkers-Ax & Ax, 2025). Autonomous open studios are a promising approach as in contrast to mainstream psychiatric hospitals, they offer a non-clinical and non-hierarchical environment (Besonen, 2015; Goffman, 1961). However, there is a range of stakeholders who frequently spent time in clinical settings, that are not patients. The impact of improvements on health care workers, for example, is often overlooked (Sonke et al., 2015). For example, the findings of Sonke et al. (2015) suggest that health care professionals report higher levels of stress than individuals working in other professions. Thus, it is important to consider ways in which their work environment can be improved. Further, for external visitors', art spaces provide a space for them to appreciate art in a cultural vibrant setting (Camic & Chatterjee, 2013). Additionally, the professional art world, including curators, mediators, and art historians, benefits from these spaces through the acquisition of artworks and exhibitions. At the same time, on a societal level these spaces can challenge the segregation of psychiatric hospitals from the public (Reyhani Ghadim, 2021).

Drawing on the fieldwork of three unique museums/art studios developed from repurposed clinical spaces; my thesis aims to illustrate the potential of such spaces while also investigating the challenges. As there are many stakeholders involved, it becomes relatively complex to take all perspectives into account and to study them rigorously. To reduce this complexity, I investigated the experiences and evaluations of 16 participants stemming from

three main groups of stakeholders. Consisting of the three following groups: *Artists, Mental Health Professionals/Administrators* and *Art World Professionals*. The first group were individuals with experience of psychiatric hospitalization who make art regularly, hereafter referred to as 'artists' or 'Artists'. The second group consists of psychiatrists, clinical psychologists, art therapists and other participants who work at ASBPs. The last group is made up of art mediators, art historians and other individuals working in galleries and museums.

Informed by existing literature, I identified four initial topics of interest for exploring ASBPs: (1) *Changes in identity*, (2) *Coping with hospitalization*, (3) *Destigmatization* and (4) *Negative effects. Changes in identity* refers to the transition from patient identity to that of an artist, through visiting art studios (Ehemann, 2020; Proshansky et al., 1983). *Coping with Hospitalization* highlights the use of art to facilitate individuals' well-being and provide emotional relief during time spent at the hospital (Gelo et al., 2015). *Destigmatization* refers to efforts to reduce negative stereotyping and separation from groups labelled as different (Clair et al., 2016). Stigma contributes to the unequal distribution of resources and is a fundamental cause of health inequalities (Hatzenbuehler et al., 2013). Thus, it is important to understand how groups, places or conditions can become less stigmatized. In this thesis, the role of art spaces in challenging prevailing stereotypes about psychiatric hospitals and its associates is indicated as a factor in diminishing stigma. Destigmatization was formerly investigated in one of the few studies conducted at the Living Museum through a field intervention, albeit with mixed outcomes (Cutler et al., 2012). Finally, *Negative effects* addresses the unintended negative consequences of arts-based interventions, which are rarely reported (Clift et al., 2021). While *Changes in identity* and *Coping with hospitalization* operate on an individual level, *Destigmatization* and *Negative effects* can manifest on both individual and societal levels.

In summary, the thesis adds to the evidence of artistic practice on mental health and brings forth a better understanding of human-environment interactions and highlights artistic spatial interventions in the reduction of stigma. By foregrounding the voices of those directly involved, artists, health professionals and art world professionals, the project seeks to show the beneficial aspects and the structural challenges of integrating art spaces into psychiatric contexts.

Research Question

Initially entering the field with a broad interest in how artmaking affects individuals with psychiatric experience, I adopted a flexible, inductive approach to data collection and analysis (Braun & Clarke, 2021). Adopting this flexible approach, I adapted the research area of interest while already in the empirical phase of my project (Braun & Clarke, 2021). This allowed for continuous refinement in response to the findings that emerged during the interviews. As discussed above, initial areas of interest in this project were: *Destigmatization, Changes in identity, Coping with hospitalization* and *Negative effects*. Initial themes served as points of interest and were intentionally not mentioned during interviews to prevent shaping the narratives. Over time, the data revealed a diverse range of interrelated themes. At the same time, the initial themes of interest were not all prominently raised. Consequently, the scope of this project was broadened. This led to the following guiding research question:

What are the perceived advantages and challenges in using and administering Art Spaces Beyond Psychiatry (ASBPs)?

By looking at the subject through a spatial lens, I aim to examine how such spaces are used, how they came into being, and how they are organized and sustained. At the same time, I seek to understand how these environments influence individuals' experiences and actions.

Historical and Theoretical Foundation

The History of Art and Madness

For centuries, the link between creativity and mental health has been extensively discussed. For instance, it has been demonstrated that there is a correlation between mental health conditions and creative careers such as playwrights, novelists, biographers, and artists (Goodwin & Jamison, 1990). This enduring link forms the background for examining how artistic works have both mirrored developments as well as shaped how madness has been perceived and treated (Beveridge, 2018). The term "madness" was commonly used throughout history to describe what we now refer to as mental disorders, distress, or conditions. More recently it has also been reclaimed by mental health activists. As Rashed (2023) explains, “Madness, in the sense employed in this essay, is at once a placeholder for a wide range of experiences, a ground for social identity, and a stance of resistance to the dominance of medical language in mental health” (p. 203). Given this, the term is suitable for the following chapter, where I discuss historical interaction between madness, art and its connection to psychiatry.

In the late Middle Ages and the Renaissance, a great fascination with what was then madness resulted in various famous art works. There are countless examples in the history of art such as the *Ship of Fools* (Bosch, ca.1490–1500) or *Melencolia I* (Dürer, 1514). Then in the late 19th century, the fin de siècle, gave rise to the interplay of arts and science. It was also during this period that the first clinical collections of mad art were created (Prinzhorn, 1923). They were considered curious and original, but at the same time were always seen as a sign of pathology. Kraepelin, for example, described such works as “degenerate,” a label that would later become used in the Nazi campaign against so-called “Degenerate Art” (Beveridge, 2018). Other psychiatrists also saw art as a diagnostic tool and tried to allocate artistic styles to diagnoses (von Beyme & Röske, 2020). At the same time, however, some

psychiatrists began to recognize the artistic value of these creations. While the desire to use patients' art as a diagnostic tool would continue well into the twentieth century, a handful of psychiatrists started collecting artworks from patients and brought them to the attention of the public (Beveridge, 2018). Some of these collections have survived to this day. The best known of these are the Collection de l'Art Brut in Lausanne and the Prinzhorn Collection in Heidelberg (von Beyme & Röske, 2020). Hans Prinzhorn, himself a psychiatrist and art historian, was more interested in analyzing the patients' works from an art theoretical point of view (von Beyme & Röske, 2020). His book "The Artistry of the Insane" included formal analyses based on thousands of artworks by patients at various European institutions collected by Prinzhorn (Prinzhorn, 1923). In turn, his book and art collection influenced many European avant-garde artists of the time, especially the French surrealists (von Beyme & Röske, 2020).

During National Socialism many modern artists and curators were removed from their positions in the art world. In 1937 the Nazi regime put together an exhibition called "Degenerate Art" that showed the work of modern artists like Picasso next to Prinzhorn's collection of work by psychiatric patients, to delegitimize both (Beveridge, 2018). All the so-called degenerate artworks were removed from galleries and museums, and many artworks were stolen or destroyed (Peters, 2017). As part of this, many of the works from the Prinzhorn Collection were destroyed, but the remaining ones became important testimonies of the crimes committed under the National Socialist regime. To this day, the various artworks present an important historical record about the lives of these internees (von Beyme & Röske, 2020).

While there is little modern psychological research at the intersection of psychiatry and Art Brut, in the field of art history, a large corpus of research exists (Rhodes, 2022). The term describes visual artwork by artists with mental disorders and other, often autodidactic

artists, living on the fringes of society. The French artist Jean Dubuffet coined the term “Art Brut”, referring to art that was created by self-taught artists (Minturn, 2004). This new category became very influential. Initially the term referred to the works created within psychiatric facilities, but nowadays it covers a wider range of works from autodidactic artists. “Outsider Art” is another term that is widely used especially in the anglosphere (Rhodes, 2022).

Considering this history, it becomes evident that artistic expression has long served as a medium to reflect upon mental states, including extreme ones. This also exemplifies the shifting interpretations of psychiatric art, madness, and creativity. Moreover, it shows that artworks are often the only surviving records of psychiatric patients’ inner worlds and social conditions. ASBPs are situated in this long history and will be contextualized within the broader historical development of psychiatry in the following chapter.

The History of Psychiatry

As shown in the last chapter, society's views on mental disorders and artistic expression have changed over time. These shifting views developed in parallel with the rise of psychiatry, which increasingly sought to categorize and control experiences of mental distress. Analyzing the historical records of psychiatry makes it clear that: (1) our current views are neither static nor definitive but part of an ongoing evolution; (2) the built environment is key in shaping these trends; (3) traditional psychiatry has in many domains failed to help patients and thus has given rise to antipsychiatry and alternative models of mental health care (Bentall, 2009). These historical perspectives are important for understanding Artistic Spaces Beyond Psychiatry (ASBPs) because they highlight the fact that such spaces do not emerge in isolation. Instead, they are situated within a longer trajectory of evolving psychiatric paradigms.

There are numerous historical records of mental disorders from antiquity to the Middle Ages (Porter, 2003). In the late Middle Ages, a fearful fascination with the figure of the madman or fool occurred. This can be traced through religious texts, art and tales. At the same time, loss of reason, delusions and hallucinations were often misunderstood as demoniacal possession and resulted in torture and judicial murders. There were only few dedicated institutions for the mentally ill (Porter, 2003). In the early modern period, individuals with mental distress were more often confined and housed alongside criminals in asylums and in workhouses under inhumane conditions (Foucault, 1964). In many cases, individuals were confined not for therapeutic purposes, but simply to remove them from public view. Mental distress was increasingly treated not as a spiritual phenomenon, but as a social problem to be managed and controlled (Porter, 2003). Later, during the Age of Enlightenment, a second transformation took place: figures like Philippe Pinel and Jean-Baptiste Pussin and Marguerite Pussin argued in favor of more humane treatment. Pinel, who worked at Salpêtrière, advocated for the abolition of shackling mental patients with chains and promoted what was called moral therapy (Weiner, 1992). This indeed led to more humane approaches, such as dialogue and meaningful occupation. However, as Foucault (1964) famously argued, this moral treatment once again primarily served the goal of restoration of social order. In general, this institutionalized form of control, that increased during the 19th and 20th centuries, often led to alienation from society and loss of autonomy for the patients (Robcis, 2021).

