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Still sane: Interview with sculptress Persimmon Blackridge

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STILL SANE

S A R A D I A M O N D

SARA DIAMOND: What does your project, *Still Sane*, consist of?

PERSIMMON BLACKBRIDGE: It will be twenty-seven lifesize body casts or fragments from body casts done in clay, with writing on the bodies or on sheets of paper, metal or wood, coming out from behind the bodies. It deals with the three years that Sheila Gilhooly spent in and out of mental hospitals for being a lesbian. Generally, Sheila did the writing and I did the sculpture, but we overlapped, working together and sharing ideas. It's a documentary; it goes in chronological order, but doesn't have a continuous flow; it jumps through different episodes.

It starts with when she first came out as a lesbian and was committed by a hysterical shrink a week later. The pieces talk about the things that happened in the hospital; about side-effects of drugs that she was given; about the ways that inmates are turned against each other and alliances between patients are broken and good-intentioned staff people end up compromising their ideals or getting fired. There's pieces about the endless, tedious boredom of hanging around this institution waiting for something to happen; about shock treatment, and about the way mental patients are treated when they get out.

There's all these grim, painful pieces, but there are also ones that show her resistance and her fighting back. One piece says on it, "Known throughout the nuthouse for breaking windows and escaping across roofs" and another, "Nineteen shock treatments and I still don't want to be cured of being a lesbian."

SARA: So, rather than seeing the pieces and becoming depressed and feeling that this woman is being destroyed, you see the work and become angry and profoundly touched by her capacity to keep her inner core

Persimmon Blackbridge is a Vancouver artist working primarily in clay. For the past two and a half years she and Sheila Gilhooly have collaborated on a sculptural and written record of the years which Sheila spent in a psychiatric hospital. Some of these works have been exhibited in the "Woman to Woman" show (Women in Focus Gallery), Little Sisters Bookstore, the World Conference of Churches conference, the "Sexuality and Seeing Show" (Unit Pitt Gallery) and as part of A.K.A. Gallery in Saskatoon, as part of the Women, Art and Politics conference. The entire, twenty-seven piece series will be shown at Women in Focus in Vancouver, opening September 28 and running to the twentieth of October.

intact, despite all of the humiliations and pressures.

PERSIMMON: We feel that the series is a really positive statement. Although it has all this horrifying stuff in it, it talks about the fact that we can have the strength to resist. Sheila had the strength to resist, even though she was isolated and controlled by these institutions, she kept her own spirit inside of her.

Everybody in this culture censors themselves; we really censor the way that we can be in the world; we censor our life and spontaneity as well as our resistance to oppression because there's this threat of: they'll call you crazy and they'll lock you up, or you'll get thrown in prison: something awful is going to happen to you if you don't act normal.

There's one study done of married women who were locked up for being schizophrenic and their rate of hospitalization after being released. The one thing that all the women who ended up re-hospitalized had in common was that they didn't do their housework. All the others had many of the same symptoms: they didn't brush their hair, and they cried a lot, but that didn't get them re-hospitalized. The one thing was not doing housework!

SARA: What techniques do you use

to extend your analysis of psychiatric institutions beyond Sheila's immediate experience?

PERSIMMON: Sprinkled here and there between the pieces we're going to have clay slabs that will have different situations written on them like, twice as many women as men receive shock treatment, and stuff like that. Also, quotes from studies: there are a lot of studies that show that poor people, old people, people of colour, women and gay people are hospitalized more often, are sent to worse places, are diagnosed more seriously and are kept in for longer. It really runs along lines of class, race, age, sex and sexual preference. It's not removed from how people are treated by society in general. Psychiatry is not an objective science. People going through this show and reading this very personal story will also read these statistics which places it within the whole context.

The other thing about the political and the personal has to do with how I came to do it. I was going through all this struggle about art and politics. I had worked for two years on a sculpture series called *Circus*. It was really bright and had clay women riding lions and eating fire and jumping through flaming hoops. It was really, really fun

and gave people this wonderful, laughing sense of the strength and power of women, but at the same time it wasn't Heavy, Political work. So I thought, "Okay, now I've had fun for two years, I'm going to do some heavy political art work. For the next months I made a whole lot of crappy sculptures. I kept thinking, "What is this? Why can't I do anything that's real?" The only work that I was doing that was good was about being frustrated as an artist, but the pieces I did about heavy political issues were rotten. I started getting all this stuff in my head like, "Is it true that political art always ends up as bad art and it's propaganda...", you know that line. I was struggling with that stuff and at the same time knowing that there was a lot of political artwork in the world that was really good and moving, and that in fact I had done work that I felt good about.

