

***Lived Lives:
From Tory Island
to Swift's Asylum***

(2017-2019)



McGuinness, Making Stigma Visible, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



McGuinness, Making Stigma Visible, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



Lost Portrait Gallery



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Acknowledgements

Bios

Help and Support

The subject of suicide is sad. The response to *Lived Lives* has been described as moving, powerful and visceral.

No adverse or harmful reactions have been reported from feedback from several thousand participants who have witnessed the event to date. One Traveller participant described it as “heavy - but sure it has to be heavy - it is not heavy in a bad way”. We have a saying that participants should leave the *Lived Lives* Exhibition no worse than when they first arrived. For this reason, we suggest that bereavement support for this e-publication for those who wish it, can be reached by organisations such as www.pieta.ie / www.samaritans.org / www.jigsaw.ie

***Lived Lives:
From Tory Island
to Swift's Asylum***

PART I Background to *Lived Lives*

1 - Overview

Suicide is a significant public health concern and the WHO have described suicide prevention as “a global imperative”. Few suicide research studies have been interdisciplinary, fewer include the first name and identity of the suicide deceased as a cornerstone of the methodology. Since 2006, by working collaboratively outside the comfort zones and securities of their respective fields, McGuinness and Malone, with many others, have crafted an alternative language as a new way of acknowledging and articulating the painful reality of suicide.

Lived Lives combines a psychobiographical autopsy with a visual arts autopsy, in which 104 suicide bereaved families donated stories and 42 of these families also donated images and objects associated with the lived life of a loved one lost to suicide. From this interdisciplinary research platform, a mediated exhibition was co-created and co-curated with artist, scientist and families and communities, facilitating dialogue, response and moving from private to public engagement, becoming an intervention around suicide.

We have transposed, developed and disseminated the arts-science *Lived Lives* community intervention (supported by The Wellcome Trust) around suicide to engage and

reach new target audiences, including marginalized rural communities in the border counties of Donegal and Leitrim, and staff and service users within Ireland’s oldest psychiatric institution, St. Patrick’s University Hospital, Dublin. Groups like these (often considered “high risk” or “hard-to-reach”) are routinely excluded from suicide research. Thus, new knowledge and understanding is currently lacking where it is needed most, sustained by stigma, fear and the limitation of traditional research methods.

Directly embedding the *Lived Lives* work in these specific communities continues to challenge and dismantle the silence and stigma about Suicide in Irish society and beyond. It has included pre-planning consultations with local partners on the ground and mediated interactive public lectures in advance of mediated arts-science exhibitions. Feedback and evaluation continue to be integral to all aspects of the project. This includes oral and written feedback from participants, video documentation of audience engagements and conversations, and having objective observers of the project embedded within the process. *Lived Lives* forges and sustains unique active working partnerships across the domains of academia, local authorities, psychiatric institutions and cultural institutions to reach new audiences.

2- *Lived Lives*: Integrated Arts and Science Methods

In 2006, small advertisements were placed in regional newspapers throughout Ireland inviting any individual who had lost an immediate family member to suicide to tell their story of the lived and lost life to the scientist / artist research team. Every respondent was contacted, and 104 families engaged in the research and shared their story, mainly around family kitchen tables all across Ireland. An unstructured narrative was included as an important method of looking beyond the clinical statistics. Participating families were also invited to donate anything associated with the lived life of their suicide-deceased loved one to the *Lived Lives* Archive. Many families chose to donate stories, clothing and, controversially, images and names which revealed the identity of their deceased loved one, thus challenging the codes of confidentiality and anonymity as laid down by the St. Vincent’s University Hospital Ethics and Medical Research Committee, and to which *Lived Lives* was bound. *Lived Lives* became a socially engaged art practice around 42 of these stories and family donations.

PART I Background to *Lived Lives*

3 - *Lived Lives* Artworks

In 2009, a series of artworks were made from these donations which were initially presented back to the families for private engagement, reflection and feedback. As the families were present and active within the emerging artworks, the practice of listening without judgement was intrinsic to the process. The conversation that flowed through the architecture of the creative process was valued as much as the making and presentation of physical works, and became embedded in, and intrinsic to, the artworks. Since then, these works (with the express permission of the *Lived Lives* Families) have journeyed into the public and across the country. This process and works are not static. It flows through various institutional spaces. By actively listening and putting into action a process of repetition, scaling and adaptation it builds sustainable partnerships, connecting with communities, to articulate and make visible the reality of suicide within these communities.

4 - Suicide in Ireland Survey 2003 – 2008: “*Many Young Men of Twenty said Goodbye*”

Embedded in communities, the Suicide in Ireland Survey's roots can be traced to the kitchen tables of Ireland, where families bereaved by suicide shared the stories of their loved ones lost to suicide, with researchers from science / arts. Drawing on 'intuitive lay-knowledge' the Report identified an accelerated and highly significant four-fold rate of increased risk for suicide in males between 16 and 20 compared with after aged 20 (from aged 21). A similar non-significant trend was observed in females. Other findings from the Report include a calculation that every 18 days in Ireland there is a death of a child under aged 18 years by suicide. New observations in relation to the occurrence of suicide clusters at the time were also contained within the Report.

PART I Background to *Lived Lives*

5 - Bringing *Lived Lives* to the Public (2009 – 2017)

Lived Lives has manifested in a series of public venues in Ireland, and the work has been presented at several international conferences. These include the Royal College of Physicians, Kildare St., Dublin; College of Psychiatry of Ireland Conference, Croke Park, Dublin; Letterkenny Cultural Arts Centre, Donegal; National College of Art and Design, Dublin, Shirt Factory Project Derry, Kaunas '09 Lithuania, Hangzhou Triennial, China, School of Art Institute, Chicago, American Psychiatric Association Annual Scientific Conference, Toronto, International Academy for Suicide Research, New York, Royal College of Art, London, Boston University, Boston, Fort Dunree, Inishowen, Co. Donegal, dlr Lexlcon Library, Dun Laoghaire, Dublin, An Gailearaí Gaoth Dobhair, Donegal, St Patrick's University Hospital, Dublin, Leitrim Sculpture Centre, Manorhamilton, Leitrim, American Psychiatric Association Annual Scientific Conference, New York, USA (2018); Regional Cultural Centre Letterkenny, Donegal (2018); American Psychiatric Association Annual

Scientific Conference, San Francisco (2019) and International Academy for Suicide Research and American Foundation for Suicide Prevention World Summit, Miami, USA (2019).

In 2015, the research team received a Wellcome Trust Science and Society People Award to extend *Lived Lives* to Pavee Point Traveller and Roma Centre, Dublin. Travellers are an indigenous ethnic minority in Ireland with significantly elevated rates of suicide. This event was realized by working in close collaboration with the Travelling Community there and resulted in deep engagement, allowing for suicide and stigma within the community to be discussed through the medium of *Lived Lives*.

Building on the impacts of *Lived Lives: A Pavee Perspective*, *Lived Lives* manifested in Fort Dunree in Donegal as part of the county's suicide prevention implementation plan. An evaluation of this project found that members of the community with and without previous suicidal ideation/ mental health history who

engaged with the project believed *Lived Lives* could have potential to help bereaved families, people with mental illness and people with suicidal thinking. *Lived Lives: Fort Dunree* had a particularly rich engagement from local schools, with one teacher describing it as "a safe place for students to discuss the issue of suicide".

PART II *Lived Lives: From Tory Island to Swift's Asylum* *November 2017 - October 2019*

1 - Introduction

Although suicide is often discussed and researched in the context of the individual, membership of a marginalized group is associated with a higher risk of suicide and thus it is important to consider social, cultural and environmental contexts. Following the impacts of *Lived Lives: A Pavee Perspective* and *Lived Lives: Fort Dunree* we wanted to continue addressing stigma about suicide and depression at the geographic, economic and psychological margins of society. *Lived Lives* was awarded a second Wellcome Trust Science and Society People Award in 2017 which allowed the project *From Tory Island to Swift's Asylum* be realized and to journey over 2 years, reaching geographically and psychologically marginalized communities.

From Tory Island to Swift's Asylum had two distinct elements. The first element of the project, *Lived Lives Conversations about Suicide in the NorthWest*, manifested in four rural locations in Co. Donegal and Co. Leitrim. Two of these were in the Gaeltacht area (Irish speaking) in Donegal: An Gealleraí, Gaoth Dobhair, (2017) www.angailearai.com, Comharchumann Oileán

Thorai, Tory Island, (2017) www.oileanthorai.com with one event in the Regional Cultural Centre, Letterkenny (2018) regionalculturalcentre.com. The remaining location was the Leitrim Sculpture Centre, Manorhamilton. Co Leitrim (2018). Both counties border Northern Ireland.

The second element *Lived Lives: Making Stigma Visible* involved the *Lived Lives* artworks and mediated exhibition being installed within St. Patrick's University Hospital (Dublin), Ireland's oldest psychiatric institution founded by Johnathan Swift in 1746. The aim was to introduce, realize and evaluate this intervention within a mental institution. www.stpatricks.ie/. The project engaged with mental health service users, mental health professionals including trainee psychiatrists, suicide bereaved families, and policy makers.



McGuinness, Making Stigma Visible, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

PART II *Lived Lives: From Tory Island to Swift's Asylum, November 2017 - October 2019*

Exhibitions at each venue consisted of four large-scale installations which McGuinness adjusted to the various sites. These were a new work: *21g Making Stigma Visible*. 'Informed Consent, The Archive Rooms'- objects and images associated with the suicide-deceased, 'Lost Portrait Gallery' and a number of short research films documenting the views of the bereaved families and communities engaging with the work and other key developments of the project to date were also featured.

As in previous public manifestations, the mediated exhibition consisted of an introduction and a narrated walk for participants through the works, with the artist (SMcG) and the scientist (KMM) describing the *Lived Lives* project and the associated artworks and impacts. This was followed with a conversation with the participants, seated beneath *21g Making Stigma Visible* in the Gallery space. Debriefing sessions were conducted by Art Therapist Dainne Nic Aoidh. For debriefing session with Art Therapist Dainne Nic Aoidh see closing sessions pg77. Opportunities for written feedback were provided. Bereavement

support was also available at all events as per Ethics protocol.

By engaging with these new target audiences, *Lived Lives* bridges a knowledge gap by effectively working with communities on different edges of Irish society. In this instance, these geographically and psychologically apposite communities, are linked together by their common experiences of suicide, stigma and marginalization.

Importantly the practice does not pity, fetishize, or present the participants as victims or statistics; but rather as ordinary people articulating the reality of their loss: "we didn't ask for this, but this is what we got". (A parent, *Lived Lives* Archive). Its primary quality is the manner in which it can be communicative and transformative. It can move people towards an empathic position, creating the circumstance to understand, reflect upon, and question loss without judgement. These became sites of conversation, reflection and contemplation. At these engagements, the act of touch became important, calling on the innate quality of cloth to be communicative and a vehicle for transformative aesthetic encounters.