The 20th century marked a turning point in the history of mental health. One major change was the invention of psychoanalysis by Sigmund Freud, which introduced talk therapy as a core method. Being such a pivotal, widely recognized historical development, it needs little elaboration (Porter, 2003). His theories shifted attention further away from purely biological explanations and opened new ways of understanding and treatment of mental

distress. However, the rise of scientific authority in psychiatry was also misused for ideological purposes. Political abuse of psychiatry has been observed numerous times, particularly during periods of political unrest (Bentall, 2009). Notable examples include the systemic psychiatric abuse under National Socialism and the former Soviet Union. (Beveridge, 2018). The history of psychiatric institutions during the Nazi era illustrates how, within a short span of time, the same institutions transitioned from providing care to facilitating the systematic killing of those they once protected (Gazdag et al., 2017). The forced euthanasia and sterilization of the "incurably sick" were part of Hitler's program of racial purification "Action T4" which resulted in about 200,000 deaths (Robcis, 2021). These events highlight how psychiatric authority, when influenced by ideological or political agendas, can become a mechanism of control. From the 1960s–1986, the practice of using invented diagnoses in order to incarcerate religious and political dissidents, was used in the former Soviet Union and other Eastern European Countries like Yugoslavia, Romania and Hungary (Bentall, 2009).

While there are instances of psychiatry being misused for political purposes, it was also undergoing shifts in treatment. One major reformation was the invention of psychopharmacological drugs in the middle of the 20th century (Bentall, 2006). Some individuals benefit from psychopharmacological drugs, but at the same time the broad use of psychopharmacology also led to over-medicalization. Bentall (2009) argues that these developments reinforced a shift towards the biomedical model of mental disorders and the neglection of social factors. Baek et al. (2023) showed that advocates of a biogenetic model of mental disorders were associated with increased perceived dangerousness and prognostic pessimism. This historical background of psychiatry shows the advances and limits of the field. Simultaneously, the repeated abuse of scientific authority and the resulting need for alternative forms of mental health care become evident. Further critical perspectives on

psychiatry, including the history of antipsychiatry, will be discussed in more detail in the following chapter.

Antipsychiatry and Alternative Models

Psychiatry has been shaped by societal norms, political regimes and economic interests (Bentall, 2006). Understanding the criticism of psychiatry is essential to understand how alternatives to conventional psychiatry emerged in the first place and why they are needed. Often it has been psychiatrists themselves who formed oppositional views to their own discipline (Bentall, 2009). One of the earliest reformers was Francesc Tosquelles who formed institutionalized psychotherapy (Robcis, 2021). A radical approach to psychiatric care that was developed at the Saint-Alban hospital in post-war France. The focus shifted the need to change from the patients to the social and relational dynamics within the institution. To make the hospital less rigid, hierarchical and dehumanizing, emphasis was placed on creative forms of expression and group discussions. Tosquelles saw this collective responsibility as political and as a practice against authoritarianism. Questioning the hierarchies of normality and madness, institutionalized psychotherapy laid the groundwork for a critique of psychiatry (Robcis, 2021).

During the 1960s and 1970s it was the psychiatrists Thomas Szasz and Ronald Laing who formed the core of what is known as the antipsychiatry movement (Bentall, 2009). Simultaneously, in 1961, Franco Basaglia, an Italian psychiatrist, abolished coercion and isolation practices and started a wide debate all over Italy. This resulted in the groundbreaking “Law 180”, making Italy one of the first countries to close psychiatric hospitals (Papeschi, 1985). In practice, however, this led to worsening conditions for many long-term patients. As Papeschi (1985) observed, there simply were not enough community-built alternative facilities and the few clinics that remained could not meet demand, leading to very short patient stays and limited care. This shows that the antipsychiatry movement had its

own pitfalls. Other parts of the movement romanticized mental disorders, which can lead to a downplay of the need for support and stable environments (Heaton, 2006).

Nowadays, the Psychiatric Survivors Movement is one of the biggest international coalition of grassroots organizations that fight for human rights in the medical system. Like other activist groups, they try to bring forth alternatives to traditional mental health services (Adame, 2014). Other noteworthy groups include the “Mad Pride Movement”, which emerged in the 1990s (Rashed, 2023). It is led by people with experience of psychiatrization and seeks to challenge stigma and uses parades, theatre, and art as forms of activism. Moreover, the movement is concerned with creating cultural change in the form of new, non-pathologizing narratives of unusual mental and emotional states (Rashed, 2023). It is increasingly aligned with the neurodiversity movement as well as mad studies, an emerging interdisciplinary field that critiques psychiatric epistemologies (Hoffmann, 2019; Menzies et al., 2013). While Hölling (2001) notes, that most “Psychiatric Survivors” reject the medical model of mental disorders, the “Consumer Movement” is more oriented towards psychiatric reform.

There are several alternatives to mainstream psychiatry developed by service consumers and survivors across the world. The Soteria House and the Berlin Runaway House are examples of residential projects (Merhof, 2016). Such initiatives highlight the importance of the environments in which alternative forms of mental health care take place. Additionally, peer-to-peer programs encourage individuals with similar experiences or shared diagnoses to guide and support each other. There are some unique benefits that come from a mutual understanding of the experience of hospitalization that many mental health professionals do not share (Adame, 2014). A detailed discussion of projects and initiatives can be found in the book "Alternatives Beyond Psychiatry" (Stastny et al., 2007).

More recently, Bentall (2009) argued that conventional psychiatry might be criticised not only on philosophical grounds but also by showing that it is sometimes unscientific and lacking evidence of improving outcomes for patients. He critiques the poor construct validity amongst psychiatric diagnoses. Another central critique is the influence of pharmaceutical companies, which have manipulated clinical trials to exaggerate medication benefits and downplay side effects (Bentall, 2009). Such critiques highlight the limitations of a treatment system dominated by biomedical psychiatry and invite consideration of social, spatial, and cultural dimensions. In sum, these perspectives underscore the necessity of examining how spaces of alternative forms for care can emerge while cautioning against overly simplistic solutions, a focus to which the following chapter turns.

Space and Place Identity

Interest in people–place relations has grown considerably, particularly since the "spatial turn" (Lewicka, 2011). Within psychology, this has been reflected in the development of environmental psychology, a field concerned with how built and natural surroundings shape human experience and behaviour (Proshansky et al., 1983). The application of an environmental lens to artistic spaces remains uncommon, as recent environmental psychology has focused primarily on natural environments (De Young, 2013). Considering this gap, the present study adopts a spatial perspective to examine artistic spaces in relation to mental health care. It is structured around three key points: (1) communities and individuals create and use spaces to enable practices; (2) places shape people's psychology and social interactions; and (3) how transformed or hybrid spaces can alter social realities (Evans, 2003; Lewicka, 2011).

This section begins by exploring how communities and individuals shape and utilize spaces. Community-based settings are known to bring forth innovative ideas and practices (Kapitan, 2008). Both the first Living Museum and the Art/Brut Center Gugging exemplify

this, as they emerged from bottom-up projects, created by very few individuals (Feilacher, 2018). These projects arose in response to the reorganization of psychiatric hospitals, which left buildings vacant for several years. As Squizzato (2021) noted, vacant buildings are often both a reason and an opportunity for small community projects. Both at the Living Museum and Gugging members of the clinic reclaimed the buildings and renovated them (Besonen, 2015). This reveals that while individuals act as social actors and thereby produce spaces, their actions also depend on physical structures (Löw, 2001). The spaces evolved along different trajectories: Gugging integrated more closely into the professional art world and the Living Museum prioritized community life. (Feilacher, 2018; Ehemann, 2020).

The following section examines how different spaces affect individuals and their identity formation. Institutions, where all aspects of life are controlled through strict rules, uniform clothing and surveillance, impact the lives of individuals profoundly. These "Total Institutions" erode identity, while imposing new institutional identities as patients or doctors (Goffman, 1961). Spending time in total institutions, such as psychiatric institutions, can profoundly shape how individuals perceive themselves and how they are perceived by others (Clair et al., 2016). In contrast, ASBPs offer a physical and social context where individuals can redefine their identities through the means of creative autonomy, disrupting negative association (Ehemann, 2020). Here, the concept of place identity provides a useful lens. It refers to the process, whereby a place influences one’s identity (Proshansky et al., 1983). It suggests that where we spend time, our homes, workplaces and public spaces, become integrated into how we understand ourselves. Although the concept has been criticized for its lack of conceptual clarity, it has acted as a valuable framework to integrate physical reality and social cognition (Peng et al., 2020).

Finally, this following section highlights how physical settings not only shape experiences, but also influence social dynamics (Löw, 2001). In this context, ASBPs can be

understood as a catalyst for social change through an arts-based intervention (Reyhani Ghadim, 2021). Urban regeneration, from bottom-up projects, can bring out a improvements in the economic, social and environmental condition of an area (Squizzato, 2021). For example, people report feeling more connected to their neighbourhood after engaging with an art exhibition (Kühnapfel et al., 2025). Similarly, the convergence of museums and psychiatry can bring about larger social changes. Psychiatric institutions are frequently surrounded by fear and stigma, reinforcing societal discomfort with mental distress (Goffman, 1961). They are very structured institutions, based on a system of rules and hierarchies. There are action patterns for almost all incidents and entry, and exit are also subject to strict control. Deviant behaviour is often supressed, to uphold social norms (Merhof, 2016). In contrast, museums create a regulated environment that allows the experience of experimental, provocative, or even extreme objects. While museums can sometimes be intimidating places, many people take interest in them (Camic & Chatterjee, 2013). In addition, objects are perceived differently in the context of a museum or gallery. Framing stimuli as art allows viewers to adopt a more distanced and reflective perspective (Kirk et al., 2020). As shown by Wagner et al. (2014) framing repulsive objects as artworks makes people perceive them more positively. In addition, art depicting suffering was found to be moving and meaningful and, in some cases, induced empathy (Dhallu et al., 2025). ASBPs emerge in the in-between: they offer a framework where artistic expressions are valued and showing mental distress is accepted (Ehemann, 2020). These hybrid spaces enable unconventional forms of experience for the artists, the employees, and external visitors. Taken together, these insights highlight the role of people–place relations regarding ASBPs (Lewicka, 2011). The following chapter will build on this discussion by providing further background on the institutional structures of the three research sites.

Research Sites

Art/Brut Center Gugging (Klosterneuburg)

Art/Brut Center Gugging is one of the most important representatives of Art Brut worldwide (Feilacher & Ansperger, 2018). The center is in the village Maria Gugging, next to the Institute of Science and Technology Austria. Currently it is made up of the "House of Artists," galerie gugging, atelier gugging, Private Foundation – Artists from Gugging, museum gugging and a café that is located at the centre (museum gugging, n.d.). The buildings are located on a hill and surrounded by forests and meadows. Each one of the subdivisions has its own goals, structures, and funding sources, but they work together closely. While the atelier, the museum and gallery can be visited, the residential facility ("House of Artists") is situated within walking distance and is not open to the public. It is a supervised residential facility for artists with experience of psychiatry or disability. The open atelier is open to anyone who wants to try their hand at art but is specifically aimed at those who need support to work artistically. The museum and the gallery offer the possibility to exhibit the works professionally. Further, they offer creative educational formats as well as guided tours for children and families (museum gugging, n.d.).