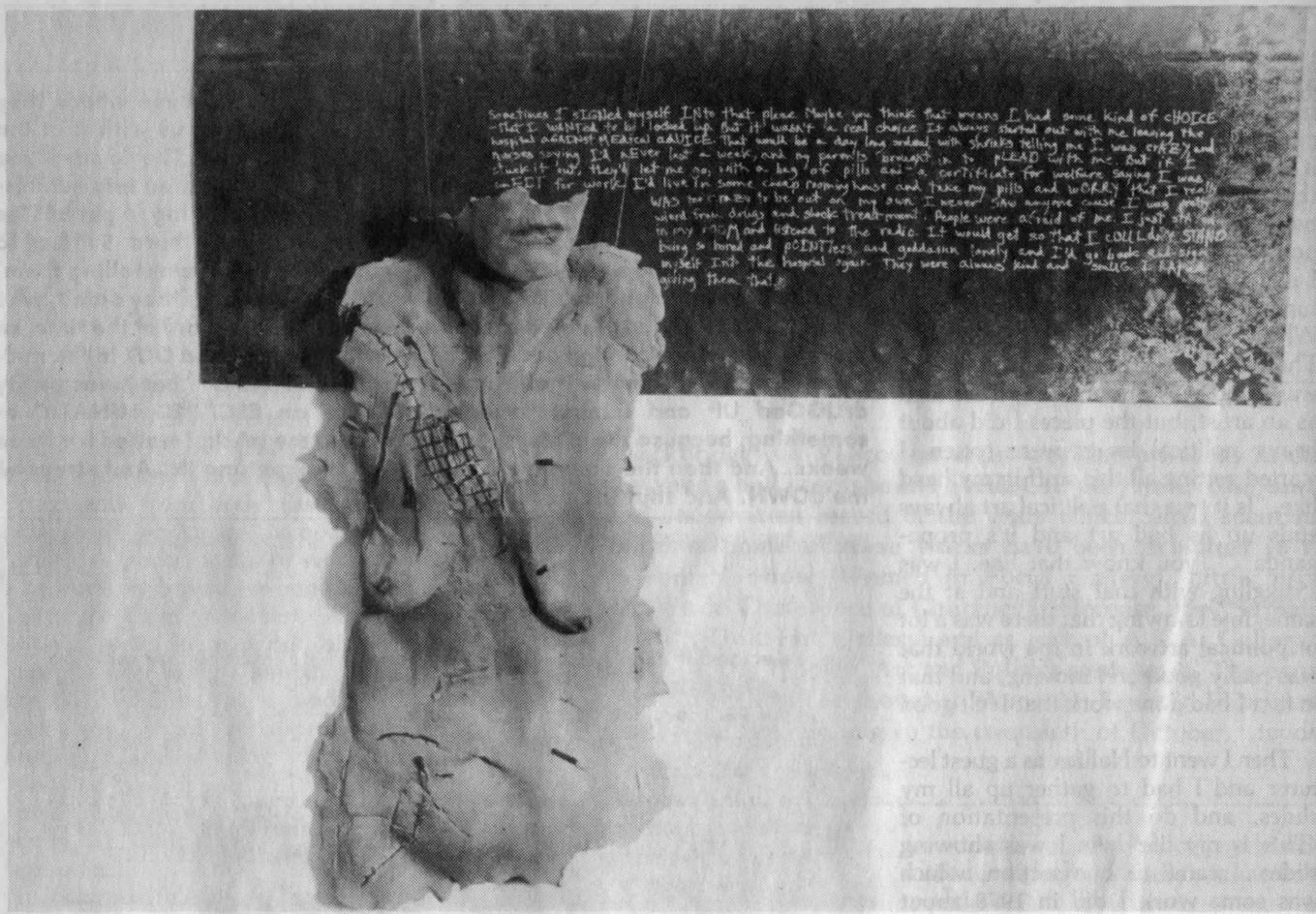
Then I went to Halifax as a guest lecturer and I had to gather up all my slides, and do this presentation of "This is my life". As I was showing slides, I came to one section, which was some work I did in 1978 about women in mental hospitals. They were little sculptures that had a lot of little things happening that were generalized women in generalized hospitals. As part of that whole series I did two wall plaques that are about these two friends of mine who are still locked up. On each of them was a drawing of my friends and then some words about what their situation was. When I showed those slides and read the words I was practically in tears, in the middle of this art lecture.

