BROKEN, NOT INCOMPLETE

ANNA M. CRANE
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in Art
with honors in Art

Reviewed and approved* by the following:

John Bowman
Professor of Art
Thesis Supervisor

Simone Osthoff
Professor of Art
Honors Adviser

* Signatures are on file in the Schreyer Honors College.
ABSTRACT

When I started to pay attention to the problem of the stigma society has placed on mental illness, I noticed the way mental illness was treated in the art world and other creative fields. I have found that there are several ways in which the art world treats mental illness. Some people attribute the symptoms of mental illness to the specialness of being a creative person, ignoring the possibility of mental illness or not realizing that it could be present. I have also found some artists, when they do accept that mental illness is present, believe that art is a treatment and may not seek any further help.

There are two parts to my thesis: This written portion of my thesis and my solo exhibit, *Broken, Not Incomplete*. The written portion discusses mental illness, the problem of not seeking help, and the way artists treat mental illness. I use the life of the photographer, Francesca Woodman, as an example to show how people sometimes blame emotional and psychological issues an artist may have on creativeness, rather than possible mental illnesses. In my exhibit, I discussed these problems and demonstrated that mental illness can be treated in a healthy way while maintaining the “specialness” expected of those in a creative field.
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I also want to thank John Bowman and Simone Osthoff for their help and support while I worked on this thesis. I couldn’t have done it without them.
Introduction

In the last couple of years, mental illness has become an important subject in my life and academic pursuits. In 2013, I was diagnosed with major depression, dysthymic disorder, and generalized anxiety disorder. Although I was not diagnosed until I was 21, my psychiatrist and I believe that I have been living with these mental disorders since I was a child. Like me, many people with a diagnosable and treatable mental illness do not seek help for a long time, if at all, because our society stigmatizes mental illness.

When I started to pay attention to these problems, I noticed the way mental health and mental illness was treated in the art world and other creative fields. Artists seem to accept those with mental illness, but there are some misunderstandings among some artists that could be harmful. I have found instances, usually when watching videos on various artists, where people attribute the symptoms of mental illness to the specialness of being a creative person, ignoring or not considering the possibility of mental illness. I know one or two artists who understand that they may have mental health issues, but they believe that making art is the only treatment they need. Art is very important for healing and can be all that is needed sometimes, but I think that there are some situations where further help is necessary, which makes it dangerous to rely solely on art.

For my thesis, I pursued my passion for creating awareness of problems surrounding the stigma and misunderstanding of mental illness in our society. I held a solo exhibit, which I titled *Broken, Not Incomplete*, on October 13th-17th. The purpose of the show was to discuss these problems while demonstrating that there is a way to treat mental illness in a healthy way while maintaining the “specialness” expected of those in a creative field.
The purpose of this written portion of my thesis is to present my research and back my claim that this problem exists. First, I'll discuss mental illness, the stigma, and why not seeking help is a problem not only for the individual, but for their community and even their nation. Then, I will discuss how I’ve witnessed the art world treat mental illness and why it is a problem. I will conclude with an overview on my exhibit.
Chapter One

Introduction to Mental Illness and Stigma

The misunderstanding and stigmatization of mental illness is a major problem, and has been for a very long time. Although it is a problem that many people have to deal with, the development of technology and the increase of societal pressures have made this problem even more harmful and even deadly for young people today. In this chapter, I will give an overview of what mental illness is and provide some statistics, and then I will discuss what stigma is and explain why the stigmatization and misunderstanding of mental illness is a problem. The purpose of this chapter is to highlight why it is important for those with a mental illness to seek and receive the help that they need.

What Is Mental Illness?

According to the National Alliance on Mental Illness (NAMI), a mental illness is a “medical condition that disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning” (What is Mental Illness). Basically, a mental illness affects how well a person copes with life. Because a mental illness is a medical condition, it can be treated. Some common mental illnesses are depressive disorders, anxiety disorders, bipolar disorder, borderline personality disorder, and eating disorders.

Major depressive disorder, also known as clinical depression, is a mood disorder that affects people differently. A person could have only one episode of major depression in their lifetime (although more than half of people who experience one episode will have another episode in their lifetime (NAMI)), but others may experience episodes of depression consistently throughout their entire lives. Some symptoms of major depression are: excessive feelings of
sadness and guilt, appetite and sleep disturbances, poor concentration, fatigue, and thoughts of suicide (NAMI). Other kinds of depressive disorders include persistent depressive disorder, postpartum depression, seasonal affective disorder, and dysthymic disorder.