Before Gugging came into existence as it is today it was part of a psychiatric institution. This institution had numerous name changes and site expansions and was dissolved in 2007. It was founded in 1885 and in the period up to 1920, the institution changed its name several times and moved into new buildings. At times the facilities were arranged in a pavilion style, a type of hospital building that was widespread from the end of the 19th to the beginning of the 20th century. Characteristically, all buildings are functionally self-sufficient and are in a park-like setting (Müller, 1997). The history of Gugging bears one of the darkest chapters in psychiatric care during National Socialism. The psychiatric hospital became the site of systematic killings with a modified ECT (Electroconvulsive Therapy)

machine in attempts at genocidal cleansing (Gazdag et al., 2017). After the process of denazification, psychiatric reforms and modernizations took place in Gugging. In the 1960s psychiatrist Leo Navratil used drawing tests of his patients which he allegedly connected to different diagnoses. These drawing tests were a method he picked up in England (Navratil, 1967). After some years he noticed that some works were especially creative and started to study Prinzhorn's and Dubuffet's theories and consecutively published his own book. The contemporary avant-garde artists of Vienna found his theories remarkable and initiated contact (Feilacher, 2018). In 1981, Navratil founded the 'Centre for Art Psychotherapy' and 18 patients had the opportunity to pursue their creative activities while receiving special support (Navratil, 1998). From then on artworks were promoted in galleries and museums and a dozen well-known artists, such as August Walla and Laila Bachtiar, emerged. The space was officially renamed the "House of Artists" by Johann Feilacher in 1986 (Feilacher, 2018). With the renaming, Feilacher initiated both a reorientation of the residential facility and the abolition of the patient status and the art was placed at the center. Renovation began at the end of the 1990s to create gallery space as well as storage rooms. In 2006, the Art/Brut Center Gugging was opened in its current form (Feilacher, 2018).

The Living Museum (New York)

The Living Museum (n.d.) in New York City, Queens, is an art studio and exhibition space and the first and largest art studio and museum of its kind. Currently it is led by Mitra Reyhani Ghadim and consists of 40,000 square feet in the extensive clinic grounds of the Creedmoor Psychiatric Center (Oelkers-Ax & Ax, 2025). It was founded in 1983 by the psychologist Janos Marton and the artist Bolek Greczynski (Besonen, 2015). The movement for deinstitutionalization began in the 1960s, became popular by the 1980s and left many clinical buildings empty. The clinic management permitted the restoration of one of these buildings into an art studio and permanent exhibition space. It consists of small and large

rooms in a square configuration that wraps around a large central atrium, the former kitchen. The Living Museum provides artists with studios, materials and organizes exhibitions to promote their artwork. In addition, it offers opportunities for artists-in-residence (Oelkers-Ax & Ax, 2025). Since its founding in the 1980s, the concept has gained recognition, not least due to an HBO (Home Box Office) documentary (Chu, 2024). Since then, many similar projects have come into existence (Ehemann, 2020).

The Living Museum (Wil)

In Europe the first Living Museum was founded and is still led by Rose Ehemann in Switzerland in 2002 and it is located on the grounds of the St. Gallen North Psychiatric Centre (Living Museum Association, n.d.). It is inspired by the Living Museum in Queens and consists of a variety of open studios for different artistic practices, such as ceramics, glass, wood, music and theatre. A café is located at the entrance of the building and functions as a place for socializing. Every day about 150 artists, many of whom are treated on an outpatient basis, visit and create art. The Living Museum Society, an association that maintains an international network of Living Museums, through networking, and the growth of the movement, has led to various similar art spaces globally, for example in Tbilisi, Georgia and Alb, Germany (Living Museum Association, n.d.).

Methods

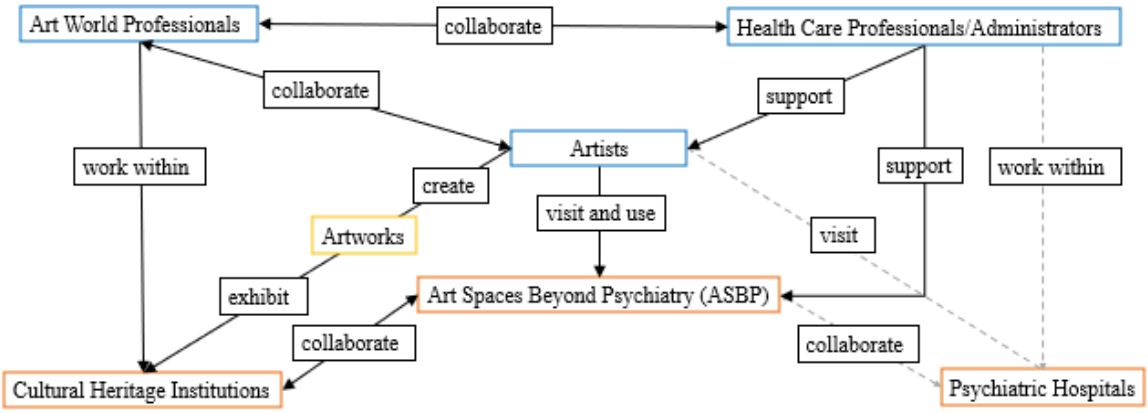
Over the past three decades, there has been a growing interest in the health impact of the arts. However, several reviews of the field of arts-based interventions (ABIs) lack rigorous and systematic methods (Clift et al., 2021). Recent evidence suggests that self-report measures which directly ask respondents about their feelings are better measurement instruments than implicit measures (Corneille & Gawronski, 2024). Thematic Analysis (TA) following Braun and Clarke's (2021) framework was used for this project as it is sensitive to nuanced meanings of different participants experiences (Braun & Clarke, 2021).

Concept Map

Concept Maps are tools to structurally visualize information to communicate the relationships between different concepts (Wheeldon & Faubert, 2009). Here it is used to frame the research project and show its key ideas.

Figure 1

Visiualization of the research field



Note. This concept map illustrates the complex relationships and the key stakeholders involved in ASBPs (see Figure 1).

Groups of participants are in blue boxes, institutions in orange and objects in yellow. The arrows indicate either a uni- or bidirectional relationship and lines in grey indicate an optional interaction. At the center are *Artists* who actively create artworks and engage with ASBPs by visiting regularly. Artists collaborate with Health Care Professionals and Art World Professionals. Health Care Professionals provide support and often collaborate with psychiatric hospitals. Psychiatric hospitals, while somewhat separated, often collaborate with ASBPs through shared projects or support them through funding. However, the line between psychiatric hospitals and ASBPs is grey, as they do not necessarily collaborate, for example the Art/Brut Center Gugging does not collaborate with psychiatric institutions, even though it formerly *was* one. Similarly, some artists do not interact with psychiatric institutions anymore. Art World Professionals work within Cultural Heritage Institutions such as museums or galleries, where artworks created by artists in ASBPs are exhibited. Overall, this map emphasizes the interconnected yet distinct roles and collaborations that enable the functioning of art spaces beyond psychiatric settings.

Thematic Analysis

TA is an iterative process meaning that researchers repeatedly revisit data, codes, and themes to refine them while moving up and down between empirical data and theoretical concepts analysis (Braun & Clarke, 2021). It was particularly useful for this project as it allows for the exploration of semantic and latent meanings in the data. Themes are interpretive patterns of shared meaning that occur in the interviews.

Participants

Table 1

Participants

Interview	Participant	Occupation	Date	Duration (hh:mm:ss)	Group
01	01	Exhibiton Planner/Health Care Worker	2024-06-12	00:36:21	Mental Health Professional/ Administrator
02	02	Art Mediator	2024-07-15	00:54:10	Art World Professional
03	03	Clinical Psychologist/Art Therapist	2024-08-24	00:33:10	Mental Health Professional/ Administrator
04	04	Chairperson/Art Therapist	2024-08-30	00:25:23	Mental Health Professional/ Administrator
05	05	Artist	2024-08-30	00:09:15	Artist
06	06	Artist	2024-08-30	00:19:17	Artist
07	07	Artist/Art Therapist	2024-10-03	00:21:20	Artist
08	08	Chairperson	2024-10-07	01:18:02	Art World Professional
09	09	Arts and Health Researcher	2024-11-19	00:25:45	Mental Health Professional/ Administrator
10	10	Art Therapist	2024-12-11	00:27:10	Mental Health Professional/ Administrator
11	11	Artist	2024-12-12	00:10:40	Artist
12	12	Artist	2024-12-16	00:14:12	Artist
13	13	Artist	2024-12-19	00:08:03	Artist
14	14	Chairperson	2024-12-19	00:45:44	Mental Health Professional/ Administrator
14	15	Former Chairperson	2024-12-19	00:45:44	Mental Health Professional/ Administrator
15	16	Personal Manager	2025-02-03	00:43:18	Art World Professional

Note. Participants 14 and 15 were interviewed during a joint interview.

Participants (N=16) were clustered along their main occupation/role (see Table 1). Initially they were recruited through social media advertising and flyers and later by directly addressing potential participants through email or at research sites. Psychiatric diagnoses of participants were not raised, as the aim of this project was not to generalize findings based on diagnostic labels, but rather to explore and understand experiences in depth. Collecting

diagnostic or detailed demographic data was not necessary for addressing the research questions and could have shifted the focus. The data from all the participants was then classified into one of the three following groups: *Artists, Mental Health Professionals/Administrators and Art World Professionals.* The first group were individuals with experience of psychiatric hospitalization, referred to as '*Artists*,' emphasizing their occupation rather than focusing on, i.e., their role as patients or clients. Many participants occupied more than one role simultaneously. Many of the health care professionals working at ASBPs also create art and some of the former patients underwent training as art therapists. However, I categorized them according to the role they associated themselves with throughout the interviews. I decided to not include the affiliated instituion in the table in order to keep the data anonymized.

Adopting an exploratory framework, I conducted interviews with a variety of individuals associated with the field of art and psychiatry. Thus, some of the participants were not affiliated with the three main spaces. *Participant 1* organizes exhibitions for artists. *Participant 3* works at a hospital as a mental health professional with a background in art therapy. Additionally, *Participant 7* is an artist with experience of psychiatry, who later underwent training as an art therapist. *Participant 9* organizes exhibitions and works as an arts and health researcher. After careful consideration, I have decided to include data on all the interviews, as each one contributes valuable insights and helps to provide a more nuanced analysis.