McGuinness, *Making Stigma Visible*, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

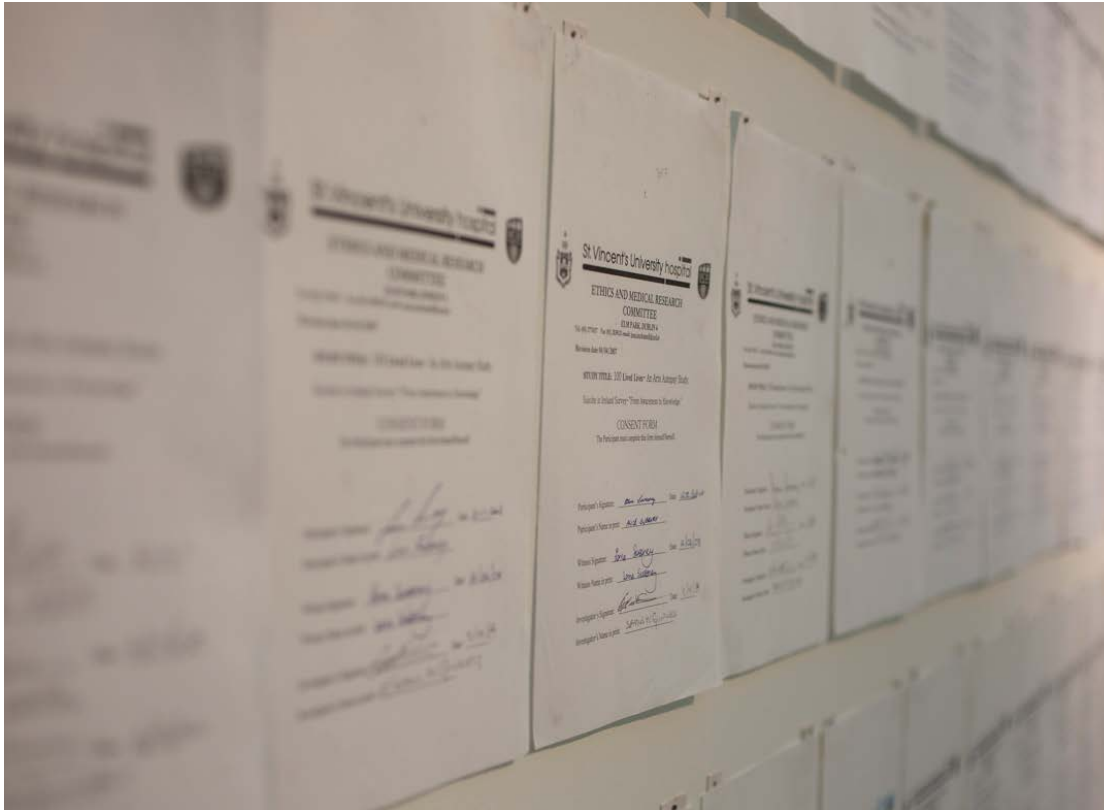
Introduction



The raw material for the physical artworks was materials belongings of the suicide deceased donated to the process by their families. By investigating this tangible research, applying visual art methodologies and processes and listening to the contributing reflections and conversations, the materialising practice began to emerge. The making process was woven through the conversations with many people. Conversation between disciplines, with the Ethics Committee; with families in their own homes and in the Ennistymon '09, Galway '09 engagements and a wide range of public audiences. From these extended conversations explorative works in video, photography, cloth and paper were developed in the studio environment. A combination of material, text, sound and silence were employed.

Informed Consent

McGuinness, Informed Consent, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



This work consists of 107 signed Consent Forms, each containing the signature of a research participant. Lived Lives operated in a Medical School, developing side by side with a scientific inquiry: all the research participants gave verbal and signed permission, following the principle of informed consent, which is a mandatory process for any scientific study involving human participants in SVUH/UCD. Informed Consent is a text document based work consisting of all the consent forms that the families had signed at the time of interview. By signing this document the families “allow” the individual behind the clinical statistics to emerge. By doing so they are waiving their right and that of their deceased family member to confidentiality and anonymity.

Archive Rooms

McGuinness, Archive Rooms, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



Participating families were invited to donate anything associated with the lived life, to the Lived Lives Archive. Many families chose to donate stories, clothing and, controversially, images and names which revealed the identity of their deceased loved one, thus challenging the codes of confidentiality and anonymity as laid down by The Ethics and Medical Research Committee and to which Lived Lives had to adhere. The donated material became a working or "living" archive i.e. "works, which are open ended, unfinished and unfinishable". These rooms will manifest in different forms and contexts, but will always be drawn from the donated objects. These rooms are also presented as works in progress, they are not presented as "finished" works.

Lost Portrait Gallery

McGuinness, Lost Portraits Gallery, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



The *Lost Portrait Gallery* consists of thirty-nine jacquard portraits of the young suicide deceased, installed in a room at exactly the height of the individual, in age order, youngest to oldest. The audience had to adjust their 'normal' viewing positions in order to encounter the work. The ability of cloth to speak to and move people became visible as they moved through the room and instinctively touched the work.

Conversations

McGuinness, Conversations amid 21g, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

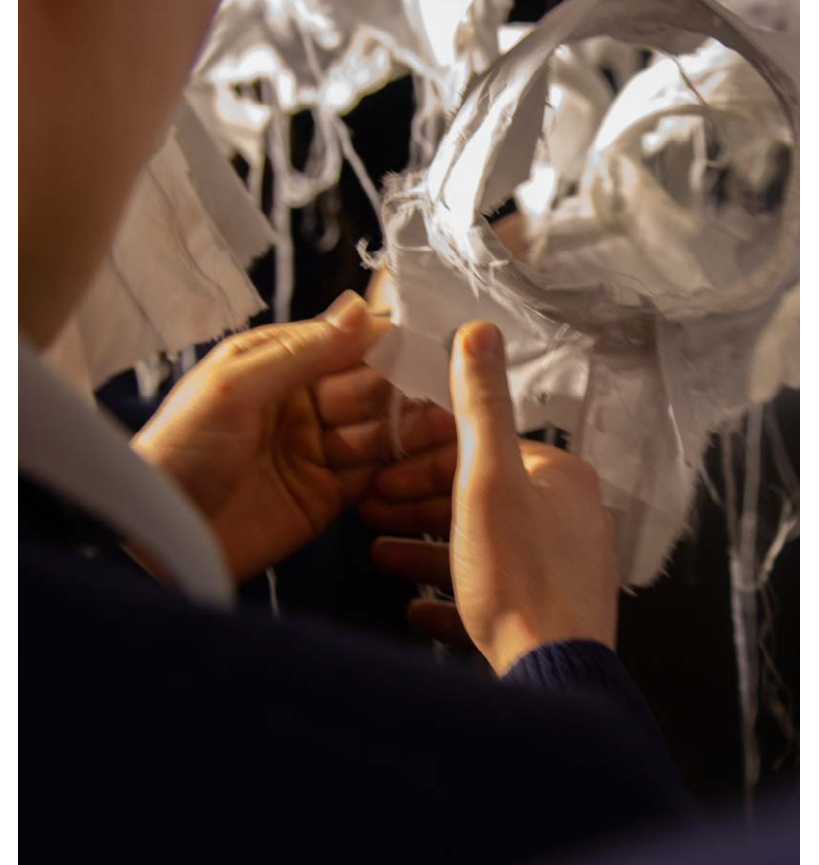


Conversation flows deeply throughout Lived Lives, constantly bringing it in different directions at different times in different contexts and sites. Because of these durational conversations, the engagements, the dialogues, the continual conversations and negotiations with not only the family members but collaborators, institutions, statutory bodies, and publics have become embedded in the practice. Now the art practice contains all the above elements as much as the artists ability to make Jacquards or other artefacts. The Lived Lives artworks created the conditions for an aesthetic experience to unfold and to listen, to talk and talkback, to touch, to read and to view and reflect on societies experiences around youth suicide in Ireland.

1.1 21g Making Stigma Visible

21g was originally created by McGuinness in 2003 to reflect on young male suicide deaths officially recorded in Ireland in that year. It consisted of an excess of 92 shirt fragments, weighing 21 grams on average, which some say is the mythical weight of the human soul. It is an active social probe, making the invisible ominous presence of young Irish suicide deaths visible and questions the response of Irish society. Over the years of this project *21g* has taken many forms and iterations, embedded in community.

For *Lived Lives: From Tory Island to Swift's Asylum* a new way of connecting with participants/audiences was embedded in *21g*. As part of the mediated journeys and conversation through the works, participants and audiences were invited to dip their fingertip in ink, walk among *21g: Making Stigma Visible* and make a fingerprint mark or stain on a shirt fragment of their choice, representing and making visible stigma's "stain" on society. Audience participation was crucial in activating this artwork. Installed collectively and at various heights, this work adjusted and re-casted to each of the four sites.



McGuinness, *Making Stigma Visible*, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.



McGuinness, Making Stigma Visible, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

21g Making Stigma Visible Gaoth Dobhair, Co. Donegal (2017)

21g Making Stigma Visible Gaoth Dobhair included in excess of 168 shirt fragments, visualizing both the official estimates of Donegal Suicide deaths over the past decade (2006-2015), and the “unofficial” assessments of Donegal suicide deaths for the last 2 years (2015 and 2016). 146 white shirt fragments, (121 males, 25 female) reflect “official records” while an additional 22 grey fragments reflect current unofficial estimates for 2015 and 2016 (the grey area). Whilst the official count for 2015 is 16 deaths, unofficially, it is suggested that there may be in excess of 27 suicide deaths during this period. The official estimate for 2016 is 15 deaths, whilst “unofficially”, it is suggested that there may have been in excess of 27 suicide deaths. This information was also presented as Gaeilge.



McGuinness, Making Stigma Visible, An Gailearai, Gweedore, Co. Donegal 2017. Photo Credits: Robert Ellis.

21g: Making Stigma Visible, Leitrim Sculpture Centre and Regional Cultural Centre, Letterkenny (2018)

For these two events, *21g Making Stigma Visible* consisted of 138 shirt fragments visualizing half of all suicide and open verdict deaths across Donegal, Sligo and Leitrim over the last decade (2006-2016) – “it’s only half the story”. These border counties are disproportionately affected by suicide and social deprivation associated with the residual social, economic and political tensions in a post-conflict society, compounded by the uncertainties of Brexit.



McGuinness, Making Stigma Visible, Leitrim Sculpture Centre, Manorhamilton Co. Leitrim 2017. Photo Credits: Robert Ellis.

II Reaching Rural Communities

Lived Lives is embedded in the County Donegal implementation plan for “Connecting for Life”, Irelands National Strategy to Reduce Suicide 2015-2020.

The first element of this project *Lived Lives Conversations about Suicide in the NorthWest* aimed to engage rural communities and organizations in Donegal and the surrounding areas. Pre-planning and consultation took place over several months and included participation from stakeholders from the HSE policy makers and service providers from Sligo, Donegal and Leitrim, Donegal and Leitrim County Councils, and cultural organizations in both counties. This focused, collaborative planning phase before the events enabled the project to reach a number of strategic target groups on the ground. These included: Transition year students (15-16 year olds) and teachers from Secondary Schools in Donegal (St

Eunan’s College Letterkenny Pobalscoil Ghaath Dobhair); and youth LGBTI+ Group, Letterkenny; older community groups in Manorhamilton Co. Leitrim; Men’s Sheds members Gaoth Dobhair; Co. Donegal; First Responders including An Garda Siochana (police) in Letterkenny; and Coastguards in Gaoth Dobhair; HSE local media policy makers and service providers from Sligo, Donegal and Leitrim; and local suicide bereaved families in all locations.

Often in contemporary art the voice of the public and participants is not heard, instead we hear the voices of artists, educators, critics and curators. In *Lived Lives* the experience of the individual participants as they move through the works, physically touching and marking the art works is central to it process, and it has often been described as transformative. This transformative experience resides within

the participants, and this process creates mechanisms for their voices to be heard.

Suicide prevention strategies continue to stress the importance of getting people to talk about their feelings and about suicide without any clear vision of how this can be achieved. Lived Lives provides a safe, non-judgmental platform for this new voice to enter the narrative about suicide amongst their peers and beyond.