There are many kinds of anxiety disorders, like generalized anxiety, panic disorder, phobias, obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD), and as a group they are some of the most common mental disorders experienced in the United States (NIMH). People with anxiety disorders experience excessive feelings of distress, fear, and unease when faced with situations that most other people would not react to as strongly (NAMI). While they may be aware that their anxiety is excessive in certain situations, those who suffer from an anxiety disorder cannot control those excessive feelings.

Bipolar disorder, also known as manic-depressive illness, causes shifts in mood and energy. While everyone goes through these kinds of shifts, the symptoms of bipolar disorder are much more severe and can affect a person’s ability to deal with daily life (NIMH).

Borderline personality disorder causes people to have problems regulating their emotions and thoughts. They act impulsively and have unstable relationships with others (NIMH).

Eating disorders include anorexia nervosa, bulimia, and binge-eating. They are characterized by over or under eating and purging, and they may include concern for body weight or shape (NIMH).

Co-occurring disorders are mental disorders that occur with another disorder. For example, those with an anxiety disorder often experience depression. The co-occurring disorder can also be a substance use disorder. When people, especially teens, don’t understand what they’re feeling, they may turn to alcohol or drugs to help relieve the confusing or painful feelings (NAMI).
While symptoms of these mental illnesses may sound familiar or normal, what distinguishes them as disorders are their effects on a person’s ability to handle daily life and keep relationships with those around them. Mental illnesses hinder a person’s functioning beyond what “normal” feelings of sadness, anxiousness, etc. do.

**Why Should We Care?**

Even those who do not suffer from a diagnosable mental disorder are affected by mental illness, because mental illness is actually quite common. One in four adults (about 61.5 million people) experience a mental illness in the U.S. in a given year, and one in seventeen (about 13.6 million people) live with a serious mental illness, like major depression, bipolar, and schizophrenia (NAMI). One in five teens and about one in ten children ages 8-13 in the U.S. also suffer from a severe mental illness in a given year (NAMI). So, unless you interact with only two people in your lifetime, you will meet, befriend, or work with someone who suffers from a mental illness.

Here are some more numbers provided by the National Alliance on Mental Illness:

- 1.1% of adults (2.4 million people) live with schizophrenia
- 2.6% of adults (6.1 million people) live with bipolar disorder
- 6.7% of adults (14.8 million people) live with major depression
- 18.1% of adults (42 million people) live with anxiety disorders
- 9.2 million adults have co-occurring mental or addiction disorders
- 26% of homeless adults staying in shelters live with a serious mental illness, and 47% live with a severe mental illness or substance use disorder
• 20% of state prisoners and 21% of local jail prisoners have recent experiences with mental illness

• 70% of the youth in the juvenile justice system have at least one mental health condition and 20% live with a severe mental illness

The Stigma

While mental illnesses are simply medical conditions with symptoms that can be treated, the social stigma surrounding the issue prevents people from really understanding what mental illness is. According to Merriam-Webster, stigma is “a set of negative and often unfair beliefs that a society or group of people have about something” (Stigma). One of the easiest ways to view the stigma of mental illness is through language. Here are some common examples of phrases we hear in our society:

• “Crazy ex-girlfriend” stories
• “You’re driving me insane”
• “My mom is so bipolar”
• “I’m so OCD about locking the door”

This kind of language perpetuates the misunderstanding of mental illness and demeans and disrespects people who live with a mental illness.

Why does it matter that mental illness is stigmatized in our society? Because it means that a lot of people don’t seek or receive the help they need. Stigma causes inadequate insurance coverage for mental health services, fear and mistrust of people with a mental illness, and prejudice and discrimination. According to NAMI:

• 60% of adults with a mental illness do not receive treatment
• 50% of children ages 8-15 do not receive treatment

(Mental Illness: Facts and Numbers)

This can be due to many reasons, including social stigma. People may be afraid to seek help, because they fear rejection and discrimination (Facts about Stigma and Mental Illness in Diverse Communities). Some may believe that the feelings they’re experiencing are normal for where they are in their lives. Many college students who have diagnosable mental disorders do not seek help, because they think what they’re feeling is normal for the stressful life of university, or because they don’t believe treatment will help them (NIMH).