Design

During the first period of participant recruitment the research questions were not fixed as TA allows approaching the research object openly, without fixed ideas about the empirical field (Braun & Clarke, 2021). Consequently, I incorporated the initial findings of the first 7 interviews, to create working theories. While I analyzed the first half of the interviews, I also

screened the data for initial themes. The second half of the research process was used to look for areas of convergence and divergence with the previous results, while also looking for additional themes. While coding the data, I organized the themes into subthemes and contrasted them with the relevant literature.

Materials and Procedure

The data was gathered through qualitative interviews at the *Living Museum* (Queens), *the Living Museum* (Wil) and the *Art/Brut Center Gugging* (Klosterneuburg*)* that were held either in-person or over video calls. The research process can be divided into two main research periods. The first field visits to the Art/Brut Center Gugging and the Living Museum (Wil) and were conducted during an excursion in September 2024. The second visit was during the month of December 2024 to the Living Museum (Queens) in New York City. In total 15 interviews with 16 participants were conducted from June 2024 to February 2025. During each period, I started by contacting the administrator of the site by email. The Living Museum (Wil) was very responsive, and the administrator quickly confirmed my visit. The representatives of the Art/Brut Center Gugging were more hesitant, but agreed to the interviews, after I gave them more information about the research project. The Living Museum (Queens) was hard to reach via email, but after a phone call I was able to organize visits for four consecutive days. Once I was physically present, both the administrators and artists were motivated to participate in interviews. Conducting this research in the field was important as some participants needed time to feel comfortable with an unknown person. By being physically present, participants were more likely to engage fully (Knox & Burkard, 2009).

At the request of the participants, one interview at the Living Museum (Queens) was conducted as a group dialogue, where I interviewed two individuals at once. Of these interviews 11 were led in person and 5 were conducted through video calls. The shortest

interview lasted 9 minutes and the longest one 1 hour and 18 minutes. At the beginning of each interview, I obtained informed consent for participation from each participant and informed them that the data will be anonymized. In consideration of the sensitive topic, the personal stories of the participants, all identifying details were removed and the transcripts will not be publicly accessible. However, the data can be made available on request for research purposes.

The interviews were semi-structured with open-ended questions, which can be found in the appendix. I opened all interviews with an open question about how they got involved with the topic of art and psychiatry to get a better understanding of their background and to provide a foundation for more specific questions. I used guiding questionnaires with previously prepared questions but allowed the conversation to diverge to uncover experiences that lie outside the bounds of the interview questions (Knox & Burkard, 2009). The interviews were transcribed using transcription software. Afterwards the transcripts were reviewed, and errors were corrected. In line with common practice in clean verbatim transcription, the data was cleaned up for readability (e.g., filler words were removed). The transcripts were then translated into English using translation software. Translating can help de-identify participants and reduce traceability.

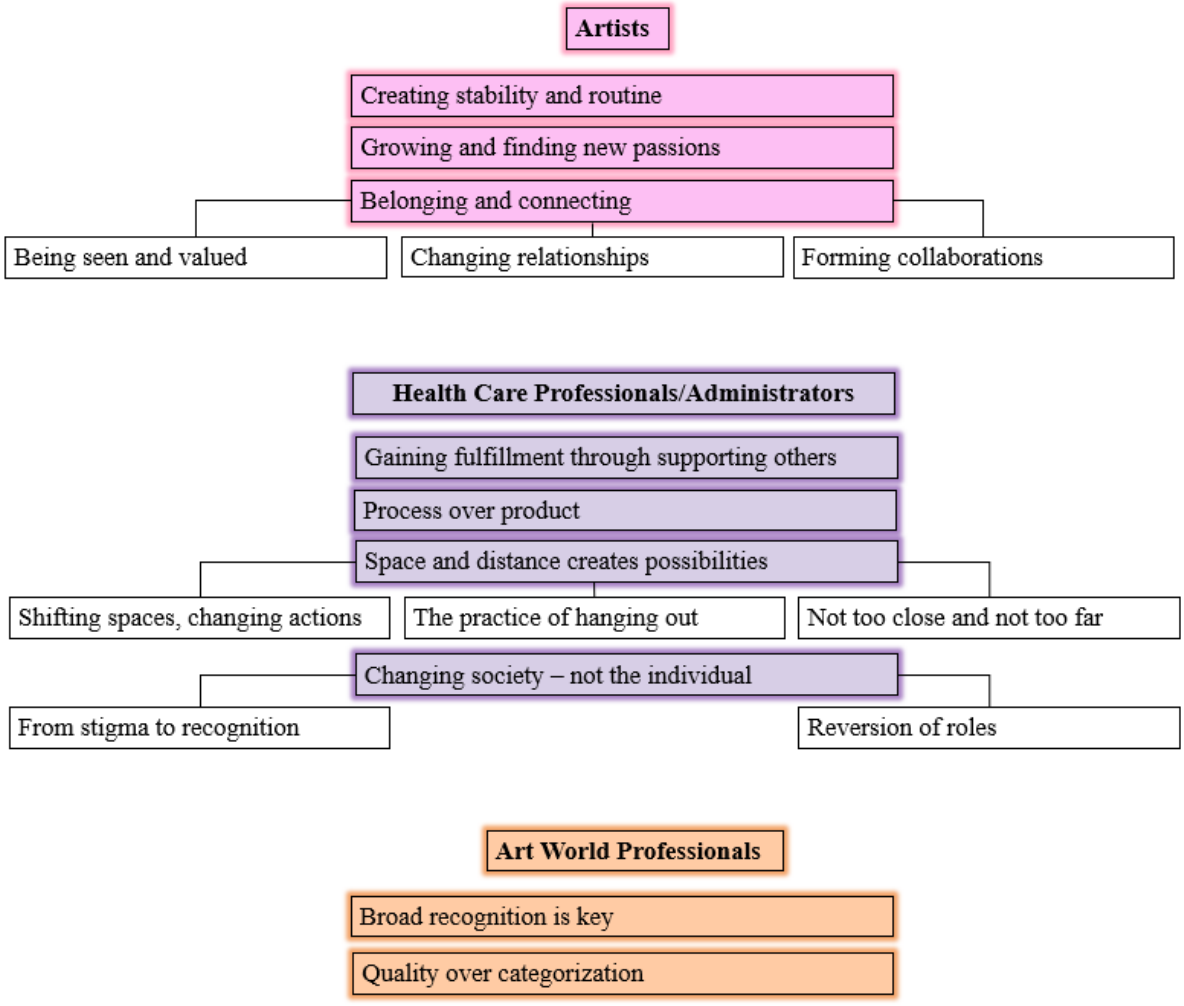
Results

I utilised an inductive coding technique at the semantic/explicit level according to Thematic Analysis (TA) and following Braun and Clarke's (2021) framework. The themes were reviewed for relevance and distinctiveness, which resulted in the generation of three overarching categories. While Braun and Clarke's (2021) approach to TA does not prescribe the use of grouping closely related themes into broader conceptual categories, doing so was analytically helpful and allowed for a clearer presentation. The categories were *Advantages*, which included themes such as *Belonging and connecting* and *Challenges*, which encompassed themes like *Exhibition as a risk*. Within these categories, themes were further classified according to the three stakeholder groups, reflecting the different perspectives of artists, mental health professionals, and art world professionals. A diagram of the themes and subthemes is provided at the beginning of each chapter to visualize the relationships between themes and subthemes.

Advantages

Figure 2

Themes grouped under advantages



Note. A diagram depicting the thematic structure arising from participants' responses clustered under advantages.

Each group articulated distinct, yet interrelated, perspectives on the role of artistic spaces. While artists highlighted stability, passions, and belonging, administrators pointed to

fulfillment, process, space, and societal change, and art world professionals stressed recognition and quality (see Figure 2).

Themes from Artists

In their descriptions about advantages, artists often mentioned beneficial aspects on an individual level. The following three themes emerged: *Creating stability and routine, Growing and finding new passions* and *Belonging and connecting.* I divided *Belonging and connecting* further into three Subthemes*: Being seen and valued, Changing relationships* and *Forming collaborations*. Participants described a variety of ways in which art supported them, including the processing of extreme experiences or as a form of escaping the world. However, the mechanisms and meanings attributed to art were highly individual and thus only the themes that were mentioned several times or by more than one participant were considered.

Theme: Creating stability and routine

The interviews revealed a recurring theme around the creation of stability and daily life. Most participants reported that they visit the studio every day or regularly and this routine was of benefit to them. These findings are in line with research that suggests that regularizing rhythms, timing of meals, sleep behaviour, and social interactions have been found to play a role in stabilizing mood and mental health (Sabet et al., 2021).

> *"I'm here in the art and media studio every day from morning until late afternoon."* (Participant 6)

> *" I come here three to five days a week. It gets me out of the house. I do my own work at home sometimes, but I prefer working here."* (Participant 13)

"Mostly every day. Mostly every day. If I'm not over here, then I'm either doing an art job in the community, or socializing with different people, or at the library, or doing music." (Participant 11)

Additionally, several participants mentioned that they had been visiting the space for many years, and it always gave them stability in their life.

"Since the 90s. I used to come here all the time to express, but I wanted to stay all day. I didn't want to go back [to the hospital] for lunch and then come back, but it was good exercise and stuff. I was getting two birds, my exercise and my excitement of the day." (Participant 12)

Theme: Growing and Finding New Passions

Participants repeatedly described how engaging in art led to the discovery of new passions which then grew. This personal development is one of the more long-term outcomes that participants reported. Even though some only started during their time in this studio, others reported that they had already created art since when they were little. However, the notion of growing, learning and the transformative aspect of the art space was a recurring theme.

"Before I came to the clinic, I didn't paint... I could never have imagined that I would discover something so beautiful and valuable. . . . I have been working in nursing for a lifetime... and never in the creative or artistic area. (...) since the last four and a half years, I have painted between 300 and 400 pictures . . . . I'm sure—completely sure—that if I didn't have the Living Museum and hadn't found my way to painting or carving, I wouldn't be where I am today." (Participant 5)

Participants described the possibility of trying out new art forms and the variety of studios as positive.

> *"A few weeks ago, I was able to try out a bit in the music studio... It was a lot of fun. I think that's what's so valuable . . . . There are so many different areas where you can develop yourself and learn new things that you wouldn't have thought of before."* (Participant 6)

In many of the interviews, participants noted that they too were surprised by their abilities and the way they evolved.

> *"As a matter of fact, I just really started doing art since I've been in this program. But I started when I was in an art program over there. And it's something I enjoy doing. I said, let me try it. And I got the hang of it. I've never been to art school. I've never been to music school, really. So, but then I'm, like, I'm enjoying, I'm surprised I'm doing art and music."* (Participant 11)

Theme: Belonging and Connecting

This theme highlights the ways in which participating in ASBPs had an impact on social relationships. Participants mentioned various ways in which it influenced their relational processes. Artmaking functioned both as a medium and catalyst for connection. This theme can be subsumed into three different subthemes: *A Change in Relationships*, *Being Seen and Valued* and *Forming Collaborations*.