Those two pieces weren't really better than the other ones, but they still had this emotional impact for me. On the way back home on the airplane I was considering all these things. I thought, "Well, a lot of the problems with what I was doing was that it was coming only from my head, from this idea that I *should* be doing this political art work." It wasn't out of a great emotional upsurge, and it wasn't out of a more tactile, flash of an image, it was just all out of my head. I think that art, in order to work, has to be working on all levels at once. It has to be coming from some sort of visual excitement and emotional commitment and some intellectual understanding at the same

StrAckville was this big institution kind of like a WAREhouse where they stored people they'd gIven up on. They used to thrEaten us with it at the Royal Hospital, especially when anyone DID get sent there. They'd say, "you don't want to end up like HER do you?" and we'd all be scared into submission for a few days after. So one day they said I wasn't TRYing to get bETTER and that when a bed came frEE in StrACKville, I was going there. So I had to WAIT. People would hardly tALK to me, cause all the staff was telling them, "You don't want to end up like HER, do you?" And of course they didn't, who would? I WAITED and planned escapes. I was in a locked ward at the time, so there wasn't much coming and going, but one time I slipped OUT in the middle of a crisis and made it all the way to the BUS DEPOT, but I was pretty drUGGED UP and I must have looked like an ESCAPED LUNATIC or something, because the cOPs came and brought me bAck. I waited for three weeks. And then the ambulance came. And they put me IN. And strapped me DOWN. And shut the door. And drove off.



Paula Levine



signing myself in

Sometimes I signed myself INTO that place. Maybe you think that means I had some kind of CHOICE—that I WANTED to be locked up. But it wasn't a real choice. It always started out with me leaving the hospital AGAINST MEDICAL ADVICE. That would be a day long ordeal, with shrinks telling me I was CRAZY, and nurses saying I'd nEver last a week, and my parents brought in to PLEAD with me. But if I stuck it out, they'd let me go, with a bag of pills and a certificate for welare saying I was UNFIT for work. I'd live in some cheap rooming house and take my pills and WORRY that I really WAS too crazy to be out on my own. I never saw anyone cause I was pretty weird from drugs and shock treatment. People were afraid of me. I just stAYed in my room and listened to the radio. It would get so that I couldn't STAND being so bored and pointLess and goddamn lonely and I'd go back and sign myself into the hospital again. They were always kind and smUG. I hAted giving them that.

time, or it's very shallow. That happens in political art and it happens in other art work, you get stuff that's just brittle. So I had to figure out how to make political art that was alive in my heart, my guts and my hands, as well as my head.

I decided on the airplane that I would try sticking to personal experience, something that was close to my life. In that way I would have the immediacy, the sense that this did happen to a real person, which you often lose if you go for a generalization; I figured if I did it right, the audience would make the generalizations. When I came back I asked Sheila if she would do some work on mental hospitals with me. She thought about it for a few

days, then she said, "Sure!" We didn't know what we were getting into!

SARA: Did you research before or during the piece to develop your analysis of psychiatry and to place lesbian experience within that analysis?

PERSIMMON: For a long time it was me and Sheila talking about our lives and stuff that we knew about. It's been something that's important for me in my life. I have never been locked up, but my father was, my uncle was and my grandmother was. My uncle's still on lithium, his brain is burned out from insulin shock treatment. I saw my first shrink when I was twelve because I hated school. Then I went to this school shrink who hated me, thought I was a Bad Girl; he never did manage to

normalize me though. I had a nervous breakdown, or whatever you call it, when I was twenty. It was really awful; everyone kept telling me I was really crazy. I went to this mental hospital as an outpatient and graduated to this shrink from the child guidance centre. She was nice, but the next year I saw a shrink who thought I was rotten, who really encouraged me to be miserable because he didn't like it when I was strong and smug and powerful; he liked me better when I was miserable.