**Why People Not Seeking Help is a Problem**

Not seeking help for a mental illness has a wide impact, both for the individual and for the nation. As previously stated, people with mental disorders have a diminished capacity to deal with everyday life. This affects the quality of their lives and relationships. Not only can untreated mental illnesses affect a person’s life, they can also cause their death. When untreated, mental illnesses such as depression and anxiety can lead to suicidal thoughts. Suicide is the tenth leading cause of death in the United States and the third leading cause of death in people ages 15-24 in the U.S, and 90% of those who commit suicide suffered from at least one mental illness (Mental Illness: Facts and Numbers). Mood disorders, like depression, are the third leading cause of hospitalization in the country for adults 18-44 (Mental Illness: Facts and Numbers). On average, adults living with a serious mental illness die 25 years earlier than other American adults, because they are at increased risk for having chronic medical conditions (Mental Illness: Facts and Numbers).
The previous statistics show the effect of mental illness on the individual, but I hope it is obvious how the family and friends of those individuals can be affected, as well. However, the effects go beyond the obvious and can affect the whole nation. Non-fatal injuries due to self-harm cost $2 billion each year, and another $4.3 billion is spent on indirect costs (Facts and Figures). Collectively, mental illness costs $193.2 billion in lost earnings every year (Mental Illness: Facts and Numbers).
Chapter Two

Mental Illness and the Art World

It seems that not everyone in the art world entirely understands mental illness. Sometimes it is ignored, and sometimes it is romanticized. When learning about contemporary artists through films and documentaries, I have heard a lot of comments on the “specialness” of artists. With some artists, it seems that their feelings and behaviors that vary from the norm are attributed to the specialness of a creative mind, rather than a possible mental illness. I have also found some artists who view art as a cure or treatment for mental health issues. In some instances, the art of a mentally ill person, such as the art in the Prinzhorn Collection, becomes famous, seemingly just because the artist was mentally ill.

Artists are not exempt

The issue that I focused on for my thesis exhibit is that feelings and behaviors that could be the result of mental illness are sometimes seen as the side-effects of creativity. This is a potentially harmful belief, as college students are already less likely to seek help for mental illness. The addition of this problem is even more harmful, because it makes young creative people believe that what they’re experiencing is normal and that they don’t need to seek help. In the previous chapter, I explained why it is necessary for people with a mental illness to seek treatment, and any belief that hinders this is a problem. I don’t think that this particular belief was originally intended to be harmful, but probably came about just as stigmas and misunderstandings grew in other areas of society. But it is time to put an end to this belief and other negative beliefs in the art world.
In all of my studio classes, I have been told that it is our job as artists to see the world differently from normal people and show them what the world is really like. We are taught that being an artist means we’re different from everyone else. We have to defend ourselves from people who think going to art school is useless and hope we have fun working at Starbucks. Even the Visual Arts building on campus is pushed to the back and virtually ignored by everyone else. We are “othered” from the world by both internal and external forces. It is easy to believe that we are indeed something different from normal people, the kind of people who go to law or med school or work in an office cubicle. And since we see differently and are seen as different, it makes sense that we would think we are something separate from other human beings. But we are not. Artists are susceptible to illnesses like cancer and the flu, so why would we be exempt from mental illness? We need to stop telling young creative people that they are different from other people. We may express ourselves and work through our problems differently, but we are still human.

I have found that this problem is perpetuated by how contemporary artists are described in films and documentaries that students watch. Throughout my college career, I have seen documentaries on artists who are always described as “special,” “different,” and “creative,” and while this is true in some respects, I think there are some cases where some of the specialness could be caused by mental illness. I remember watching a film on an artist and thinking, “This guy is a hoarder. There are reality TV shows about hoarding. Why is no one talking about this? Someone tell this poor man that he has a condition that can be treated.” But no one in the film said anything. No one brought it up in the discussion afterwards. This documentary made me start thinking about the presence of this matter, but the film that confirmed for me that it was a problem is The Woodmans.
Francesca Woodman

I had already been dubious of the art world’s view (or lack thereof) on mental illness for a while, but learning about the late photographer, Francesca Woodman, in my Woman in Contemporary Art class confirmed my doubts. We watched the documentary, *The Woodmans* (Willis, 2010), and the anger and frustration I felt after viewing the film inspired me to focus on these issues for my thesis.