The entire proceedings, journeys through the works, reflective conversions and discussions were documented with still and moving image and are presented here as a visual journey, providing a pathway to extend the conversation beyond the immediate participants. All participants were informed in advance of attendance that all proceedings would be recorded and had the choice to not be filmed. Permission was

obtained for documentation to be used for dissemination purposes. The Lived Lives artworks are dialogical in nature, conversation flows through its architecture and are values as much as the physical material artworks. Each conversation amid the artworks in the various sites become the new artworks. The video works and transcriptions of conversations included in this publication aim to acknowledge, release and amplify these often unheard voices.

1 - Mediated journeys and conversations through *Lived Lives* in the NorthWest. Regional Cultural Centre, Letterkenny, Co. Donegal.

Seamus: “So this piece of work is called 21g, it shifts and it shapes and forms according to location, and this iteration, there are 138 shirt fragments, both male and female, each weigh 21g which some say is the mythical weight of the soul.

Kevin: Over the last decade, let me briefly remind you, this morning, this is the slide I should have had, I'll give you this one if you want me to.

It's the adjusted number on average 71 people affected by a suicide death, so if you calculate that in terms of the number of people affected by suicide death in Donegal, Sligo and Leitrim over the past decade, it's 19,667, one point I forgot to make this morning is the bereavement and the impact of a suicide is cumulative, kind of adds up from year to year.

So Michael talked this morning about



bereavement and it just doesn't go away, it gets smaller and shifts so this idea this cumulative impact of suicide in a community a small community like Donegal I think is very impactful.

I deliberately took a look at a particular group, that don't feature anywhere in the official statistics and they are the ones who are registered late, so the ones who are registered late do not appear if you like in the official national statistics it takes about 5 years for them to get in to the system and they are put in at a separate table so they never feature.

So Seamus has constructed this reflecting only half the story so after the last decade suicide deaths in the north west over the last decade 250 suicide deaths the open verdict across the north west 21 the suicide plus open verdict 277. Seamus decided to take that number and divide it in half, to reflect half the story, so in this iteration 21 grams making stigma visible which



we've talked to you about, this is half the story in excess of a 138 shirt fragments from the northwest.

Seamus: So when I was looking at these figures I how could I do this, really these figures are a flat 2 dimensional representation of the facts or the non-facts as the case may be, when you translate it in to this 3 dimensionality there's no denying that every one of these shirts represents somebody's son, somebody's daughter, somebody's brother, somebody's sister, somebody's father, somebody's mother, somebody's aunt, somebody's uncle, somebody's cousin, and on and on and on.

I'm going to invite everybody if you wish just to dip your finger in ink and just slowly walk through the works to find one kind of shirt that you relate to in some way, and we can take our time doing this we are in no rush and just very simply, make that human gesture, make that

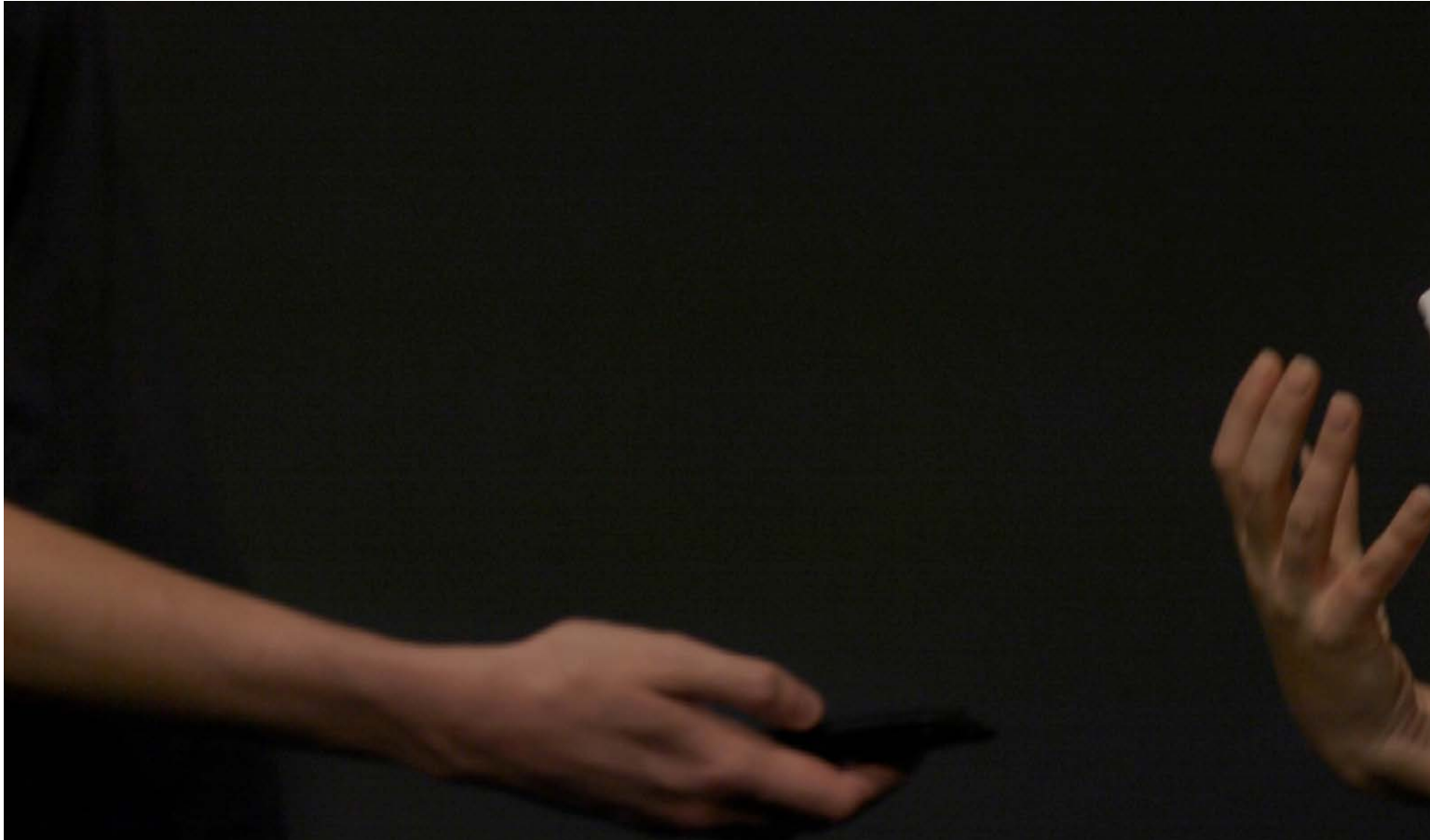
human mark, on the shirts to make this invisible thing called stigma, more visible to society.

Brendan: I find as you come in to this room and you see the shirts hanging, it's kind of haunting but as you walk through them it's kind of peaceful or, like you get that sort of connection with, people or, that there was a person, you can feel the cloth you're in contact with it like.

Seamus: So this piece is called the lost portrait gallery when we were, when we were talking to the families I asked them to donate anything belonging to the deceased, and any family who gave me this photographic image, I made these tapestries of them, so they're tapestries made from cloth cloth runs through this exhibition.

It is like ourselves, you can cut skin, you can cut cloth, you can stitch skin, you can stitch cloth, you can stain cloth, and we can also stain humans.









Rebecca 14
Caroline 16
Richard 15
Caroline and Rebecca were best friends so their mothers asked that when we installed them in the gallery can we install them next to each other, and they're buried head to head in Co. Meath
We have Richard 15
Mark 16
James 16
Harry 27
Then we go on to Cillian 17
So the reason why we have James 16 and Harry 27 is that they were brothers and their mother asked that when we installed them in the gallery can we actually install them physically touching each other.
So we have Cillian 1, Neasa 17, Kieran 17, Richard 17, Ross 19, Ros 20, Robert 20, Christopher 20, Fiona 20, Dominic 21, Mark 22, Stephen 22, Liam 22, Robert 23, Patrick 23, Martin 24, Shane 24, John 24, Robbie 26, Alan

26, Eric 29, Lar 32, Paul 33, Damien 41, Tony 41, Hughie 44,

So they're designed to be touched, again everything in the exhibition is designed to be touched, I try to use that as a metaphor, if we touch the artworks, we might touch the story, and we might start to dismantle that omnipresence of the silence of stigma.

Seamus: I invited family members donate any material belonging of their deceased loved one and we'd make these works for them. At the time I asked them not to give me anything immediately but maybe discuss it with their wider family then decide what to send in, so these boxes and things kept arriving to my studio for months afterwards.

Lar for example he was a bit of an eco warrior he cycled everywhere loved his tea and camping so then his family then donated these and a photograph of Lar.

Mark's mum and dad donated 2 hats, had one hat for work, and one hat for play.

Alan's parents donated this Alan was a big Man U fan so they donated this plaque he painted and this little mascot but also this little airline ticket and they notated on the back Alan went to see Man U play the weekend before he died he was a huge fan.

Paul's parents donated these, Paul's favourite shoes, and they also donated this, which I thought was really it was this kind of hurl that was broken, and I thought this was another very poignant part of the symbol of broken masculinity.

Neasa's dress, this was the dress Neasa wore to her graduation, and also a photograph of herself and her friend."

2.1 - Transition year students. St Eunan's College Regional Cultural Centre, Letterkenny, Co. Donegal.







2.2 - Transition year students. Pobalscoil Ghaoth Dobhair
(Gaeltacht) Regional Cultural Centre, Letterkenny, Co. Donegal.







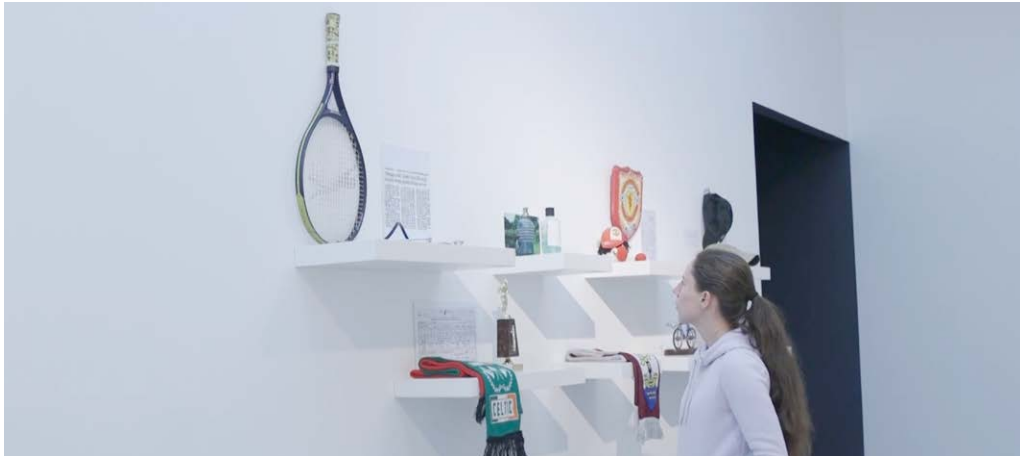




3 - LGBTI+ community members.

Regional Cultural Centre, Letterkenny, Co. Donegal.