Sheila and I talked through all this stuff together; we were exploring stuff that was painful for both of us. Now, with this work, Sheila is the one that is exposed and it makes a difference between us. Instead of being right in there

together like we were the first year, now there's this difference, which is that her story everyone hears, while my story is still private. I know it's hard for her. So I want to say stuff so that she's not out there alone. There's these pieces about her cutting her arms up; well I did that too. It feels terrible to talk in an interview and say that, but I can't let her be all alone.

As far as book-type research, I've read a lot over the years. In the last couple of months, when I've been working on the slabs, I've been reading *Phoenix Rising* and *Madness Network News* and books by different anti-psychiatry writers like Leonard Frank, Peter Breggin and Judi Chamberlain,

and getting the facts and statistics from there.

SARA: You've centred so far on the ways that the institution of psychiatry expresses society's biases towards specific groups of people. Do you have an analysis of mental illness, emotional crises and so on, that goes along with your analysis of psychiatry?

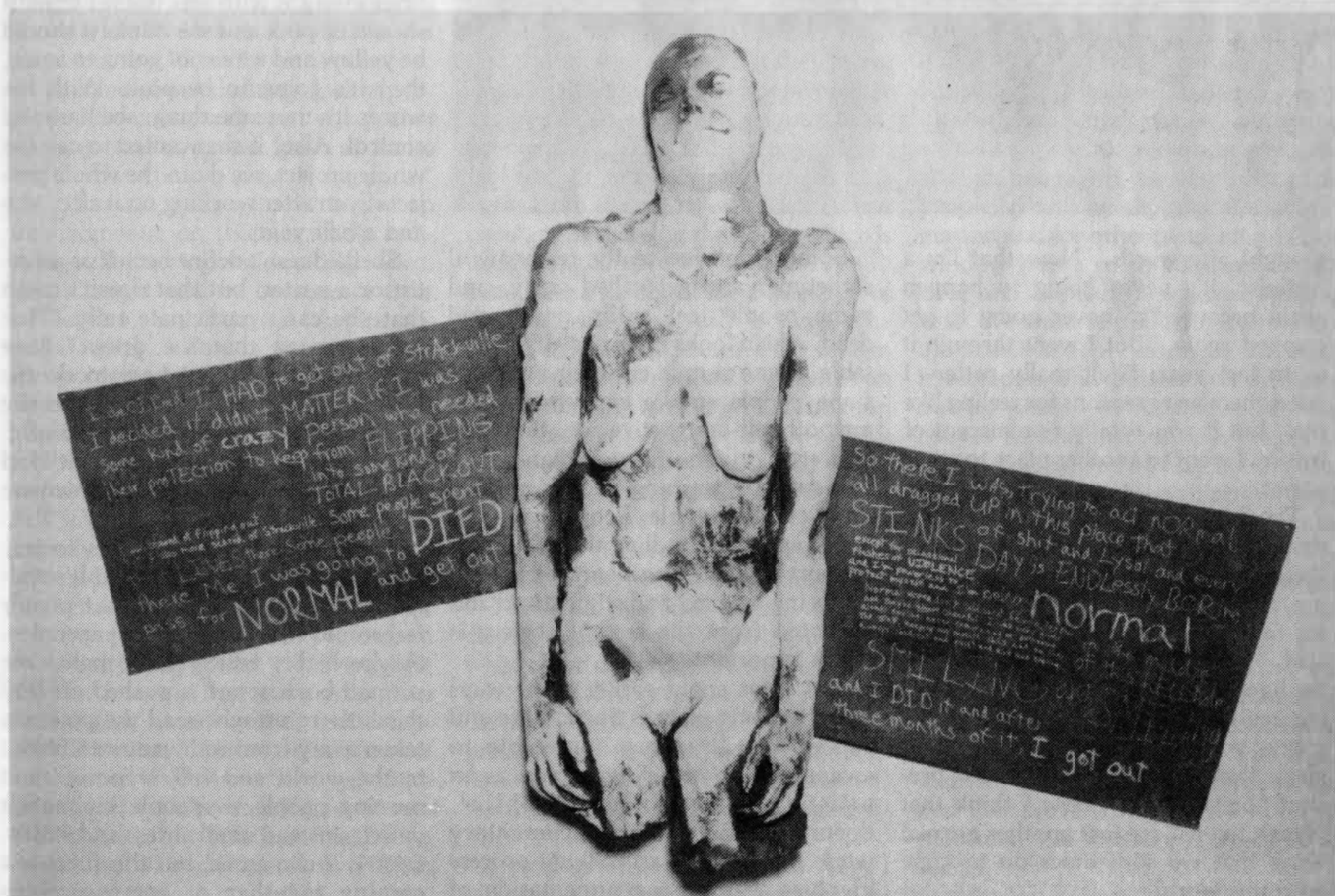
PERSIMMON: Some people do have a hard time and some people do go into really unusual corners of their minds that most people do not have much experience with. You can't separate that out from social factors. What is it that either drives someone so far inside that they hit a place like that or gives someone so much freedom that they