Francesca Woodman was a prolific photographer who created over 800 pieces before killing herself in 1981 at the age of 22 (Cooke, 2014). *The Woodmans*, directed by Scott Willis and released in 2010, is about the life and work of Francesca Woodman and the impact of her suicide on her family and friends. Although it seemed like the subject of the film was supposed to be the whole Woodman family, as they are all artists with varying success, it was obvious that the focus of the documentary wanted to be on Francesca and her death. The documentary consists of interviews with Woodman’s parents, mentors, and friends. It shows many pieces of Woodman’s work, and throughout the film, excerpts from her diary are displayed. Overall, it is a well-made film, and I had no quarrel with the production itself. What drove me to anger was how obvious it was that Francesca was living with at least one mental illness, and not a single person interviewed mentioned the possibility of it.

In the introduction of the film, Betty Woodman, Francesca’s mother, says, “She just emotionally fell apart, and I don’t know why.” While watching the movie, I can see almost exactly why. The way the people interviewed describe her personality, and the excerpts from her journal, all indicate to me that she was living with a mental illness, but no one in the film seemed to think so. Her friend, Sloan Rankin, says “She didn’t have a depression or neurosis of that
nature. I’d say she had a neurosis, but more of a committed, passionate one towards taking pictures, and a very fragile interior.” Her brother, Charlie Woodman, says, “I would describe her as special.” Even when it became clear to Woodman’s parents that something wasn’t right with their daughter, her mother said, “Neither one of us thought ‘this child is psychologically disturbed, she’s depressed, what’s going on?’” In the film, she was always described as “special” or “different,” but no one attributed this specialness to mental illness.

These are some excerpts from Woodman’s journal that stood out to me:

“I went to lunch and it upset me to be ignored and I went away crying. It shocks me that I am so obvious and I don’t know what to do about it.”

“Last night I went over to Benjamin’s cause I felt somehow lonesome. My sexuality is not as strong as it once was. I have to feel sure of being desired, not just tolerated.”

“I am so vain and I am so masochistic. How can they coexist?”

“I just feel so alone”

“Real things don’t frighten me, just the ones in my mind do”

“This is the 5th night I have not been able to sleep. I think when I come down from the insomnia high, I will be disappointed in myself.”

“I see myself this fall piddling past each day. I don’t know if I can do another year of dishonesty.”

In addition to the journal entries, the descriptions of her made by her friends and family also indicated to me that Francesca could have had a mental illness. Glenn Palmer-Smith says, “There was a lot of need in her.” Rankin described Francesca’s sex life as emotionless, and, at most, possible inspiration for a photograph. Everyone in the film said something about how Francesca believed she was a good artist, and should have been recognized as such. Her mother
said that Francesca thought she already had things to say and should be listened to, even though other artists her age were still figuring out what they wanted to say.

The journal entries and personality descriptions indicate to me that Francesca had at least two mental illnesses, one possibly being narcissistic personality disorder. Narcissistic personality disorder is a condition that causes a person to have “an excessive sense of self-importance, an extreme preoccupation with themselves, and lack of empathy for others” (Narcissistic personality disorder, 2012). Some symptoms of the disorder that apply to Francesca are taking advantage of other people to achieve his or her own goals; having excessive feelings of self-importance; being preoccupied with fantasies of success, power, beauty, intelligence, or ideal love; having unreasonable expectations of favorable treatment; needing constant attention and admiration; having obsessive self-interest; and pursuing mainly selfish goals. Passages from Woodman’s journal, like “I went to lunch and it upset me to be ignored and I went away crying,” and “I have to feel sure of being desired, not just tolerated,” indicate that she had excessive feelings of self-importance and unreasonable expectations of favorable treatment, and needed constant attention and admiration. A childhood friend of Woodman’s, Patricia Sawin, said that she and Francesca had drifted apart, and when Sawin tried to reconnect, Francesca was unresponsive, because Sawin did not add anything to her life as an artist. This goes along with having obsessive self-interest and taking advantage of people to achieve a goal. Sawin did not help Francesca achieve her goal of being an artist, and had nothing to be taken advantage of, so she was disregarded. As Betty Woodman said, Francesca thought she was already a good artist and should be paid attention to, which relates to having excessive feelings of self-importance and being preoccupied with fantasies of success.
Whether or not she did have narcissistic personality disorder, Francesca certainly had some form of depression or anxiety, which would account for her insomnia and some of her comments, such as “Real things don’t frighten me, just the ones in my mind do,” “I just feel so alone,” and “I see myself this fall piddling past each day.” Her suicide itself is good evidence that she was suffering from a mental illness, such as depression, since 90% of people who commit suicide suffer from at least one mental illness.