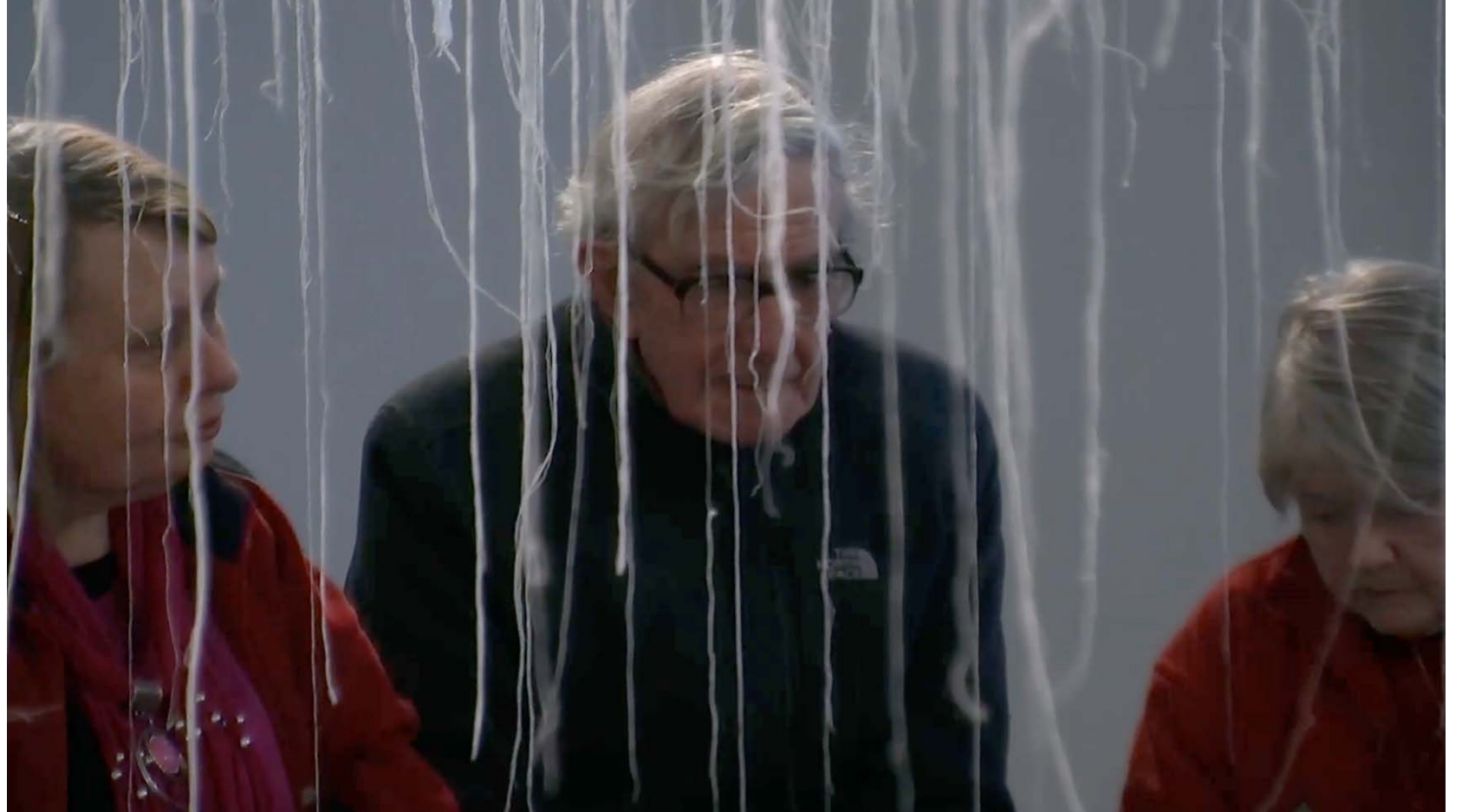


4 - Older community members.

Leitrim Sculpture Centre, Manorhamilton, Co. Leitrim.





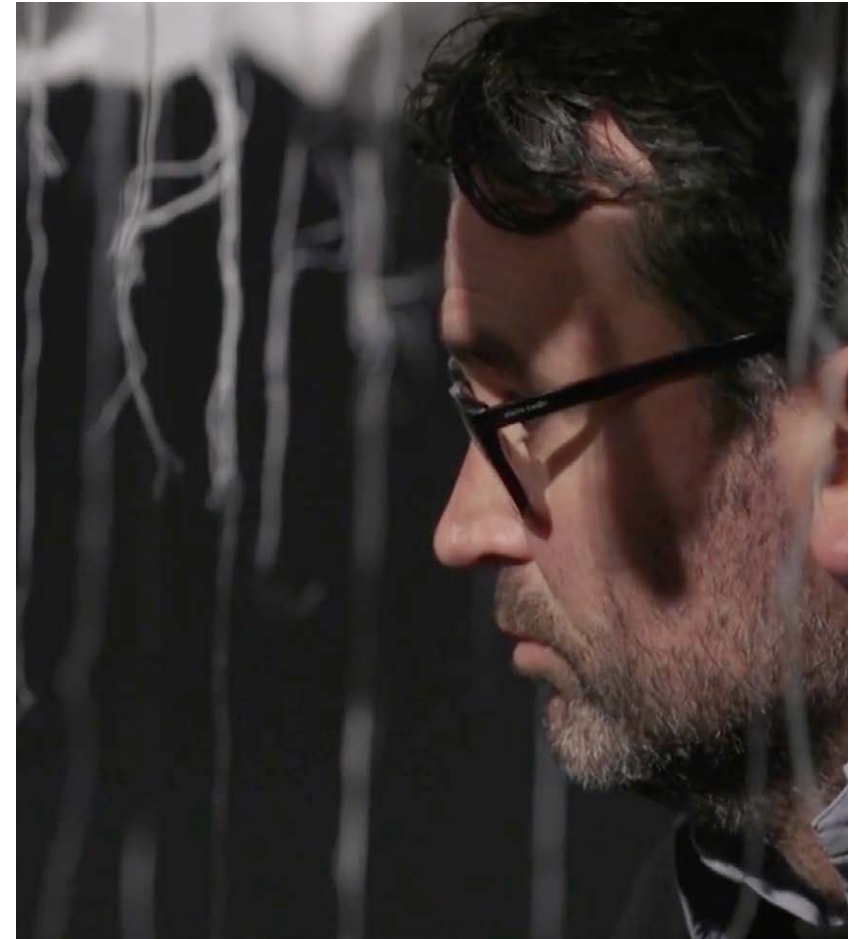


5 - Media video.

Regional Cultural Centre, Letterkenny, Co. Donegal









6-First Responders: An Garda Siochana, Regional Cultural Centre, Letterkenny, Co. Donegal. Donegal Division.



Seamus: What is your immediate thoughts and feelings after viewing and experiencing the exhibition?

Brendan: mmm.. I suppose from that exhibition what got me was ... it was a little bit abstract, it was the shoes there because the shoes are, they go with people everywhere, and they walk with people in their ups and downs and mmm... those shoes would have been with people mmm.... up and down, and their like a kinda symbol of their life I suppose, and to me that got me, that was very personal seeing people's shoes there. Bit abstract but that's me.

Donna: mmm... Donna I suppose the part that eh... got to me most was the part just watching their families walk in and touch their loved ones faces just brought up my own emotions when I saw it.

Goretti: Goretti, I suppose for me it's the shirt collars and the empty spaces that are left behind.

Paddy: Paddy, just how much impact the whole gallery has made compared to just sitting around in a discussion like. Just how much impact has made compared to just sitting around chatting.

Seamus: Thank you.

Manus: eh... Manus mmm... I think the whole exhibition or display here just brings the whole reality of suicide and especially if you're not affected by suicide mmm... I think it just gives an insight to what the families, are they're left to deal with.

Rosemarie: mmm, Rosemarie. I felt the whole exhibition really as, as one, and particularly what you said about cloth and

skin, and you can sew cloth and you can sew skin, I thought that was, you know...

Lisa: I'm Lisa mmm... the impact it had on different families, would have affected me as well, in my family so...

AnnMarie: AnnMarie, if, I just find the whole display, really unnerving, it's really very well done but very hard hitting as well.

Dylan: Dylan, I just find the whole visual side of things as opposed to sitting in a (clears throat), in a lecturer theatre with somebody talking at you for a while, you kinda experience it more while you're here.

Maeve: Maeve, I just find it very poignant, looking at what people suffered really brings it all home to people. It's really sad.

Michelle: Michelle, I suppose for me what



I can see is that no matter what person is affected it never leaves them, it's, it's always something that's there with them.

Heather: Heather, I just think your mmm... shirt collars are amazing. It's a lot better I think to physically touch something that is tactile, and you can feel instead of just seeing numbers on paper, you can physically see them.

Catriona: Catriona, just being able to see the faces rather than names .

John: John, just eh the personal items of everyone that died, just especially seeing the dress up really hits home.

Grainne: Grainne, in our line of work it's usually numbers, numbers, how many statistics as you mentioned earlier this year, how many was there that year, how many



was there, it's very, it brings it home that these are people that you're dealing with they're not numbers on a screen. I found this very powerful when we walked into this room, the visual of this just hit me, it was excellent now.

Ian: Ian mmm... I suppose you just see the lifetime of hurt that's left behind when something like that happens to family, I would imagine it would never go away, you know so...

Mark: mmm... Mark. Having experienced it personally with a sister-in-law, colleague and a classmate, it brings it home.

Dean: Dean. The physical representation and that these families have decided to let their remembrance be shared with us, and it helps us to realise that it's not just numbers, it's actual people that's there.

Sandra: Sandra. I just think it's a very inspirational that families can donate, exhibits, I personally know one of the families there and I'm just a bit overpowered because I didn't know they had been involved at all in it I just think it's very inspirational.

Cathal: Cathal. Just the range of ages really just shows you it affects everybody not just say the young or the old it's in a range of young old middle-aged it's it can affect anybody regardless of they're background or anything like that so just surprised me there.

Emmet: Emmet, I suppose coming around the corner I wasn't prepared to see this, and eh... Just I suppose I've cut down too many people...

Gerard: Gerard, mmm... Great exhibition I suppose throughout the exhibition I just kept thinking back of different, of different



incidents I've been at. So ah, people's faces in my memory, as I was looking through the exhibition, and ah, just the poem that the mother has up on the wall has a very powerful part in it there it says "have you ever seen a soul break or a heart break, have you ever heard a heart break, and unfortunately I have, most of us have."

Seamus: So my next question to ask? Because I'm aware you guys are generally the first responders on the scene and there's certain things once seen cannot be unseen. So who minds the minders, who minds the carers? So how do you cope in your daily work of being called out to a scene morning, noon, and night? That's the question I want to ask you.

Brendan: Well I'm relatively new on the job so, I have experienced suicide a couple of

times but I suppose em... Many of em... Speaking to colleagues I've heard them say it might take several years before it actually does come back to have an affect on you. Am... Who knows, it could affect me in years to come but again I'm sure there'll be many more suicides because it is very prevalent in our society, and I'm very much aware of that.

Donna: mmm... Well I suppose we chat to each other, and we support each other where we can if somebody needs to talk we'll listen. We just help each other out.

Goretti: I suppose I'm 25 years in the Guards and so after joining in "94, I lost a brother in "93 to suicide, and in "94 I had one of my meetings with the superintendent at the time in Bray, Co. Wicklow, and I just dealt with a suicide that week and I found it distressing, and the superintendent at the time told me I shouldn't bring my personal

life into work, but that's like 24 years ago so thankfully things have changed a bit. Now, I think on a whole, probably we could do a lot more to support our colleagues, that are different welfare facilities available on the job, but I know that I'm not out on the ground but the lads that are out on the ground could be going to a suicide now, and in an hours time they could be going to a road traffic collision, or they could be going to a shop lifter, and sometimes one incident rolls in to the next, and there aren't enough support networks there in place for them, so I suppose it's something they need to work on, and certainly something like this I think should be rolled out, I think, I'm thrilled today that there are so many guards here today, I'm delighted about that, but I do think that it is probably something that everybody should experience for their own welfare as well.