can go to a place like that? What is it that holds some people in check in a rigid normal, what is it that gives some people the ability to stay clear of those really painful places? Those have to do with social factors; they're not just personal or biochemical matters.

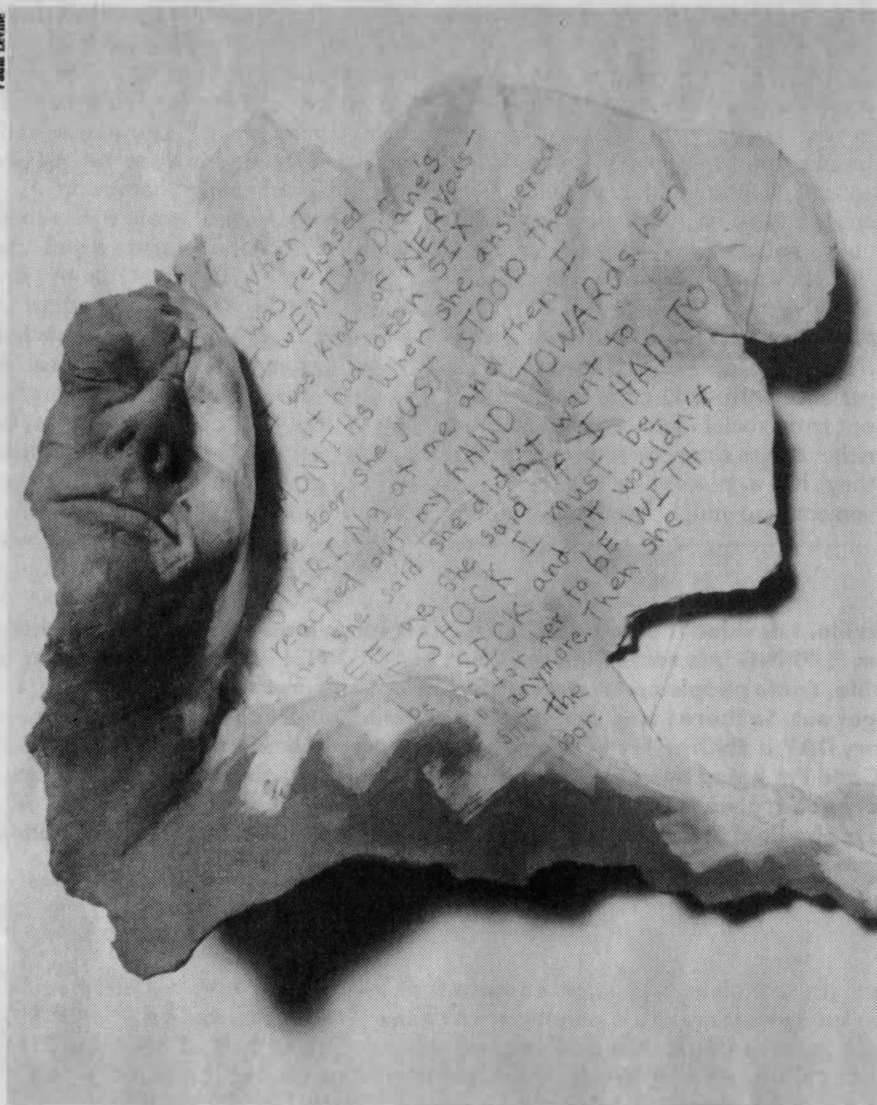
I had my second journey into those painful places and it made me change my thinking a bit. I knew that my first nervous whatchamacallit had to do with sexism; it had to do with a whole lot of anger that was being turned against myself; I had no other place to put it. I had no feminist analysis; I didn't see the world from the point of view of women. It seemed like there was something wrong with me. I