Although no one mentioned the possibility of depression, the people being interviewed all mentioned that she was “distressed” around the time she first attempted suicide and when she successfully committed suicide. Robert Kushner mentioned that she had seemed withdrawn when she visited his home the day she died. After her first suicide attempt, she saw a therapist and took antidepressants, but no one wanted to blame her issues on depression, and as soon as she appeared better, her parents let her go back to living on her own, which is when she successfully committed suicide by jumping out of a building. George Woodman rationalizes the drastic action by claiming that Francesca had “a crappy day.” He does not blame her suicide on depression or any other mental illness; he blames it on the fact that Francesca found out she did not get a National Endowment for the Arts (NEA) grant and her bike was stolen on the same day. The Woodman’s do not seem concerned that many people experience crappy days and do not react by killing themselves. It seems illogical to think there wasn’t more going on with Francesca if a crappy day was enough to drive her to suicide.

Despite all the signs, no one mentioned that she was mentally ill. No one gave a diagnosis. George Woodman, her father, says near the end of the film,

“I was greatly devoted to that person because of characteristics which made her, in some respects, a fragile and vulnerable person. The characteristics which made
Francesca a really fascinating and creative person was part of the price of being that person. You can look at it that there’s a psychic risk in being an artist, and it may have well made life more difficult for her.”

This quote confirmed to me that the people in this film believed that all the issues she had was all due to being a creative person. Throughout the film, Betty and George Woodman emphasize the importance of art, and say they would not have loved anyone who did not believe art was as important to them as it was to the Woodmans. George Woodman basically says that being an artist is risky, but it is worth the risk, and therefore the “specialness” of Francesca’s character that led to her suicide was worth it, because they were side-effects of being an artist.
Chapter Three

The Exhibit

Broken, Not Incomplete

Because I am a fine arts major, I wanted to explore my thesis through my own work. I used this exhibit as a statement to define the line I draw between being an artist and being an artist with a mental illness.

About the Exhibit

Since my first art class at Penn State, I have become increasingly aware of the problem I’ve discussed in previous chapters. I believe that the problem of how artists are viewed could be potentially dangerous for artists, especially young artists; if we are told repeatedly that the “specialness” of artists is due to creativity, then some students may ignore the signs of mental illness, because they may think that what they are experiencing is this specialness, not realizing that there is a difference between “special” and “mentally ill.”

When I discuss my struggle with depression and anxiety with a professor or other creative person, their response is often, “that’s why we’re artists.” The understanding and acceptance is amazing to experience in a world where mental illness is often stigmatized, but I’m not sure this is the best thing to say to a young artist. It implies that being an artist is somehow a response to being mentally ill. For me, however, being an artist is not a response to my mental
health, but a casualty. When I’m having a depressive episode, I do not do art, or anything else that I love to do.

With this exhibit, I wanted to illustrate two things: That I am an artist with a diagnosed mental illness, and that the reason I’m an artist has nothing to do with the fact that I have a mental illness. I want people to see that I do not do art because I’m depressed, I do art and I’m depressed.

My work can be influenced by my mental illness, but it is not my source of healing; therapy and medication are, and that’s ok. By demonstrating that my mental illness and my art are completely separate entities, I hope to encourage people to not ignore the signs of mental illness in the belief that what they’re feeling is normal for those in a creative field.
About the Work

What does it mean for me to feel broken? Is this a negative way to think about myself? Sometimes I don’t think so. If I’m broken, it means this isn’t my fault. I’m wired wrong. My parts were not assembled correctly. Being broken means I can be fixed. Being broken means I can rewire myself, take my parts and put myself back together in a better way. Maybe not the correct way, but better. The pieces won’t fit together and the wires will be held together with tape, but I will be better. I will be my own creation. I will make myself something better than I am now—a happier, mangled structure that doesn’t look like anyone else’s, but is held together by the threads of love and support with which I choose to surround myself.