Subtheme: Being Seen and Valued

Even though exhibiting work can pose certain risks, many artists saw it as an opportunity to show their work and connect to visitors and fellow artists. Moments when visitors were emotionally moved were perceived as especially meaningful.

> *"And a woman stood before my work and wanted to know a little about me. And she finally simply cried. And it touched me so much."* (Participant 5)

Subtheme: A Change in Relationships

Participants mentioned that through the art space and artmaking the relationship with their friends and family changed. One participant explicitly mentioned that artmaking created the opportunity for her family to see and appreciate her recovery.

> *"To know that I was sick back, way back, and then art had made me some, how do you say, improvement, growth, and when my family sees that and hears that about it, they thought I was just going to be in a system for the rest of my life and not recover. But it detoured and deviated to having a passion, because it wasn't like this."* (Participant 12)

Subtheme: Belonging through Collaborations

The social relationships within the spaces were seen as marked by mutual support. Through this shared creativity, such as a large canvas that was painted together, a feeling of belonging emerged.

> *"And here you can really be part of something big. Mhm. I was also able to take part in a big... It's a project that an intern started, where we were able to design a huge canvas together. So where everyone can contribute a little and a big picture emerges from it. And just like that... And just being able to take part in such things and feeling like you belong.."* (Participant 6)

Many also mentioned that they get inspired by talking to other artists in the space and being part of the community.

> *" I like communing with other artists, which I do here at the Living Museum. I know a lot of people in the art community here. I have my own style, and the men and women*

I meet here are very talented and gifted—they inspire me to do more work." (Participant 13)

Themes from Mental Health Professionals/Administrators

In the accounts of participants reflecting on the broader environment and societal role of the ASBPs, the following themes emerged: *Gaining fulfillment through supporting others, Process over product, Space and distance create possibilities and Changing society - not the individual*. I further divided the *Space and distance create possibilities* into three subthemes: *Shifting spaces, changing actions, The Practice of hanging out', Not too close and not too far*. Similarly, I divided *Changing society - not the individual* into two subthemes: *From stigma to recognition*, and *Reversion of roles*.

Theme: Gaining fulfillment through supporting others

Participants repeatedly emphasized that supporting others was meaningful to them. For some, witnessing the impact of artmaking and co-creation was central to their own sense of purpose.

"It's incredibly beautiful to see how they change themselves in this project. How their artistry is allowed to develop and grow that's what we're really trying to bring out in the people here. And it's wonderful when we succeed." (Participant 4)

Theme: Process over product

This theme was mainly mentioned by participants that are working in one of the Living Museums and in terms of positioning themselves in opposition to Gugging or other projects that are not part of a bigger institution. The attitude towards the art market is different because of the administrative and financial structures. Thus, artists in the Living Museum have no demand for heightened productivity and selling their work. This attitude of

process over product can explain the lower endorsement of bringing artworks into galleries, exhibitions, and sales (Vick & Sexton-Radek, 2008).

> *"And we have different goals, I feel, in that sense. I sensed that when I was on the panel with this group of other disability organizations. . . . There are certain things we are aligned on, but we don't have this worry of, you know, having to have an online store right now, tomorrow."* (Participant 14)

Theme: Space and distance create possibilities

One of the major foci of this thesis is the role of physical space in shaping experiences of artistic practice near psychiatric institutions. I specifically asked participants about how they perceived the role of space, but the topic also emerged spontaneously across interviews. Further, I looked for themes regarding space throughout the data analysis of the interviews. This theme reflects the several ways in which space influenced how individuals engaged with one another and with creative work. As well as, how the space gave participants opportunities beyond artmaking. This theme highlights that environments can constrain or open up possibilities.

> "*And what's exciting is this atmosphere. People tap into this creative atmosphere. And what has already been made, the whole space, has such an influence on people and it opens them up to be creative themselves.*" (Participant 4)

Subtheme: Shifting Spaces, changing actions

The phenomenon of individuals reacting oppositionally when they feel controlled or restricted, to assert autonomy is well known and studied (Rosenberg, 2018). The context and the way people treat others can influence the way individuals react. Interviewees reported that through the change to a less stressful environment, from the hospital to the studio, clients were more relaxed.

"We had a client [from the hospital] who is a 2-2-1. That means he needs two staff at all times to observe him . . . . He's a non-stop justice centre caller. So, they gave him a 2-2-1. . . . So as soon as he came here, and we were a little bit nervous, as soon as he came in, he said, I like what I see. And since then, he's a big fan of the film club, and not once has he called the justice centre." (Participant 14)

Subtheme: The practise of hanging out'

Participants emphasized that being in this space, enjoying art and engaging with others is in itself valuable. Especially in the Living Museum, the emphasis lies more on day-to-day life and not everyone who visits must create and produce artworks.

"*The main thing is the day-to-day. Those things come naturally. Some of them are obsessed with creating and producing. But that's not everyone. Not everyone has to be like that.*" (Participant 15)

"There are enough people, both clients and visitors, who can't do anything with art in general. I actually think that in our club, but then there's the social component. If you know this artist, this person who is exhibiting and yet has nothing to do with art, you still go to the exhibition." (Participant 1)

Participants also mentioned Beuys idea of the Social Sculpture, that society itself can be seen as a work of art, one that every person helps to shape through their thoughts, actions, and interactions (Zumdick, 2015).

"And also, they don't all have to make art either, because we go with the veins of, you know, we are artists, and we are a social sculpture anyway, you know. And so, if somebody comes in to hang out, you know, they will come to hang out and look at other people's art. Go inside, listen to whoever's playing the piano, look at the art, be in this environment . . . . " (Participant 14)

Drawing further on de Certeau's (1985) notion that individuals navigate and subtly change constraining systems through everyday acts, this theme explores how informal modes of action, such as simply "hanging out," contribute to the ASBPs. According to him, *strategies* are employed by institutions/power structures, while *tactics* are the small, subversive, temporary ways ordinary people make use of space (de Certeau, 1985). Under this lens informal, non-productive acts are themselves valuable.

Subtheme: Not too close and not too far

Distance to the hospital was seen as favourable by many participants, as it made the hospital less influential and created more autonomy. Moving outside the confines of the hospital into the art studio introduced a sense of distance, both physical and symbolic.

> *"Well, you know, the main building is far away from here . . . . But if you are close to the hospital, then they make you part of the hospital."* (Participant 15)

On the other hand, emphasis was put on the fact that the proximity to the hospital can also be an advantage as it provides recourses in daily occurrences but also in case of emergencies.

> *"And I think location-wise, we are perfect right now, because we're not too close and not too far. You know, we have a handful of people—five, I think—who come from inpatient, and it's close enough for them. They can just walk over."* (Participant 14)

Theme: Changing society – not the individual

Participants viewed that our current society needs change and healing and that art spaces have the potential for them to inject that change. This theme can be further divided into two subthemes *From stigma to recognition* and *Reversion of roles*.

> *"And the really revolutionary thing about it is that the approach is actually to invite society to visit the Museum and heal society from within. Because society is actually the one that needs healing and transformation. . . . . And the more places like this exist in different places, the more society will change."* (Participant 4)

Drawing on the social model of disability (Shakespeare, 2006) Recognizing that an inadequate system and an ableist society are the ones who need to change.

> *". . .recognizing that it might be society's issue more than the individual's issue, especially if we encourage a society that is so challenging for certain people that they come to a breaking point."* (Participant 10)

Subtheme: From stigma to recognition

The creation and transformation of cultural constructions are known to play a role in the reduction of stigma (Clair et al., 2016). Given this, these spaces can be understood as reshaping societal perceptions of a stigmatized group and place, a process also mentioned in the interviews. In contrast to the theme *Let the work speak for itself*, some participants held the position that art could be a key role in destigmatization.

> *"And again, the key was art. You know, mental illness is low prestige. Nobody wants to deal with it, whether you're working with mentally ill people or not. […] It's based on prejudice. But art is high prestige. You know, so people love art. Then they come in and, oh, they love everything. You know, so that's why it's a good combination, actually."* (Participant 15)

Other participants expressed that interactions with visitors, such as guided tours, could further help to break down stereotypes, destigmatize mental illness and show the creative potential of the artists. Currently, the Living Museum as well as Gugging are visited

by many diverse groups, such as school classes, groups from nursing school and medicine students.

> *"Guided tours during the exhibition create natural contact between visitors and artists, breaking down prejudices . . . . And I think it is really important to us that we present our clients, the people we are working with, as a very creative part of our society. And not only do we present them, but they can present themselves or show themselves."* (Participant 1)

Regarding reactions of visitors, participants mentioned that most of them are very impressed by the artworks and that they often felt like their visit influenced their attitudes in a positive way.

> *"Most of them are very, very impressed. Of course there are a few who you can tell are really afraid of physical contact. But for the most part it's a sense of amazement. Yes, I really have the impression that people really do come away with a different image." (Participant 4)*

Subtheme: Reversion of roles

Participants reported that the studio environment is a space where traditional hierarchies were blurred and not defined by clinical titles, explaining:

> *"And we have a small team responsible for all things in the studio for the rehabilitative work context. And there, partly, artists work. But we also have, for example, one employee who is an art therapist. But she is not there as an art therapist. And that's what I mean by role reversal. It was important for me to move away from this two-class system—the "healthy" caregivers and the "sick" patients*." (Participant 16)

Another participant, who had previously been an inpatient and later trained as an art therapist, reflected on the enriching experience of engaging with the other side.

> *"You get a different perspective and I find it really exciting to exchange ideas about it and I can also read a lot of other people's works of art. I find that a really exciting exchange. Yes, that was learning the other side of things.* (Participant 7)

Together, these reflections highlight how shifting roles in a shared creative space can foster more egalitarian and reciprocal relationships. On the other hand, this also poses a risk. A recent psychotherapy study by Vulcan & Goldner (2025) noted that some individuals experience this role reversal as being confusing.

Themes from Art World Professionals

Understanding the perspective of art world professionals helps to understand the areas of tension and potential conflicts that arise when hospitals and museums collide (See Chapter 7.1). Since I only conducted three interviews with art world professionals, the resulting themes are fewer compared to those from other stakeholder groups. However, they can reveal dynamics that determine the way in which artworks enter the mainstream art discourse and how external audiences respond to the art. Art world professionals often engage as mediators between the broader art system and ASBPs. In contrast to the medical professionals, they contribute skills of critical aesthetic judgment, exhibition curation, and the marketing of artworks to the studios (Vick & Sexton-Radek, 2008). The two themes that were mentioned repeatedly were *Broad recognition is key* and *Quality over categorization*.

Theme: Broad recognition is key

This can be seen in opposition to the theme *Process over product* mentioned more often by Health Care Professionals. Across institutions, participants differed in their views surrounding this issue. While participants from the Living Museum where more focused on

creating stress-free environments, participants associated with the Art/Brut Center Gugging put more emphasis on mainstream recognition, for example from prestigious museums. Participants advocated that this recognition is important to make broader cultural shifts possible.