getting out of Strackville

I deCided I HAD to get out of StrAckville. I decided it didn't MATTER if I was some kind of crazy person who needed their proTEction to keep from FLIPPING into some kind of TOTAL BLACKOUT. I was scared of flipping out but I was more scared of Strackville. Some people spent their LIVES there. Some people DIED there. Me, I was going to pass for NORMAL and get out. So there I was, trying to act nORMAL, all drugged UP in this place that STINKS of shit and Lysol and every DAY is ENDlessly BORing except for occasional flashes of VIOLENCE and I'm powerless to protect myself and I'm being normal. Normal women don't talk about being a lesbian and they're always cheerful. I was very good, always smiling, never complaining or bothering the staff, keeping my mouth shut and smiling, always obedient and quiet and nice and smiling, in the middle of this HELLhole SMILING and SMILING. And I DID it and after three months of it, I got out.



Paula Levine



thought afterwards, "Now that I'm a feminist, it's never going to happen again because I'm never going to get trapped again." But I went through it again last year; I felt really rotten. I guess there were reasons for feeling like that, but it was totally reminiscent of before. I went to another place to some extent.

The thing that was different from the first time was that when I would get these creeping feelings like, "Maybe I am crazy" or "Mental illness runs in my family", I had people around who said, "You are not crazy, real things are happening in your life, you're having really strong feelings, you're not crazy, you're just hurting." I used to think that "correct ideas" would prevent "breakdowns", now I think that "breakdowns" are just another normal thing that we sometimes do to cope with this world.

Some people feel really, really awful sometimes and get called crazy, and some people feel really numb and dead, which looks more socially acceptable. Some people cut their arms up; some people smoke cigarettes. They are both self-destructive acts. Smoking cigarettes is worse for you than a little non-suicidal slashing, but cigarettes are more acceptable. People have different ways of handling things. To get support when having a hard time without being labelled and stigmatized and alienated from the rest of society is really important.

SARA: You spoke earlier of the ways that the work exposes Sheila's life and experience. It seems impossible to escape objectifying your subject as an artist, whether in biographical, documentary or semi-documentary work. Part of the art-making process involves creating a representation of

the living real person, something outside of the person being described, something out of their immediate control and a partial truth at best. That process of objectification occurs even when the artist has a sense of integrity and wants to empower that subject. That objectification is not inherently bad; it can allow the viewer to identify, to see into new experiences, to perceive strength and power, not only vulnerability. In this case I think it works in that direction. What steps did you take in your process of collaboration to strengthen Sheila's role within the piece and working process?

PERSIMMON: We worked physically together, but a lot more with ideas. Before I start sculpting and she starts writing, we've talked endlessly. She came up with some of the most right-on, outrageous imagery that's in the work. She writes a whole lot and then I edit it down and then she edits my edit. We've always had this approach that I have final say on the art works and she has final say on the words. When we have disagreement on something, we argue it out as far as we can and what I think weighs with her and what she thinks weighs with me. But if I think it should be pink and she thinks it should be yellow and we're not going to agree, then it's going to be pink. With the words it's the same thing; she has total control. Also, if she wanted to can the whole project, we'd can the whole project. Even after working on it after two and a half years.

Sheila doesn't define herself as an artist or a writer, but that doesn't mean that she can't participate fully. That doesn't mean that she doesn't have dynamite ideas about how to do the artwork. It doesn't mean that she doesn't write strongly and beautifully. She doesn't have to take on that kind of an identity to be able to participate in a project like this.

There's a lot of shit in this society about who gets to be an artist. It's really encouraged by society that people feel stupid when they look at art unless they're highly educated. It makes me so mad because art is pushed off into this little room where all the power is taken away from it. I want it to be out in the world and full of power and moving people — people interacting with it, instead of all airless and stuffy. SARA: I can agree, but this piece is a coming together of someone with

highly developed technical skills and someone with a profound sense of their own vision and ability to express that with words, but without formal training. I think the piece is so powerful because of that combination: it is technically well-executed, it has embedded in it the history of your work as a sculptress. This contributes to the power of the images.

PERSIMMON: People who have a real commitment to art work and do it all the time are doing a different kind of artwork. Art is a skill, there's a lot to learn and it takes a long time and you're always learning more. I'm not saying that there's no difference; I'm saying that there should be everything. People should not be made to feel that if they're not a "professional", they can't make art and that what they are doing is unimportant: "Oh, she's just a Sunday painter".

SARA: Why did you choose to create a work that moves from one point in time to another, using numerous pieces, rather than summarizing psychiatry and Sheila's experience in one work?