The work I created for this show is about this experience. The “Dwn [Welsh for broken, fractured]” canvases are representations of the process I’ve been going through: taking myself apart, choosing what parts stay and what parts go, and figuring out how to put all the parts—along with some new ones—back together again. The constructions are both delicate and durable, like myself. They are broken and imperfect, but they are complete. Most importantly, they are a result of my getting help. These constructions would not exist if I hadn’t sought treatment for my various mental illnesses, because my depression and anxiety stopped me from doing the things I love to do. The “Cyflawn [complete, full]” paintings and drawings represent the finished
product. However, because no one is ever finished growing or developing, there are many versions of the completed work.

All of this work was completed after I sought help. It was influenced by the process of healing, but it was not the process itself. For me and those who know me well, this show represents the result of over a year’s worth of help and healing. It is not something I could have achieved before I began treating my depression and anxiety, and I am proud that it represents how far I’ve come and how much I’ve grown.
Appendix A

Additional Images from the Exhibit
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A Note on Betty Woodman

While I am not as certain that Francesca Woodman had narcissistic personality disorder as I am that she had depression, I am almost completely sure that her mother, Betty Woodman, does.

Betty’s behavior in The Woodmans indicates to me that she definitely has NPD. She refuses to admit that she did anything wrong as a mother and ignored anything that was critical of her. She did not acknowledge the talent of Francesca, but instead said things like, “I think Francesca thought she was good,” and that the world didn’t think as highly of her as “her daddy.” She spent most of her time in her studio, and whenever her children ask what they were doing that day, she would say, “Well, I have to fire the kiln today.” Neither she nor her husband seemed to care that Francesca and Charlie had school or friends, and they would just uproot their children to go to Italy to pursue their own desires as artists. When she described why she fell in love with her husband, she says, “He liked me, and I like people who like me.”

The part of the film that proves to me that Betty has NPD is near the end. Charlie discusses how the family members are competitive about their success. When Betty is discussing that it is great to have Francesca’s work, as it is all they have left of her, she also reveals her bitterness and resentment of Francesca’s fame, saying, “Well, I’m an artist, too.” She is mad that her dead daughter is getting the recognition she deserves, because it takes away from her own fame. I truly believe Betty’s narcissism played a role in Francesca’s suicide, because she was so focused on her own career that did not pay enough attention to Francesca and her problems.
I’ve added this note, because it is another example of how artists are susceptible to mental illness, just like everyone else, and how going untreated can lead to serious consequences
BIBLIOGRAPHY


ACADEMIC VITA

Anna Crane
acrane21@gmail.com

Education:
Penn State University
University Park PA
Schreyer Honors College
School of Visual Arts
Bachelor of Fine Arts with a concentration in Drawing and Painting
Minor in Art History
Expected Graduation December 2014
Coursework includes: Studio Art, Art History, Art Critique, Natural Sciences, Humanities, Social Sciences, Writing

Honors and Awards:
Selected for Dean’s List Spring 2011, Fall 2011, Spring 2012, Fall 2012, Fall 2013, Spring 2014
Merit Award for the 2014 Undergraduate Juried Show, Zoller Gallery

Professional Experience:
Nicholas Studios
2009-Present: Assisting local artist, Susan Nicholas Gephart, with framing, organizing her studio, organizing workshops and classes, bookkeeping, and updating websites
2010-Present: Mentoring and assisting art workshops at the Hameau Farm Studio Artist Retreat (http://snicholasart.com/workshops/index.html)
2014- Present: Includes all the responsibilities listed above in addition to marketing and financial decisions

The Crystal Cave
2013-Present: Designing and instructing jewelry making, recruiting artists and organizing gallery space at The Crystal Cave, State College, PA (www.facebook.com/ccbeadsandart)

Exhibits:
Group
Decade3 in the HUB Robeson Gallery (2012)
Hameau Retrospective, Green Drake Gallery (2012)
Boucke Building (2013-Present)
Permanent Collection, The Crystal Cave Gallery (2013-Present)

Solo
Broken, Not Incomplete, Patterson Gallery (2014)
Feed. Succeed. Proceed. with Katherine Bailey, Patterson Gallery (2014)