> *"The key progress isn't just individual achievement for the artists, but the broader cultural shift that's happening. What we've really noticed is how the success of the artists rubs off on others in similar situations. They are helping to break down stereotypes. By showing that people who face challenges can achieve great things, they're proving that society recognizes and values this performance. And, believe me, it's crucial that this is being showcased not only in small galleries but also in prominent, successful museums. This is not just happening on the outside anymore; it's becoming a part of the mainstream art world."* (Participant 8)

Theme: Quality over categorization

This theme reflects a shift towards an equitable understanding of artistic value regardless of the artist's background. The boundaries between "insider" and "outsider" art have begun to dissolve, a development that many participants from the art world have welcomed. Participants expressed their hope that this trend will continue, until such time as artists' personal circumstances cease to have any bearing on how we perceive their art.

> *"The criteria for being accepted into the gallery are simple: is the art interesting, is it good, can it be sold? The usual things from the art market."* (Participant 2)

> *"Whether someone is socially disadvantaged or not is irrelevant here. What matters here is what matters in any gallery: the quality of the work, its international relevance. That's the standard we have followed for both the gallery and the museum."* (Participant 8)

> *"I think it's very important to show the work and the person who made it but also allow for them to be different and separate. Because destigmatizing is important, to show that this person, a very talented person, made this work, but simultaneously let that work speak for itself. And not necessarily require the attachment of an identity to it."* (Participant 10)

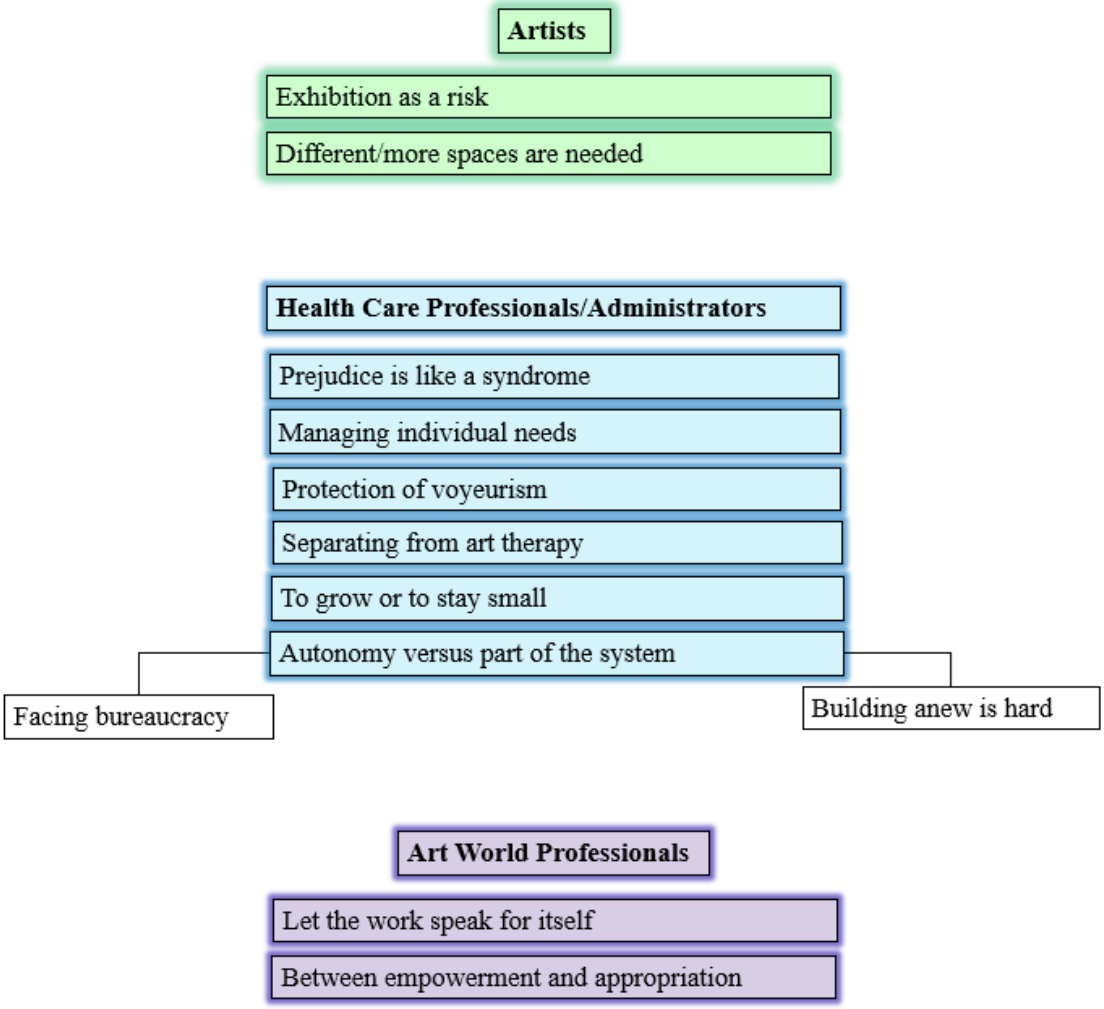
This perspective, however, sits somewhat in tension with the theme *From stigma to recognition* which emphasizes creating new, positive cultural constructions around stigmatized groups rather than dissolving all boundaries (Clair et al., 2016). Further, participants questioned the power dynamics that influence recognition and appraisal of artworks.

> *"But then again—what is good art? Often, the discussion assumes that there's already a shared definition. But is there really one agreed-upon definition of good art?"* (Participant 16)

Challenges

Figure 3

Themes grouped under challenges



Note. A diagram depicting the thematic structure arising from participants' responses clustered under challenges.

Artists highlighted the risks of exhibiting and needs related to space; health care professionals and administrators focused on prejudices, keeping autonomy, and institutional challenges;

and art world professionals expressed concerns about appropriation and seeing art as a tool (see Figure 3).

Themes from Artists

Challenges for artists included various issues related to public visibility and the need for different spatial conditions. From this, two themes emerged: *Exhibition as a risk* and *More/different kinds of spaces are needed*. These themes reveal that there are considerate challenges in working as an artist in a ASBP.

Theme: Exhibition as a risk

Participants reflected on the ambivalent nature of exhibitions. While many of them acknowledged the benefits of showing one's work, as reflected in *Being seen and valued*, many observed that exhibitions can place much stress on them. These risks included emotional pressure, not being paid or having their work withheld. For some participants this has led to a withdrawal from exhibitions and galleries.

> *"And then I actually had two solo exhibitions. But that's enough. It really gets to me. Every time I've had an exhibition, I've fallen into a hole afterwards."* (Participant 5)

> *"I like them, as long as I can make money. If I can sell something, I like them. Sometimes I don't like them, but it's a good outlet. I'm trying to think that it's a good outlet. I was in a gallery before, and the owner never gave me my work back. It was a loss. I was scarred from it, and I didn't want to go back out. I didn't want to bring all my work back out."* (Participant 12)

Theme: More/different kinds of spaces are needed

Participants often discussed artmaking in close connection with the physical spaces in which it occurred. Some participants advocated for an expansion of the existing form of the ASBP.

> *"Now, if I could change something about the museum, I would want more museums. More living museums. Like the same help that I receive, other people receive."* (Participant 12)

Whereas others were more concerned with the need for diverse environmental options, such as small, individual rooms or spaces in the garden. Some pointed out that there is a lack of quietness in the shared studios.

> *"Well, I prefer working in a quieter place. Quiet—where not many people are passing by. But it's always noisy. I often have to wear headphones just to tolerate being around people, the music, the noise there. So, it would actually be nice to have smaller rooms, maybe even single rooms or at least smaller spaces. I also often paint outside . . . . when I'm outside in the garden alone, then it's… birds chirping, that's it."* (Participant 5)

Participants also reflected on their experience in different clinics that had no art studios. This shows that currently the resources for artmaking at many hospitals are not sufficient and are unequally distributed.

> *"There was an art therapist, but she brought a few old pens with her and that was all. So she just came and we did a bit of painting at the tables where we ate (...)"* (Participant 7)

Themes from Mental Health Professionals/Administrators

Four central themes emerged as challenging, *Prejudice is like a syndrome, Managing individual needs, Protection of voyeurism, Separating from art therapy, To grow or to stay small, Autonomy versus part of the system* with the two Subthemes: *Facing bureaucracy* and *Building anew is hard*. These themes reveal the complex balancing act professionals face as they navigate between institutional constraints and individual care.

Theme: Prejudice is like a syndrome

A central issue raised by many health care practitioners was the contagiousness of prejudices. For example, participants reported that they also faced prejudice when they tell people where they work. Prejudice is distinguished from stigma by its emphasis on negative attitudes and emotional reactions toward groups. Stigma encompasses a broader social process that involves stereotyping, separation, and discrimination (Pescosolido & Martin, 2015). Goffman (1961) pointed out that stigma can extend to those connected with stigmatized groups, which applies to mental health professionals working in psychiatry. This is effect is also known as courtesy stigma.

> "*You know, the prejudice is like a syndrome. You know, you're not prejudiced against mentally ill people, but you're also prejudiced against people who work in mental hospitals.*" (Participant 15)

> "*Because in this context of art and psychiatry, there are just an incredible number of prejudices and stigmas that are deeply ingrained*." (Participant 16)

> "*There are situations where someone says, 'Ah yes, the artists—aren't they all crazy?' Those stereotypes persist, which I find really unfortunate.*" (Participant 16)

Theme: Managing individual needs

This theme reflects the pragmatic and interpersonal challenges involved in creating inclusive spaces, especially when working with artists who may have acute mental health needs. Organizing studios and exhibitions involves more than just logistics. Participants addressed it as challenging to manage group dynamics and make on-the-spot decisions.

> *"And then there are situations, for example, where someone is perhaps very psychotic and swears or shouts very loudly. I always ask the group that is there at the time, the people, how bearable is it? Can they stand it, yes or no? They are usually very generous. They put up with much more than I can stand myself. And then, if everyone thinks it's OK, it's within reason, we can handle it, then the person can stay. But if the group says it really can't be handled any longer, then I would talk to the person and ask them to maybe go home that day or calm down and go to the ward and then maybe try again the next day."* (Participant 4)

Further participants emphasized the importance of self-determination and including everyone in decision processes.

> *"We have older artists, but also very young ones, which means we have to adapt the form of support, adjust perspectives, and discuss their individual needs. Self-determination is a big topic. It's important to involve people in decision-making*." (Participant 16)

Theme: Protection of voyeurism

One of the key tensions were the protection of voyeurism on the one hand and the promotion of artists on the other. Participants emphasized that it is important for some artists to gain public visibility. On the other hand, many raised concerns that there is a risk of voyeurism, especially if the media coverage is sensationalist. According to the participants it's a delicate balance that needs careful consideration.