PERSIMMON: There's so many things to talk about! A lot of how we chose what to do was to talk about a piece and say, "I really want people to understand about slashing; I want people to know that we're not crazy, that slashing makes some kind of sense within the context that it happens." Or... "I want people to know when they see someone on the bus who's twitching and jittering and looking weird, that it might well be because of their medication, not because they're so-called 'crazy'." Part of it is making a chronology understandable and a lot of it is really wanting people to know how it feels.

SARA: Why did you choose to use a naked figure as your central image?

PERSIMMON: Sheila's writing style is really verbal and you can hear her voice when you read the words. It has this sense of reality and presence, of "Oh my god! This is a real person and this really happened." Having the physical image of that real person gives that feeling more, makes it inescapable. There is a lot more expressiveness in a naked body and it gives more leeway. If you're making someone with clothes on, you can't really do wild things like scribble all over them with graphite.

SARA: It becomes fashion if they're dressed and you do that.

One of the things that I find powerful about this work is that it undermines the traditional use of nudity and the relationship of audience to the naked female figure. The power of these figures and the beauty and intensity of experience make voyeurism very difficult. Instead nakedness becomes an analogy for truth.

PERSIMMON: The violence in this show is like that. I've seen a lot of artwork where violence is done to the female figure in a way that glorifies that violence. The woman is the victim; the other. The viewer is not meant to identify with her pain. In our show there is also fragmentation and violence to the figures, but it happens in a different way. It's showing what's happening to her, but we feel the pain in our own bodies. We identify with her, not with the violence being done to her.

All through it, in the most down and tormented pieces, she still has a really big sense of power and integrity that comes through.

SARA: I wonder if that's in part because she authored the text. You know that it's Sheila's body and voice and that there's a way that they move through that forces you to confront her experience. It's too easily your own, for one thing. It's totally different from the text in pornography where it is authored by someone else, acting as a constant lie denying the body, which is itself being shaped by someone else to constitute a lie about the experience of the imagined (and real) woman. The use of nakedness, text and the images of violence comment on an institution (dominant psychiatry) whose function is to fragment and contain women's power and sexuality. The forced privatization of Sheila's sexual identity as a lesbian is met directly by her nakedness, it becomes a statement affirming the right to that sexuality...

The basic material in the work is clay. How did you work with the clay; what other materials are involved?

PERSIMMON: We have three plaster casts of Sheila's body. The clay is pressed into the casts and, when it stiffens up, pulled out. Then I work on it, tearing it, fragmenting it, changing it. Then it's fired.

I worked with oil paint on clay. I really like the colour and control that

you get with paint that it's hard to get with glaze. I've done a lot of pieces going over the paint with a propane torch, which I originally did when I didn't like the way that a piece was painted. I decided that I would go over it with the torch and take the paint off. It started to burn and get funny and I loved it, it was terrific. I've also painted with autobody enamel with sawdust mixed into it and then burned it with a propane torch. The enamel doesn't burn, it stays the same; the sawdust burns and gets all funny, so there's this glucky texture. A lot of the pieces combine other materials; there's pieces with a lot of metal screen and there's plastic net.

It's incredible using three moulds for twenty-six pieces. I keep thinking that I'm going to run out of ideas. But the limitation makes you explore deeper and deeper. There's a lot of difference between pieces: I changed the expression of their faces, fiddled with the corners of the mouth. Some of them have the head from one mould and the body from another.

SARA: What audience are you aiming for?

PERSIMMON: We want as wide an audience as possible. There's different kinds of audiences. We would like a feminist and lesbian audience; we'd like an ex-mental patient audience; we'd like a shrink audience; we'd like straight people off the street. For some people, it will be support and confirmation and for other people it will be a window into a really different experience and hopefully an understanding of it. We want to publicize it as widely as possible, for example through newspapers and posters: we'd like to put up posters at Riverview [a Vancouver mental institution]. We'd like to put them up in halfway houses, and shrink schools and psychiatric nurses' associations and outpatient clinics and gay and lesbian organizations.

SARA: What are your plans for the work after the *Women in Focus* exhibit in Vancouver?

PERSIMMON: We want to do a book that will have the photos and the text. After putting so much work into it and believing in it politically, we don't want to just show it for three weeks and then leave it. We'd love to travel the show. We want a lot of people to see it.