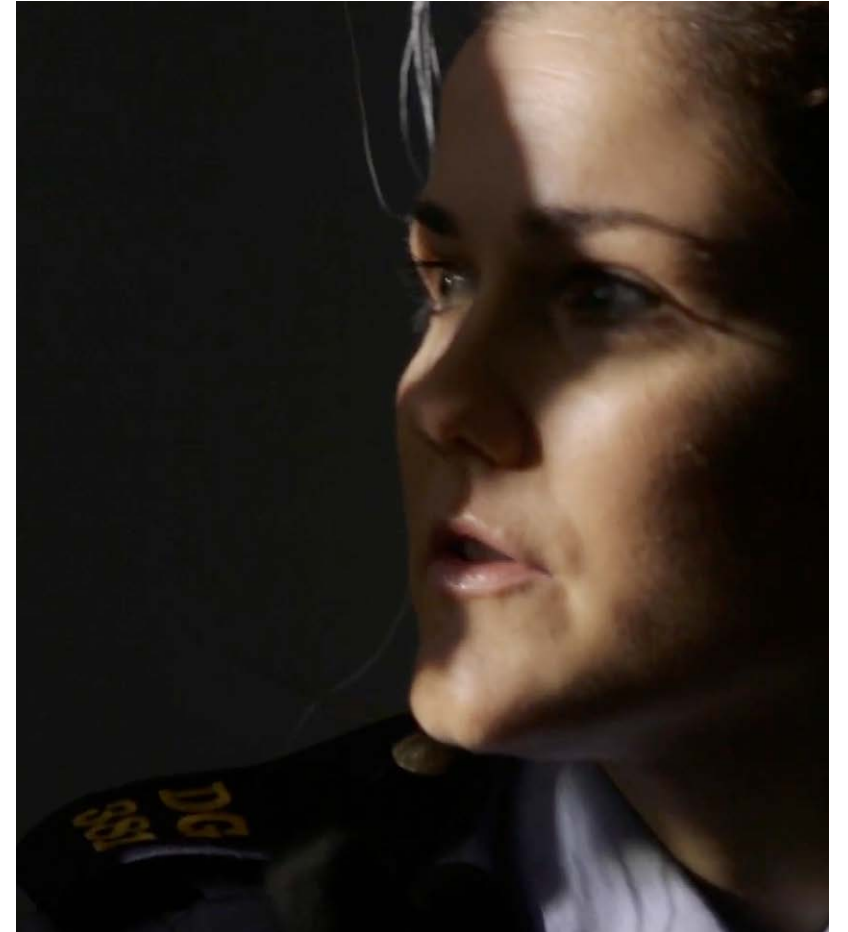
Manus: I think for us when we go to a

scene we just have to get on with it, we're the professionals, we're expected to get on with it mmm... eh... as the inspector said there, we have come on a lot, there are more support services for us now. There's peer support, and there's, we've come on a long way, so it's a great help for us.

Rosemarie: Yeah, I totally agree with what was said there, I'm just a firm believer in just talking and if I have something to talk about I will surely talk, so that's how I get through things.

John: Yeah, just again to say am... your unit is quite close so, just everyone talking among the unit I think any (something) happens at all with death am... in the job I think everyone in the unit talks to each other and looks after each other and helps you through it.

Grainne: As somebody mentioned there









already, colleagues are always great and (inaudible) and when that lady mentioned it over there I'm actually the most guilty person of it myself, you're great at asking the person when they come to the station, you know, "how are you? Are you alright? It was a tough

call for you." But you never think a week or 2 later, or a month later, how they are to ask them again or to check in with them, and I suppose that is important. I hadn't really thought about it to be honest but it is something I'm guilty of, and as Gerard said

there, calling out to the house, I think just judging from calls I've been at in the past myself has helped me immensely, a week or 2 later call out, have a cup of tea and have a good chat with them, that you weren't able to have at the time, and it helps you move on a bit from the incident.

Michelle: Mmmm... Yeah, like I suppose everyone else, your colleagues that were at the suicide with you are the people you will talk with because realistically they're the people who know exactly what you're speaking about. I know, I feel personally for me, there's no point in me speaking to somebody that wasn't there because I don't know if they'd fully understand the extent, cause, each of them are very very different and something you'll never ever forget, like no matter how many you go to, they all stay in your mind and your colleagues like, and what some of my colleagues, call back to the

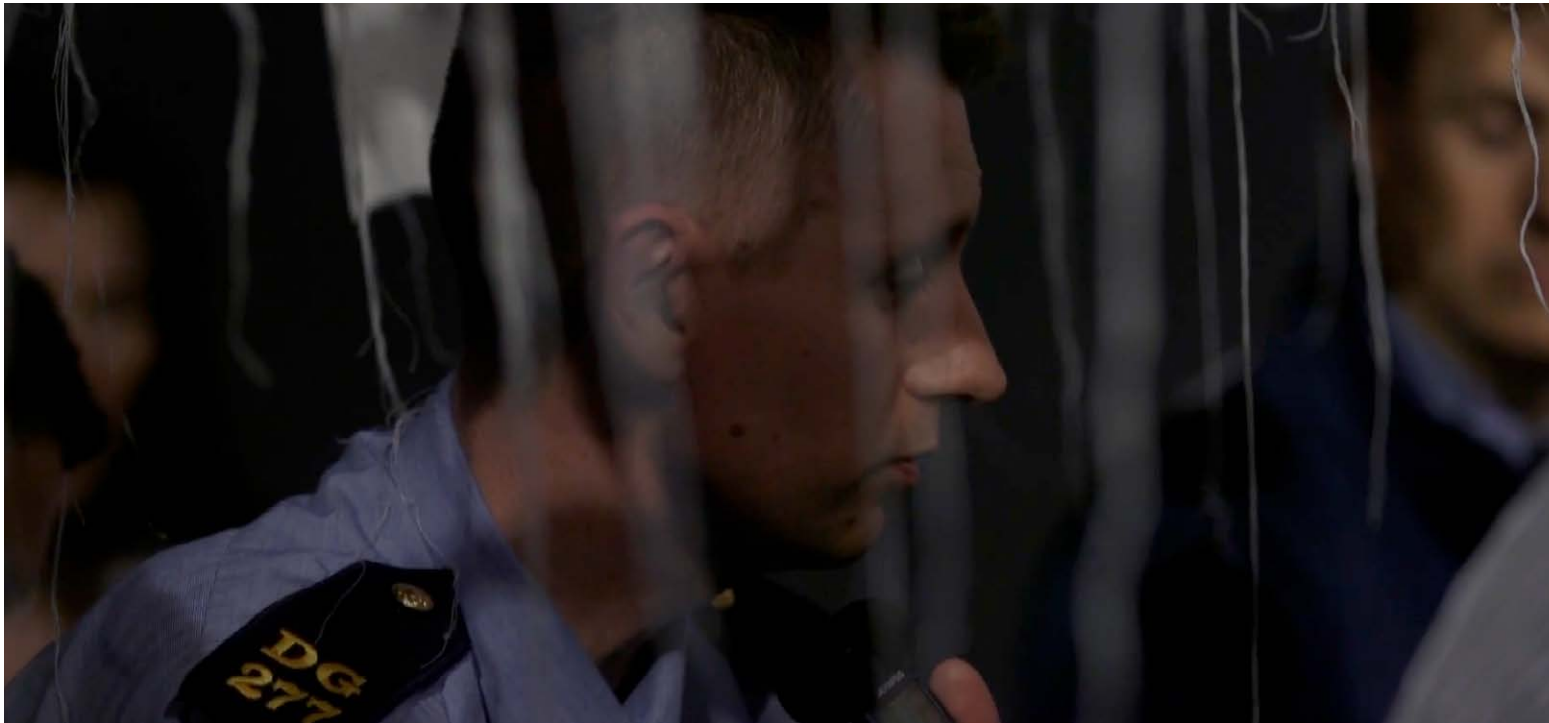
family is just, maybe after a couple of weeks, it helps as well.

Louie:

I find that you detach yourself a bit when you go to a scene, so to try to deal with the people that are suffering, and you don't ask yourself a lot of the questions, and like going through this thing today actually raised questions I didn't even know was there, like you know.

Garda: No I have no regret, I think it's great, especially for the more junior members who may not have experienced death so they can understand a bit of what people have experienced and what they may be facing in the future.

AnnMarie: I have no regrets coming here today, I grew up in the Finn Valley area where there was an epidemic back when I was



in secondary school and it just really reminded me of all those young people who died back then.

Kevin: No regrets, I'm very glad I came. Thank you very much.

Emmet: No, no regrets either, I suppose you can kinda feel the raw emotion here when you walk into the place. I probably feel sorry for some of the young guards coming behind us, you know, it's inevitable they will face scenes and am... But I suppose then the positive thing is about how we deal with families, and how especially, at the time, you're not thinking about yourself, and you're just specifically focusing on them and trying to be as empathetic as possible to their needs, and, and also being professional, you know, and, but no, it's hard living, thank you.

Grainne: I have no regrets either. I've been at a couple of courses on suicide prevention before and to be honest before today I thought I've probably heard all this before, it's going to be another powerpoint presentation, usual work sheets and it was nothing like that, it was absolutely excellent. Very visual, very sad.

7-First Responders-Coastguards,
An Gailaerai, Gaoth Dobhair, Co. Donegal.



8- Lived Lives bereaved families,
Regional Cultural Centre, Letterkenny Co. Donegal.



9 - Closing Sessions,

Regional Cultural Centre, Letterkenny, Co.Donegal









Lived Lives:
Conversations about Suicide in the Northwest

III Connecting with Rural Mental Health Professionals



1-Connecting for Life, Suicide Prevention Conference,
Regional Cultural Centre,
Letterkenny Co. Donegal (2018).

Seamus: What are your immediate feelings thoughts and thoughts after viewing and experiencing the *Lived Lives* exhibition?

Anne Sheridan: Hhmm... Well I mean I've I've been through this exhibition many many times at this stage.

Mmm... In different kind of ways it gets presented and I'm really struck today, was just I suppose I'm spotting the differences from other, you know, ways in which the exhibition was done. And I, I mean the thing that I have always been struck with, no matter when, or how often, if you came in to this exhibition, every single day, for the length of time that it is here, something will strike you.

And mmm... Two things struck me today, more than anything else and caught me for sure. One was I think Seamus when you went around the group of young people, who died and named them, and you know and their age, and mentioned the relationships and connections, just that for me was really really really sad experience. It just, it just brings home the humanity, the reality of loss, I suppose it's just the life lost, it's just so vast all those young people all that was, the life that they could have had that's, that really struck me today and I thought the way you did that really helped bring that, bring that home in a very strong way.

The the second thing that struck me today, again, and I've seen it many times before, but somehow I saw it differently today is the video where the parents come in to view the, particularly the portrait gallery, you know, where the parents were coming in and they were touching and I think that maybe last year I just didn't spend as much time really watching that and listening to it but anyway this year I felt just incredibly incredibly sad.

Michael O'Rourke: Hhmm... I'm Michael O'Rourke, Psychotherapist, I work with the Donegal Bereavement Service in Letterkenny. Mmm... It's my second time actually, at this exhibition, I was at the one in Gweedore last year. Again, I suppose it was the differences mmm... I felt that this year I engaged with this particular installation more Seamus because of the fingerprint and touching the individual garments. What I noticed going through it was more intensity than the last time, because it kinda felt to me that these threads here that were getting caught in me and it was because there was other

people moving. I almost felt like I was moving through the spirits of the people who died, and they seemed to be coming towards me, like looking for my attention, so in the beginning I was kinda touching, you know, the one to my left and to my right, but then I kinda felt that I needed to touch further, I didn't want to leave anybody out you know.