> *"But it is always a delicate balance because, of course, when something is presented on television or in the media, it quickly takes on a dynamic that is no longer appreciative and that can harm people. And that, in turn, sometimes leads to even more barriers […] It's this tension between how much you protect people and how much you help them gain public visibility. And, of course, there are legal dimensions to consider as well."* (Participant 16)

Participants criticized the fact that there are situations where visitors came to the museum with a lack of respect for the artworks and the artists or a romanticised image of mental distress.

> *"And I think I've seen a lot of people come in here as a viewer of the museum, and I've been asked some very inappropriate questions. And it just showed me that there's a lot of morbid curiosity about the people making the art, and it's not very respectful. And sort of the romanticization of the tortured artist is still highly prominent. And I don't think that's necessarily fair nor appropriate."* (Participant 10)

This exposes the ambivalence to the theme *From stigma to recognition,* highlighted by other participants, where the interaction between the public and the art studio was seen mechanism to reduce stigma.

Theme: Separating from art therapy

Given the limited research on these art studios, occasionally it was necessary to draw on findings from art therapy. However, participants repeatedly emphasized the notion that autonomous artmaking must be distinguished from art therapy. Similar results were found in a study investigating community-based studio programs in Europe and the United States, where especially the European art studios put emphasis on the distinction (Vick & Sexton-Radek, 2008). This can be seen as a form of differentiation from the history of art therapy, that primarily used art to treat and diagnose pathologies (Kapitan, 2008). Even though this can seem like an unnecessary division, given the overlap of goals between art therapists and community art-based projects, it was nonetheless an important one to many participants. The key difference from conventional art therapy is that there are no therapeutic goals and no instructions given, instead artists are free to work independently.

> *"So it's like a kind of philosophy of its own that actually goes beyond classic art therapy. Art therapy is used to treat symptoms and alleviate suffering over a certain period of time in the clinic."* (Participant 4)

While some participants resisted the comparison with art therapy, others held more ambivalent positions. Some participants mentioned they have a background in art therapy and still offer therapeutic sessions, yet overall, the focus is set on the autonomous work.

> *"I've led a couple art therapy groups here. Mostly, as you can see, it's open studio, so it's very self-guided. There's a lot of autonomy, but we do have art therapy groups, also journaling on Tuesdays, so once a week there's like a lead group."* (Participant 10)

Theme: To grow or to stay small

As some ASBPs such as the Living Museum are constantly growing and advocating for an expanding network, some participants also shared concerns. This theme exposes the ambivalence surrounding the growth of the spaces, and the movement in general.

> "*I'm personally a little worried. I always feel when something becomes like that kind of mainstream, duplicating, replicating everywhere, it can lose some things too, when it becomes like a chain. But at the same time, it's nice because there's more. It's nice because there's more spaces for people to go and make art, and people can come in."* (Participant 14)

Across institutions views differed and for example some participants from Gugging described that they deliberately decided to keep the association small to provide better care.

> *"However, we only support a small group of people. I didn't want to expand beyond that because, at a larger scale, it would be difficult to provide individualized care."* (Participant 16)

Theme: Autonomy vs part of the system

Even though it is important to criticize the hospital system, many participants acknowledged that there are benefits that come with proximity to the hospital. Thus, this theme describes the ambivalence between using an existing infrastructure or deciding to build up an independent community and can be divided into two subthemes *Facing bureaucracy* and *Building anew is hard*. This theme can be seen as a reflection of a larger underlying question: Can systemic change be enacted from within, or only through radical outside alternatives?

"It depends on the fact if it's under a hospital or a community. If it's a community of not-for-profit, the obstacles would be, you have to, the funding, grants. If it's under a hospital, the challenge is the system. You know, the system can be very invasive and dangerous in a way." (Participant 15)

"And then of course there are the other projects that are part of foundations, part of day care centres. Then there are the projects that are in psychiatric hospitals, which are financed by the psychiatric hospitals. […] It varies a lot. There are people who say, I want to remain independent, I don't want to be part of a hospital system." (Participant 4)

Subtheme: Facing bureaucracy

One of the challenges that were recounted by participants, was the bureaucracy of hospital culture. The theme sheds light on systemic inertia that comes with being a smaller project withing a bigger organisation.

"It's all bureaucratic. And it's all done in the name of protecting the patients. It's total nonsense. Whenever people are reciting laws and rules, it's not to protect the patients—it's to protect themselves." (Participant 15)

Subtheme: Building anew is hard

A central issue raised in the interviews was the notion that building a new studio or museum is challenging work and takes patience and resources. This theme exposed once more that, while it can be beneficial, being autonomous from existing infrastructures, often comes at a cost. It is well known that new community-build projects face issues connected to the financial sustainability (Squizzato, 2021).

> *“ […]Some of them set up associations and have to generate money through fundraising and foundations. Of course, if you decide to do it, it's exhausting. You really have to write to lots of foundations and keep at it. And it really is like that, it takes perseverance and a lot of patience.”* (Participant 4)

> *" I have always had to work hard to build institutions that could raise funds through their operations."* (Participant 8)

Themes from Art World Professionals

Challenging aspects for Art world professionals were in relation to questions of representation and ethics surrounding exploitation. The two themes that were reported as challenging were *Let the work speak for itself* and *Between empowerment and appropriation.* These themes reveal the complexity of working with artists, galleries, museums and the public and what they experienced as challenging.

Theme: Let the work speak for itself

In this theme Art world professionals emphasized that artworks should be appreciated on artistic grounds rather than being reduced to biographical testimony or other personal factors. It is connected to the theme *Quality over categorization* but focuses more on the risk of reductive associations. There is also a tension between the theme *From stigma to recognition* where art and exhibitions are seen to some extend as a tool to diminish stigma.

> *“I think it's very important to show the work and the person who made it but also allow for them to be different and separate. Because de-stigmatizing is important, to show that this person, a very talented person, made this work, but simultaneously let that work speak for itself. And not necessarily require the attachment of an identity to it.”* (Participant 10)

Theme: Between empowerment and appropriation

Participants reported an ambivalence between empowerment and exploitative actions, such as copying an art style. This issue is related to the theme *Protection of voyeurism***.** It was noted that there were often other individuals, who took advantage, but at the same time also helped in the process of making the artists and their work recognized.

> *". . . tried to draw pictures of schizophrenia without actually having experienced it himself or anything like that. But on the other hand, he also made sure that the artists had their first exhibition in a gallery and that they could try to sell something. And I think that is very typical of the history of Gugging, that it was always a bit, yes, an ambivalence. So, people who came and got their inspiration, but then also wanted recognition for the artists."* (Participant 2)

Discussion

Building on Squizzato (2021), who argues that bottom-up community projects yield positive long-term effects, both at the sites where they were originally located and beyond, the present data shows that ASBPs can have lasting impacts on the experiences of individuals. The results indicate that exhibitions can bring important advantages, such as allowing artists to feel seen and valued, and at the same time, exhibitions may also lead to stressful experiences. Further, the data suggest that mental health professionals and administrators gain fulfillment from working in these environments. At the same time, they face the challenge of balancing institutional regulation with autonomy and the reduction of stigma. Both art world professionals and mental health practitioners emphasized that their focus lies in changing society rather than the individual, highlighting the role of galleries and other exhibition spaces in that process. Art world professionals emphasized more on the risk reinforcing reductive associations and the importance of valuing art for its quality, rather than the artist's background. Several tensions between themes have emerged, such as the importance of broad recognition versus the risk of voyeurism or appropriation. Stigma and prejudices continue to be persistent issues, yet the findings suggest that art can contribute to their reduction. From an environmental perspective, ASBPs should be within walking distance of clinical institutions and offer space for seclusion as well as collaborations. While a variety of challenges exist, there was a strong consensus regarding the value of these spaces.

As mentioned before, I had a flexible approach, regarding my research areas of interest, which allowed me to continuously refine them in response to the findings. Some of the initial regions of interest did not come up in the interviews. The topics of interest were: (1) *Changes in identity*, (2) *Coping with hospitalization*, (3) *Destigmatization* and (4) *Negative effects.* While stigma and destigmatization was discussed in multiple interviews and

let to the development of the theme *From stigma to recognition* as well as *Prejudice is like a syndrome*, this did not hold for other regions. Reporting such absences helps to contextualize the findings, providing a more transparent account. Further, it informs future research by indicating areas that may require different methods, such as longitudinal observations, other study populations, or more detailed questionnaires.

The literature mentioned *Changes in identity* as a key goal of the Living Museum (Ehemann, 2020) specifically. This, however, was not mentioned in the interviews with the artists. This absence does not implicate that this change is not experienced. Identity is a complex concept and as Tatum (2000) pointed out, it is shaped by individual characteristics, social contexts, family dynamics, and other factors. A study specifically designed to examine identity development within these contexts could provide insight into this phenomenon. Further, Clair et al. (2016) found that new cultural constructions, including positive associations and attributions, work as a mechanism of reducing stigma. Given this, even if participants in this project did not explicitly describe identity change, being socially recognized foremost as artists may nevertheless contribute to a reduction of stigma and health benefits for the stigmatized group (Clair et al., 2016).

Coping with hospitalization was among the initial areas of interest but was mentioned in only one interview. Its limited presence is again likely influenced by the study sites and population sampled. For instance, at the Living Museum (Queens) all participants I spoke to have been practicing artists for at least two years and are not currently hospitalized. This has potentially reduced the salience of hospitalization as a current concern in their lives. A study specifically targeting individuals currently in psychiatric care, or focusing on recent transitions out of the hospital, might uncover more detailed insights into how art spaces support coping and recovery.

Although participants reported several challenges, no explicit *Negative effects* were identified, even when asked directly about potential adverse impacts. *Exhibition as a risk,* reflects negative experiences of artists, yet it does not represent a direct negative effect of ASBPs, but rather a challenge that arises when artworks enter the public sphere. Similarly, *Prejudice is like a syndrome* reflects on negative experiences of people working in stigmatized fields and cannot be seen as a direct drawback of ASBPs. This absence of reports of negative effects should not be interpreted as evidence that such effects do not exist, rather, it reflects experiences of a self-selected study population. Participation in these studios as well as in this research project is shaped by self-selection: it attracts those participants who experience them as beneficial and in turn reflect more positively on their experiences. Another future study could investigate the population who stopped visiting the ASBPs to understand potential negative impacts. In line with this, future research could benefit from analysing discontinued projects to better gain insight into the structural factors that contributed to their disfunction.

A strength of this research includes its exploration of three distinct groups of stakeholders. Throughout the process of data analysis, the results showed that there is great variability across stakeholder's experiences, as well as systematic differences across institutions. It became evident that individuals' positions and experiences were indeed shaped by their environment and the role they held in that environment. In many cases, there was a greater alignment of views within a single institution than between different ones. Several areas of research I had anticipated to be of importance at the beginning of this project, were not prominent in the data. This underscores the importance of remaining open to participants' perspectives and allowing the analysis to be shaped by their situated knowledge rather than by predefined expectations (Haraway, 2013). Rather than being universal, participants' perspectives were co-constructed within specific institutional contexts. While Gugging, for

example, leans more toward integration into the professional art world, the Living Museum emphasizes the importance of community life. These models occupy different niches, and both serve essential functions. In addition, Klosterneuburg in Austria and Wil in Switzerland are two rural areas in Europe, while New York City is a major metropolitan area. A future study could benefit from a cross-cultural analysis, which considers variations in health care systems and other geographic or cultural factors. Further, self-organized art collectives of artists with mental health conditions that act completely independently of institutional infrastructures represent an underexplored field. Finally, incorporating the perspectives of external visitors and people in close relations with the artists could broaden understanding of the wider impact of these spaces. Overall, the findings show that ASBPs offer both artistic and societal value and future studies could deepen the knowledge on their effects.

Limitations

Generalizability is often themed as an issue, but the goal of the project was not to investigate a universal phenomenon, but rather to understand experiences and recurring themes within these three sites. Small-sample qualitative studies are known to bring forth important insights about minority populations and experiences that are difficult to quantify (Ratcliffe et al., 2024). Still, there is a risk in equating reported experiences with robust data. Given the qualitative nature of the data, it is unclear if the benefits and transformation that participants reported was caused by artmaking, the studio, or other factors (Belfiore, 2006). Yet, the themes in participants' narratives provide valuable insights into perceived transformation. Nevertheless, some stakeholders, such as policy makers, rely more on measurable outcomes and thus future quantitative or a mixed methods design could help to demonstrate the systematic impact. Although randomized controlled trials are challenging to implement in this context, conducting interviews alongside surveys before and after introducing individuals to the ASBP could serve as a starting point.

The flexible approach of this project has led to unexpected findings and a better overall understanding of the field. A narrower approach might have yielded more concentrated findings and greater analytical precision. On the other hand, Scott (1998) in *Seeing Like a State* argues, that attempts to standardize and measure complex, locally situated practices often reduce them to simplified formats. In this light, illegibility can be understood as a source for autonomy of small projects. The resistance of ASBPs, or of this project, to standard measurement may not be a methodological flaw, but can be seen as a way of protecting their authenticity (Scott, 1998). Similarly, Rowell (2006) suggested that the absence of a well-established research tradition may in fact be beneficial for creating novel narratives and inclusive practices.

Reflection

In qualitative research reflecting refers to the process of critically thinking about and analysing one's own experiences, practices, or assumptions within the context of research and recognizing how it shaped the study's design, methodology and conclusions (Braun & Clarke, 2021). I operated withing critical realism, which notes that reality exists independently, but our knowledge of it is always partial and influenced by social factors. Applied to my thesis this shaped my analysis of the data in such a way that participants' accounts of their experiences were not treated as direct representations of an objective reality, but as important subjective interpretations (Braun & Clarke, 2021). My focus on the spatial surroundings and their role in enabling artmaking was informed both by personal interest and by the gap in existing research. My view on artmaking is generally positive, viewing it as meaningful and potentially transformative. Nevertheless, I acknowledge that art is not suitable for everyone and there lies a risk of instrumentalization of art to obscure structural inequalities while alleviating social exclusion (Belfiore, 2002). Regarding different models of ASBPs, I find the model of the Living Museum more compelling due to its emphasis on community and daily

routine, but I appreciate the role of established, prestigious projects like Gugging, which provide broad recognition. Throughout the research my own positions and interests shaped the process. Nevertheless, it was important for me to retain parts of interviews that did not resonate with my primary assumptions.

At the same time, my perspective is shaped by a critical engagement with dominant psychiatric paradigms, which informed the research areas of interest. This perspective is informed by personal relationships with individuals who have needed psychiatric treatment. Encountering restrictive, clinical environments made me aware of the need for alternative kinds of spaces. Further, my views are influenced by Bentall (2009) advocating for a more symptom-centred, compassionate, and less biomedical understanding of mental distress. Some individuals with lived experience of psychiatry have called for the abolition of psychiatric and biomedical models altogether (Adame, 2014). In contrast, I position myself within an integrative perspective that draws on psychological, neuroscientific, and sociological evidence.

Conclusion

By examining art spaces within and beyond psychiatric institutions this thesis offers insights into how these spaces shape individuals and society. It aims to inform artists, researchers and mental health advocates, who seek to build more spaces for artistic expression. Although the relatively small sample size of this project and the qualitative interviews do not allow for broad generalizations, several findings are worth further exploration. The analysis revealed that ASBPs foster stability, personal growth, and a sense of belonging for the artists and the administrators. Across stakeholder groups, the analysis revealed that they valued such spaces and the numerous benefits they bring with them. At the same time, challenges remain, which are institutional frictions, ethical considerations, and persistent stigma. The purpose of this project was not to arrive at resolution, but to contribute

to an ongoing process of investigating alternative mental health care. In conclusion, as Adame (2014) noted, there needs to be a place for madness in society. Not just in a symbolic sense, but also in the necessary spaces that allow for non-normative, explorative and creative ways of being.

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Appendix

Appendix 1: Questionnaire 1

Questions for Artists

1. Please tell me at the beginning: How did you encounter the context of psychiatry and art? You can mention anything that seems important to you.
2. How did you encounter this place?
3. Did visiting this place change your identity? If yes, how so?
4. Did this place help you to connect with the art world?
5. Was there an art therapy programme in the previous psychiatric institutions you stayed at?
6. If yes, in what ways was it different from the place here?
7. Were you able to process extreme psychological experiences through art?
8. What are the limits of art (therapy)?
9. Are there also negative aspects of processing experiences through art?
10. Would you change anything about this space? If yes, what is it?
11. What was it like for you to encounter the public/other people through art exhibitions?
12. Were there sufficient resources for artistic work in psychiatry?
13. Do you believe that art can contribute to the destigmatisation of mental health conditions in society?

Appendix 2: Questionnaire 2

Questions for Mental Health Professionals/Administrators

1. Please tell me at the beginning: How did you encounter the context of psychiatry and art? You can mention anything that seems important to you.
2. What were your experiences working with artists with mental health conditions?
3. Did you experience any negative events during your work?
4. What are current challenges in your work?
5. Are there enough places/infrastructures that exist to practice art?
6. Is the exhibition of the artwork an important part?
7. Did artists feel empowered by their art being exhibited?
8. What were the main challenges when building a gallery/museum for art brut?
9. Do you think art can play a role in the process of destigmatization of mental health conditions?

Appendix 3: Questionnaire 3

Questions for Art Educators and Curators

1. Please tell me at the beginning: How did you encounter the context of psychiatry and art? You can mention anything that seems important to you.
2. What do you find interesting in this domain?
3. What are the challenges in working with artists with mental health conditions?
4. What are the biggest challenges in promoting the artworks?
5. How do people react when you tell them about your work?
6. How was your work with other institutions?
7. What is special about art brut?
8. Do you think that outsider art can shape the public opinion and/or reduce mental health stigma?
9. What would you like to see in the future of the field of art brut?

Abstract (English)

Art has played a vital role in creative expression, recovery, and communication across millennia. Traditional art therapy uses structured interventions, while art studios and museums near psychiatric institutions are emerging as alternative spaces. In contrast to art therapy there are no instructions given and there is no direct therapeutic goal. I term these art spaces "Artistic Spaces Beyond Psychiatry" (ASBPs) to underscore their spatial and conceptual distance from clinical institutions. This thesis explores the benefits and challenges of these spaces, a topic that remains underrepresented in academic research. Data was collected through 15 qualitative interviews and analysed using thematic analysis (TA) following Braun and Clarke's framework. The interviews were conducted at three distinct locations across three stakeholder groups: artists with experience of psychiatric hospitalization, mental health professionals/administrators, and art world professionals. The analysis revealed that for the artists ASBPs were perceived to foster stability, personal growth, and a sense of belonging. Health professionals described fulfillment through supporting others, the value of space in creating possibilities, and a focus on transforming society. Themes from art professionals suggested the importance of the embeddedness of these spaces in the art world. At the same time, challenges emerged around balancing institutional structures with autonomy, voyeurism, appropriation, and persistent stigma.

Keywords: art spaces, psychiatry, stigma, thematic analysis, autonomy, community

Abstract (Deutsch)

Kunst spielt seit Jahrtausenden eine wichtige Rolle für den kreativen Ausdruck und zur Kommunikation. Die traditionelle Kunsttherapie behandelt psychischen Problemen durch strukturierte therapeutische Interventionen, während Kunststudios und Museen in der Nähe psychiatrischer Einrichtungen sich als alternative Räume etablieren. Im Gegensatz zur Kunsttherapie gibt es keine Anweisungen und kein direktes therapeutisches Ziel. Ich bezeichne diese Kunsträume als „Artistic Spaces Beyond Psychiatry" (ASBPs; Künstlerische Räume jenseits der Psychiatrie), um ihre räumliche und konzeptuelle Distanz zu klinischen Einrichtungen zu unterstreichen. Diese Arbeit untersucht die Vorteile und Herausforderungen dieser Orte, ein Thema, das in der akademischen Forschung nach wie vor unterrepräsentiert ist. Die Daten wurden anhand von 15 qualitativen Interviews erhoben und mithilfe einer thematischen Analyse (TA) nach dem Konzept von Braun und Clarke ausgewertet. Die Interviews wurden an drei verschiedenen Orten mit drei verschiedenen Interessengruppen durchgeführt: Künstler*innen mit Psychiatrieerfahrung, Fachleuten für psychischen Gesundheit/Administrationspersonal und Fachleuten aus der Kunstwelt. Die Analyse ergab, dass ASBPs von den Künstler*innen als förderlich für Stabilität, persönliches Wachstum und Zugehörigkeitsgefühl wahrgenommen wurden. Fachleute für psychischen Gesundheit beschrieben positive Erfahrungen durch die Unterstützung anderer, den Wert von Räumen für die Schaffung von Möglichkeiten und den Fokus auf die Veränderung der Gesellschaft. Die Themen der Fachleute aus der Kunstwelt betonten die Wichtigkeit, diese Räume mit der Kunstwelt zu verknüpfen. Gleichzeitig zeigten sich Herausforderungen, die im Spannungsfeld von institutionellen Strukturen und Autonomie sowie durch Voyeurismus, Aneignung und fortbestehende Stigmatisierung entstanden.

Keywords: Kunsträume, Psychiatrie, Stigmatisierung, thematische Analyse, Autonomie, Gemeinschaft