And that's kind of my impression of it, again in the portrait room, like that sense of being overwhelmed really, that I could have sorta focus on the first few photographs and I thought I can't really it's not in me in a way to give everybody their due... attention... in this you know...mmm...mmm...

And another thing I noticed last year just in terms of kinda looking after myself last year in the room where the personal possessions were I think I just engaged with one, possibly a second one and then I felt that I had to stop. Whereas I almost felt like I was just continuing this year cause meeting with the same people

and it was nice to see them again you know but it was also nice then to have the energy you know, the desire and the openness to meet other objects and other people as well so it almost feels like I've come back again and again and again. That's it. Very sad, and very moving, the relatives, the parents mmm... particularly their heartbreak and mmm... just really moving.

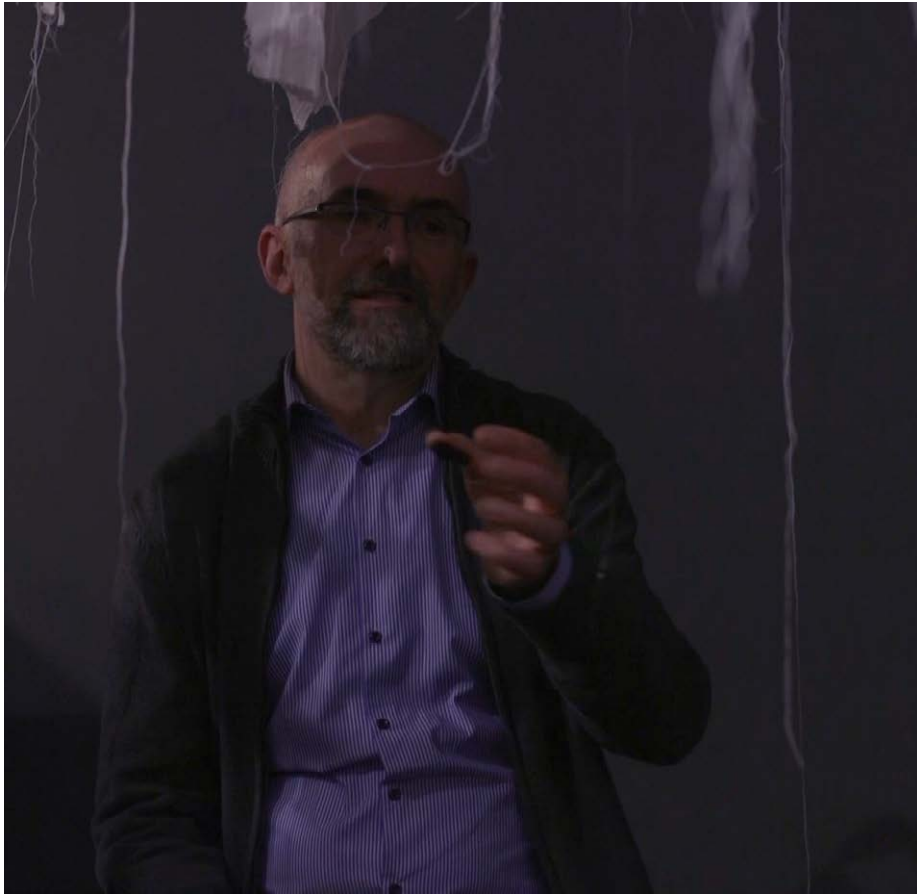
Paul Cairn: Like Anne, I've seen this exhibition before mmm... and I think part of me expected to see the same exhibition mmm.. and ah... obviously the exhibition reflects the individuality of the people and it's different from the last time I saw it. Mmm... But I suppose as well I'm different than the last time I saw it mmm... and I think the first time I saw it I was so struck by the people themselves, the lost lives of the people themselves, this time I was much more aware of the parents the mother smelling the dress touching the dress. and as a parent I did not see that the last time and I saw it this time so... Very moving. So, that's all I can say. Right!



Madge: I suppose the first thing that struck me was when I came around the corner and I saw this room here the image of the shirts, you know hanging from the ceiling was such a shock and I suppose going back to the conference this morning about the finders and the first responders I thought that was such it was very powerful...mmm.. The other part of the room

we just left where we had the opportunity to read the notes kept by people who had died, I thought was very powerful as well. You know to help us in someway understand what they had went through in the moments before they took their lives so I think it's a very powerful exhibition.

Wendy: Hi I'm Wendy. I'm peer educator with





the recovery college. I suppose I'm a survivor of suicide myself so I've tried to take my own life many times. I find it's nice to see and to me I see people I don't see collars like. I see they were people and suppose seeing the young people on the wall I have my own three children like and I could have left them behind but what I mean just seeing how young they were like, what effect would I have had on my own. I probably still do think what effect on them, that's all I worry about now is my own children because I've been there and done it. I so worry if they'd do it too or try so what I mean and anytime they're upset I'd be full of anxiety because I think they've lived through me maybe I've put it on to them. I think and even just reading that the wee children's notes like it's so sad it did move me, it did make me full up and one wee girl she's writing to her daddy about getting a new car and she said she didn't care it was funny like the wee quote she obviously had a wee quirky sense of humour cause she said she didn't really care

at the end of the day like but it's sad moving like but I suppose not everybody gets to grow old so and they definitely didn't they were only babies really like. It's sad. Thank you.

Molly Reynolds: I'm Molly Reynolds, and I'm a retired community co-op manager. I've been involved with Connecting For Lives since it was started in Donegal and here, when I came in to this room today and saw all the shirting around me, it reminded of 1960 when part of my work was customs clearance, bringing shirting in from Asia, Asaka in Japan being one of the places, and it would be swimming in it in Magee's, bits here, there and everywhere, and thinking of all the re-incarnations we go through in a lifetime, from the various jobs we start off in, lifestyle we live, and then thinking of the lives lost in there and the opportunities, including my own fella that was gone at 38, and I often say about him, the waste of a human life and what he had already contributed, and what people expected that he

would have contributed, if he'd been spared, but it wasn't to be, and we are where we are today.

Lisa McCrystal: Hi, my name's Lisa McCrystal, I'm a recovery co-ordinator with the North West Derry/Donegal, and I suppose today it's actually feeling quite humbled and privileged to have got a glimpse of what could have been with the young people in the last room just now, and I suppose a change of attitude, because honestly before today I was quite optimistic that we were doing a job well done, and actually coming out of this today it's made me change that opinion and reiterate the need that the road is still to be travelled, and there's still many more changes that need to happen to see mental health services to the stage that they need to be at.

Teresa Dykes: My name is Teresa Dykes and I'm a manager in mental health services across all 5 counties and the CHO in one. This is my second time to visit here I didn't think I would

shed tears today because I did it last year it had such an impact on me last year, but I'm afraid when I saw that mum put her 2 hands up either side of her child's face in the video I just I wasn't a manager I was a mother, I'm a grandmother. I was human and I said it last year and I will continue to say it, these are the these are the real things that bring us to the point where we have to forget about what's on shelves but what is it we can do today, what is it we can do tomorrow and just concentrate on today and tomorrow, so we can help some other mother that she doesn't have to put her hands up either side of someones face their beautiful child, that's all I want to say. Thank you!



2 - Mental Health Policy Makers Donegal, Sligo, Leitrim, Regional Cultural Centre, Letterkenny Co. Donegal (2018).

3 Mental Health Professionals Seminar, Regional Cultural Centre, Letterkenny Co. Donegal (2018).

IV Bringing *Lived Lives* to a Psychiatric Hospital (St. Patrick's University Hospital -Swift's Asylum)

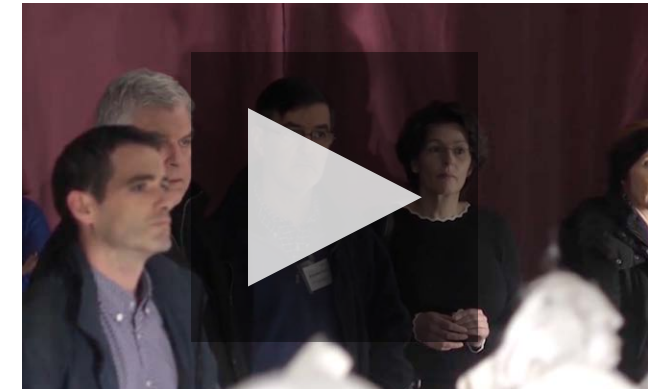
1 – Introduction.

Embedding the *Lived Lives* work in a mental health institution setting has been a highly significant and symbolic move towards directly challenging stigma of mental illness and suicide. A pre-planning consultation and collaboration forum was established and representatives from hospital leadership invited the *Lived Lives* Team into the hospital. The *Lived Lives* model was presented and discussed in detail and the rationale and pathway towards materializing *Lived Lives* with the psychiatric institution Board was outlined and agreed, with its attendant focus on stigma reduction. As the institution was a busy clinical and working site, it was agreed from the outset that the elements of the exhibition would not be located in any of the in-patient units, but could be situated in allied “non-clinical” but adjacent sites. The Board was afforded an opportunity to be heard, on their own terms and expressed their fears of the *Lived Lives* Project (the subject matter), and specifically concerns about its “safety”. Fears as to how video-footage would be used were addressed through an agreement that there would be a show-back of edited footage for

participants prior to any public dissemination, which subsequently occurred and was approved without objection.

21g Making Stigma Visible at SPUH consisted of 151 shirt fragments. Over the past decade (2005 – 2016), there has been an average of 590 suicide deaths per year in Ireland (504 suicide deaths, 86 open verdicts). International research estimates that 60% of suicide deaths suffered from a Major Depressive Disorder (MDD). Therefore, an estimated 302 suicide deaths in Ireland annually suffer from MDD. (60 females, 242 males). 151 shirt fragments were installed to reflect “1/2 the story” in relation to these variable statistics. This was installed in the Group Therapy Room. *Archive Rooms* was situated within the Medical Library, carefully placed in bookshelves among medical texts, and *The Lost Portrait Gallery* was placed with the Hospital Conference Room, where day to day meeting continued throughout the exhibition. As a result of this layout, spread throughout the hospital, an outdoor walk was included in to encompass the mediated exhibition, and to avoid encroaching on in-patient wards.

2-Founders Day - Mental Health Service Users, Providers and Policy Makers.



2.1 - *Lived Lives* mediated journey St. Patrick's University Hospital.

St Patricks University Hospital,
Conference Room Conversations



Reflections of clinical staff and evaluators
on Lived Lives in the hospital context.





21g: Making Stigma Visible

PART III Independent Evaluations, Feedback, Radio interviews and Culture Counts

1 - Evaluating *Lived Lives: From Tory Island to Swift's Asylum*

Independent critical evaluation from professionals with expertise in the field of art and science has been integral to the *Lived Lives* project since its inception. It provides insights, analysis and advice to the Project as it moves deeper into community and society. Multi-source and multi-disciplinary evaluation was provided by eight diverse sources of expertise embracing science arts and humanities, bearing witness and sharing their testament and testimony. Their guiding and generous insights provide a deep, grounding and enduring critique, with a value to the project being greater than the sum of their parts. As such, these evaluations need no introduction, translation or interpretation, and speak for themselves as they enrich the project.

1.1 *Lived Lives* Conversations about Suicide in the Northwest,

1.1.1 Fort Dunree, Inishowen, Co. Donegal. Dr. Ed Carroll, Director Blue Drum, Ireland

Lives Lives: Fort Dunree, Inishowen, Co. Donegal, Ireland. Ed Carroll

In 2016, the *Lived Lives* Fort Dunree Exhibition took place in an historic coastal defence fortification on the west side of the Inishowen peninsula in Donegal, Ireland. The *Lived Lives* Fort Dunree Exhibition, mediated by artist, Seamus McGuinness and research scientist, Kevin Malone became a trigger for young people, families, community leaders and public servants to culture resilience and to deploy art not armaments as a front line of leadership in the face of a civil crisis about suicide deaths.

Mobilising cultural actors for resilience is a priority too for the United States Department of Arts and Culture (Note 1) and its ambition to refresh democracy through artistic creativity. Specifically, it has explored the diversity of contributions by art and artists to civil disasters like Hurricane Sandy or 9/11.

Lived Lives sits precisely as an artistic response to a civil emergency. Suicide, specifically the high proportion of suicide by young men, was examined in the Suicide in Ireland 2003-2008 study (Note 2). One of its innovative features of this report is the identification of art and culture as a research methodology for its investigation.

Historically, art, located in proximity to communities and in specific geographical places has as an established legacy in the field of culture especially in community arts. (Note 3) Art and artists have assumed authority to act in the absence of trust in institutional and political authority in the contemporary world. (Note 4) Take for example, the 1984 Parade of Innocence initiated by Pat Murphy in response to release of the Guilford Four and continued imprisonment of the Birmingham Six. Since 2003, *Lived Lives* has grown to occupy a space of leadership that transmits agency in the context of the civil disaster that is suicide.

Cultural rights proffers a useful lens in which to elucidate what has emerged from the work of *Lived Lives*. UNESCO has defined cultural heritage and expression as: ...the practices, representations, expressions, as well as the knowledge and skills (including instruments, objects, artefacts, cultural spaces), that communities, groups and, in some cases, individuals, recognise as part of their cultural heritage and expression. (Note 5)

It seems important in recollecting what people experienced at Fort Dunree to note the duration nature of the project which began in 2010 when artist Seamus McGuinness was appointed the first Ad Astra Scholar in Suicide Studies at University College Dublin. Since then he began a long term process involving 103 families who shared the trauma of having lost loved ones to suicide.

The *Lived Lives* project, through the authority of the artist became a cultural means in which

this group co-created and made sense of an experience of the loss of their loved ones. A central layer of the work is where the artist co-elaborated these experiences and produced new art work manifested in cloth, materials, documentation, archives and conversations. The totality of the work helped to interpret those experiences; to create an interface between the layers of the creative output.

To some degree the process of making sense became a platform for families to find their own meaningful participation in a society in which their voice was not yet heard. There was a voice of the lost, lonely and left-out. In the first instant, it is the power of their voice in public and its continual artistic representation that makes the concept of cultural rights real because it affirms not only the right to be creators of culture, but for ones' own cultural experiences to be recognised.

Secondly, it is their cultural right that requires accountability by the Government of the day in

relation to mental health and suicide prevention. Thirdly, since the families are the rights holders in this unique cultural expression of a public experience of suicide, then it follows that they are key stakeholders in taking the work into the public domain. From the perspective of cultural rights these families have a right to cultural self-determination. Farida Shaheed, the UN Rapporteur for Cultural Rights asserts "culture constitutes an important vehicle for groups to develop and express their humanity".(Note 6)

The power of the artist to assemble this bricolage of *Lived Lives* gives the work its power of transmission. Bricolage is process of immersion and transformation that withholds definition. (Note 7). Bricolage, in *Lived Lives*, is a metaphor for the journey and its durational events – such as the one under review in Fort Dunree. Immersion requires consideration of the invitation, the constant checking-in and back to that experience and to the person-up process which it enabled by propelling

the families towards individual and collective agency. While it involved scientific, research, therapeutic, artistic sensibilities and clearly manifests a power of transmission; yet the cultural act of making sense had only the authority of the clock time moment in which time is punctured and meaning emerged for those who are its participants.

The conundrum of how to find a model to translate private experiences of suicide is central to the public experiences of *Lived Lives*. It is a cultural immersion in public like no other. The immersion is always highly planned and carefully implemented. People don't walk off the street. Fort Dunree involved real people – in groups, in pairs and individually.

Each person was greeted, welcome and introduced to the Project. They had an opportunity to personally explore the exhibition. Groups came and gathered together for a final conversation of what they valued, what they

questioned and what they felt. The impact has been strongly personal and interpersonal. The agreed protocol ensures that the artist and support team is present at all times to calibrate the different needs and there is always an invitation to speak with a qualified bereavement counsellor.

I felt I was punched in the stomach.
Participant reflection (Note 8)

The experience of assembly and gathering in public is not something that can be taken for granted. Artist like Suzanne Lacy and Hanna Hurtzig have pioneered creating public conversation around difficult topics. Often, at the end of these productions the artist stays sovereign. In contrast, McGuinness creates a state of exception in which sovereignty finds no place in the emergency room where *Lived Lives* assembles these agents of recuperation, empathy and therapy in the midst of a civil disaster. McGuinness remarked You can

step into it, you can feel it, your emotions can touch it, you can imagine it. It clearly involves psychologically disturbing areas; people are enticed by the materiality of cloth. It creates a pathway to somewhere you would not normally go. Through the aesthetic, people enter into an uncomfortable situation and they are too far in to step backwards. (Note 9)

Here lies the process of work in public: Active management by the team to keep the wound open; to allow the community (young and old) to take some ownership of the process, to realize and release a voice – to instil a “healing from the base” (Note 10) Each time it reappears in public it becomes a media to reattempt to transmit and produce public encounters of transformative confrontation, of a transformative recuperation and of healing for people, for place, for the county and for the country.

In one moment a teacher remarked to her pupil:

That’s the first time I’ve heard you speak and I’ve learned so much from hearing you speak. Participant (Note 11)

Lived Lives created an experience of democracy in public where one’s own individual personality has agency to speak and to be heard. The shift towards being public is about becoming a creator of media channels in which real communication happens for public good. This is about transforming the lives of people in the county, of rising up hope, of overcoming borderlands of taboo and of making young lives flourish out of the fragility of those lost *Lived Lives*. It is an act of celebrating fragility.

How to take *Lived Lives* forward is one of the major questions each time another ‘procedure’ in public ends. Sean Hannigan, from Donegal County Council’s RSS Letterkenny has been instrumental in taking the risk of inviting *Lived Lives* to the county and in advocating for its continued presence.

Lived Lives is by far the most powerful community art that I’ve been involved in and I look forward to continuing it and refining it as it goes on. (Note 12)

Armelia Brown who has pioneered Emergency Arts which works with US Federal Crisis Agencies knows well how difficult it to bring the culture of art into the culture of public agencies who have to deal with multiple constraints and regulations.

The issue of translation is not one that is going to go away. It’s always present, every time. What we need to do is to find intermediaries (individuals or organizations) who can ‘interpret’ the good that the artist brings and the good that the local agency can delivery. (Note 13)

What Brown means in terms of translation is that every situation requires an adjustment; translation and interpretation is an ongoing part of the process. After Fort Dunree concluded,

questions arose: Is there a better way to do this? Local agencies in Donegal are sensitive to the problems associated with the subject of mental health and suicide. There is always a fear of doing harm and a hope of working with possibilities. However, the original intuition was that art practice can bring something that no other professional can. It can build the capacity of teachers, medical personnel, social workers and police to respond, It is clear that *Lived Lives* has found a home in Donegal. But the conditions to move it forward will always involve the risk of programming in public. When you are going to do work like this you also want to make sure that you put every safeguard in place to reassure any fears of negative fall-out that is so much feared by public agencies. Nobody wants to do damage – psychological or otherwise. As one young person questioned: Why would you take dead people’s stories and try to put them into this (exhibition)? Participant (Note 14)

The role of the local arts mediator, Sean Hannigan was vital. He was the intermediary person who could translate and interpret both the eco systems of public service and arts. He is embedded and understands the system *Lived Lives* sits very curiously in this ecology between Donegal County Council, the Health Service Executive, Inisowen Local Development Partnerships, and local counselling groups, schools and Youthreach. We have a tradition, possibly because we're surrounded by sea and borders of people working in public. Trust is one of the cornerstones of this project. (Note 15)

What makes *Lived Lives* stand out is the ecology it has created between those families who have lost a loved one to suicide, local communities, the artist and the institutions. This ecology trumps the fears every time.

Note 1 The United States Department of Art and Culture website is <https://usdac.us/> Accessed on 2017-01-22

Note 2 See K. Malone (2013) Suicide in Ireland Survey. <http://www.3ts.ie/wp-content/uploads/2013/05/Suicide-in-Ireland-Survey-2003-2008-Report.pdf> Accessed on 2017-01-10.

Note 3 F. Matarasso (2018) *A Restless Art: How Participation Won and Why it Matters*. The publication can be downloaded here: <https://arestlessart.com/the-book/download-a-digital-copy/>

Note 4 D. Walsh (2016) *Politics of the Person and the Politics of Being*. University of Notre Dame Press. Please refer especially to chapter 5 *Art as the Radiance of Persons in Reality*, pp. 157-186.

Note 5 United Nations, Convention for the Safeguarding of the Intangible Cultural Heritage 2003. http://portal.unesco.org/en/ev.php-URL_ID=17716&URL_DO=DO_TOPIC&URL_

[SECTION=201.html](#) Accessed on 2017-01-09.

Note 6 Farida Shaheed, the UN Rapporteur for Cultural Rights http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session31/Documents/A.HRC.31.59_E.docx Accessed on 2017-01-22.

Note 7 C. Levi Strauss (1966) *The Savage Mind*. Chicago Press.

Note 8 Video recording of student during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-19.

Note 9 Audio interview of artist during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-19.

Note 10 Kevin Malone Blog piece for the 3Ts. Available online at <http://www.3ts.ie/blog/healing-from-the-base-prof-kevin-malone/> Accessed on 2017-09-19.

Note 11 Video recording of teacher during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-19.

Note 12 Audio interview of the local authority arts mediator S.Hannigan during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-19,

Note 13 Amelia Brown on podcast USDAC Civil Disaster Toolkit. Available online at: <https://usdac.us/artisticresponse> Accessed on 2017-09-19

Note 14 Video recording of student during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-21.

Note 15 Audio interview of the local authority arts mediator S.Hannigan during *Lived Lives* Fort Dunree Exhibition. Source: *Lived Lives* Archive Collection. Accessed on 2017-09-19



Students during Lived Lives, Fort Dunree, Inishowen, Co. Donegal.



1.1.2. Leitrim Sculpture Centre.

Anna McLeod. Chair, Board Leitrim Sculpture Centre

An Evaluation of *Lived Lives Conversations about Suicide in the Northwest*

Leitrim Sculpture Centre, Manorhamilton, Co Leitrim. 20th – 22nd March 2018.

Anna Macleod

Introduction

Suicide is the biggest killer of young people in Ireland and the UK yet the statistics obscure the identities of those young men and women lost to its tragic affects. The silence and stigma associated with deaths by suicide further isolate the families, friends and communities left behind.

In addressing such stigma the '*Lived Lives*' art project seeks to interrogate 'what art can do in society' by sensitively providing a safe place for public encounters with the reality of suicide and loss hidden behind official statistics. The project does not seek to examine the motivations behind suicide but to celebrate the *Lived Lives* of loved ones lost and to puncture the silence

and stigma surrounding suicide in Irish society. Legally regarded as a punishable crime in Ireland until 1993, suicide remains a taboo subject, spoken about in hushed tones leaving families and communities doubly bereaved by the perceived stain of guilt and shame that death by suicide brings.

As an ongoing socially engaged art installation and mediated exhibition the project emerged from a collaboration between artist and lecturer Dr. Seamus McGuinness, (GMIT), Dr Kevin Malone, Clinical Psychiatrist and Professor of Psychiatry, (School of Medicine and Medical Science, University College Dublin) and forty-two suicide bereaved families in Ireland. The collaborative process behind the project involved an intensive series of meetings in the homes of 104 participating families who

responded to small newspaper advertisements in regional newspapers throughout Ireland. Identified as co-creators of this socially engaged body of artworks, the private experience and loss of 42 participating families are told in part through donated images, letters, articles of clothing and personal memorabilia belonging to their lost ones. Interestingly the families chose to challenge the codes of confidentiality and anonymity laid down by The Ethics and Medical Research Committee by revealing the identity of their loved ones as a way to draw back the curtain of silence and obfuscation that continues to haunt the complex subject of suicide. Performative Mediation

The iteration of '*Lived Lives*' at Leitrim Sculpture Centre in March 2018 was part of an ongoing exhibition tour From *Swift's Asylum to Tory*

Island that includes the border communities of Donegal, Leitrim and Tory Island as well as the community of St Patrick's University Hospital, Dublin, Ireland's oldest psychiatric institution. Interested groups of professionals who work with suicide bereaved communities & members of the public were invited to participate in a mediated journey through the exhibition.

I attended the first of six mediated group visits to the Manorhamilton exhibition of '*Lived Lives*'. The group of 7 audience/participants consisted of healthcare students and workers from the Northwest Stop Suicide organisations and were met at the beginning of the 90 minute mediated journey through the artworks by McGuinness and Malone dressed in sombre black suits and white shirts. They carefully outlined the research methodology that culminated in the

artworks installed in the three gallery spaces of the Leitrim Sculpture Centre. A wall in the foyer of the gallery lined with the permission papers signed by the participating families testified to the rigorous and sensitive process of meetings, conversations and gathering of donated material from the research phase. The sensitivity and care evident in the mediators approach set an empathetic tone for the audiences' encounter with the artworks. Thus prepared and supported by the mediation team and secure in the knowledge that there was a bereavement councillor present, we entered the first gallery space much more informed and sensitised to the work than if we had simply walked in from the street.

21g

Suspended from the ceiling in a sculptural

installation, 151 shirt fragments representing half of all suicide and open verdict deaths across Donegal, Sligo and Leitrim over the last decade (2007-2016) were installed. These white shirt collars extracted from shirts, each to the weight of 21g makes reference to the mythical weight of the soul at the moment of death, representing stigma's "stain" on society. Here a congregation of embodied pieces of fabric bring the presence of loss into focus. Each lost life is represented in its individual autonomy, the threads that trail down from the fabric gently caressed each viewer as we passed through the throng, communicating through touch. With ink stained fingers we were invited to imprint ourselves into a collective remembering of each personal loss. Some of the collars have labels printed with a wheel symbol referencing the high proportion of Irish Travellers deaths to suicide in the national

statistics. In a sensitively constructed lecture we learned about the gap between the official statistics and the real figures for death by suicide in the Northwest. We were told many grey areas remain in the recording of suicide deaths with many 'open verdict' decisions.

Archive Room

'Stains and all because I didn't get it cleaned or anything . . . the stains are still in it' Vera, Neasa's mother talking about her daughters red debs dress donated to the Archive room.

The installation Archive Room is a repository of personal memorabilia, written messages, photographs and items of clothing donated by grieving families to the '*Lived Lives*' project. The impact of this collection of personal items is visceral with small memories embedded

in each object bringing to life the thoughts, hopes and aspirations of each individual. The items of clothing bear the physical memory of the wearer and combine to strip away any clinical observation in how we talk and feel about suicide. Again the audience were encouraged to touch the objects, engage with the fabric of the clothing, enter into the personal space of memory and feel both the presence and absence of the individual. Being in the presence of these treasured personal objects was a cathartic experience affected by an embodied and immersive sensory space and bringing to all who participated both consolation and an understanding of the commonality of loss and death.

The Lost Portrait Gallery

'My block of ice in my chest is thawing'

Bridget, on engaging with her deceased daughter Fiona's jacquard in The Lost Portrait Gallery.

The third gallery housed a collection of Jacquard woven portraits of 32 young people who lost their lives to suicide. Installed at the exact height of the individual concerned, one is literally face to face with each person meeting their gaze, greeting them in their release from behind the stigmatised wall of silence and anonymity. The accompanying video shows the families encountering the portraits of their loved ones. This is where the academic medicalized view of suicide is virtually stripped away from the clinical range of statistics. In the presence of these precious images, the tactile quality of the cloths with its collection of threads constructing the likeness of each individual evoke the reality

of loss while also bringing into sharp focus the presence of their lives and those left behind. At the end of the walk through the interactive installations, we sat under the threads of the 21g installation and discussed our thoughts and feelings. The thoughtful mediation by McGuinness and Malone transformed the mood, from initial trepidation of engaging with the subject and reality of suicide to an opening in the veil of suppressed emotions. Through the mediated process the exhibition was successful in empowering each of the participants to find the words to talk about the sadness and the hope evoked by this immersive experience, thus breaking the silence and stigma of this difficult subject.

Conclusion

In conclusion I believe the '*Lived Lives*' project

was characterised by care, empathy and mutual respect. Care was evident in the fine attention to every detail of the installation, the choice and handling of materials, the arrangement of the precious archive and, the gentle mediated journey through hard statistics and emotive discussions.

As a tool for suicide prevention, understanding and articulation it seems important that this work be as visible as possible, to politicians, healthcare policy makers, educators and bereavement councillors. In keeping with the families' wishes that the 'works be mediated, preferably by the artist, to the public' it is hard to imagine how greater visibility for this important work could be achieved without exhausting the mediators. I wonder if a template could be produced or training developed for

greater dissemination of the work to schools and communities throughout Ireland and Internationally moving forward.

'Lived Lives' is a unique collaborative socially engaged project that seamlessly brings together methodologies from visual art and healthcare disciplines to contribute new knowledge to the understanding of suicide. It suggests new models for practice in suicide prevention and care for the suicide bereaved. As a work of collaborative art making it very successfully navigates its activist intent to open up space for talking about a difficult and suppressed subject such as suicide and offers an art/science model for future socially engaged practices into hidden, less talked about societal issues.



McGuinness, Making Stigma Visible, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

1.1.3. An Geallarai Gaoth Dobhair, Co. Donegal

Dainne Nic Aoidh. Art Therapist

Making Stigma visible

“What was silent in the father speaks in the son, and often I found in the son the unveiled secret of the father” — Friedrich Nietzsche

Stigma suppresses the voice that is essential in overcoming intergenerational trauma. It conceals and obfuscates the multifaceted layers that are necessary to understand the complexities of suicide. It deprives families and communities of a definite terrain and support system to adequately navigate the painful journey following a loss by suicide. Within the subject of suicide lie myriad stigmas associated with mental health, addiction, gender, sexuality, and death. These related stigmas make the topic difficult to examine and explore. Despite the difficulties, it is imperative that we find a way to normalise conversations around the subject to ensure that those who are suffering aren't carrying an emotional burden in silence.

And so we ask, how can we as a society enable conversations that begin to unravel the stigma related to suicide? Public discourse, rather than the muted silence of stigma, can transform anger to empathy, and heal the conscious and unconscious trauma, fear and pain that is passed on generationally to adverse effect.

Art speaks when words fail

“Trauma is hard to speak and hard to hear” writes Carlson 1997. Where language fails, what can be its substitute?

When we face difficult situations, variations on the phrases “words cannot express”, “lost for words”, and “I'm speechless” are often uttered. These sayings communicate that in certain circumstances, words and language fail to adequately express our experiences: that language has not evolved or cannot properly convey the true extent of our moods, needs and feelings. It is often asserted that where words

fail, art speaks: “a picture speaks a thousand words”. Art allows meaning to be transmitted where literature and statistics often fail to capture the depths of our experiences.

A place beyond words

McGuinness presents us with an experiential model that makes the subject of suicide accessible to a wide audience. In some regards it enacts a Jungian understanding of the four psychological functions: thinking, feeling, sensation and intuition. Jung's theory implies that we all reside in and depend on one state over the others in order to interpret and gain insight. For those of us who make sense of the world through sensation, the tapestries and hanging threads may brush against our skin triggering a response from our nervous system. Feelings are conjured from the stories that we hear. The debriefing session at the end of the tour allows us to reflect on the impact suicide has on all those that have been affected by

such a devastating loss. This is what makes this installation so effective. The exhibition demonstrates that the artwork and the multifaceted aspects of the objects, tapestries and videos on display can enable an individual to enter into a dialogue that respects their pace and the depths in which they feel comfortable enough to process. It doesn't bombard or dictate but offers a gentle presentation that has a profound impact.

The exhibition is built out of a subtle and sensitive cognizance of the lives that were lived. Due to the subliminal and embodied narrative that exists within the artworks and objects of the deceased, these works communicate the gravitas of the “Lives Lived” and also the depths and complexities of suicide. If a picture speaks a thousand words then so too, each object embodies and tells a story of loves, losses, pain, and visceral grief: of a life lived. At times quite difficult to sit with and experience,

the act of engaging in such a process helps to erode stigma and enables a more profound connection to the depths of human suffering. Through this process we bring the subject into conscious awareness, prompting greater reflection on the societal and familial impacts, thus igniting narratives on how we can act, support, and nurture.

McGuinness's rich body of work, and indeed his presence as a guide through the exhibition space and artwork, acts as a powerful and effective means to explore the subtleties and depths of this subject. McGuinness himself creates what in psychotherapeutic theory is known as a 'holding space', a metaphorical vessel that maintains a sense of safety and which sustains our curiosity as an audience.

During the final debriefing conversations, a number of professional healthcare workers commented on the array of feeling that they

were experiencing upon entering the space, such as "anxiety, vulnerability, ambivalence and apprehensiveness". However, they affirmed that they could "let their guard down" and allow the artwork to resonate on a deeper level due to the emotional safety that was created. This is established by McGuinness's empathy and the ease with which he navigates the subject. With him, the audience bear witness and experience the stories of lived lives, long enough to begin to understand, reflect and explore resolutions.

Transformative

These same healthcare professionals stated how the artwork made them re-assess their role and effectiveness in their workplace following a death by suicide. They expressed how "the paperwork, spreadsheets, numbers and statistics" in some ways acted as a defence: a disconnect from the emotional turmoil of the aftermath of a death by suicide.

They also stated that their right to grieve and connect with families is somewhat stifled, which has an effect on much needed collective healing.

The adolescents were another group who benefited from this experience. Adolescent years are ripe with uncertainty and vulnerability. The 'Lost Portrait Gallery' acted like a mirror. The tapestries depicted teenagers of the same age and height. The finality of death is in some ways not fully realised during this developmental state, and so, hearing the stories of the bereaved families, reading the letters and touching the objects of the deceased compounded the shattering reality of suicide. The lightness in weight of the collars depicts the fragility of life - as one participant stated: "how fragile the link between life and death is for people who are in such trouble". Again, following the exhibition the adolescents provided rich conversations on social change,

and on the multiple options and supports they could avail of if they or anyone they knew were impacted by suicide.

Those bereft by suicide are left with a multitude of questions, a wall of grief, pain and loss. McGuinness and his artwork provide a space that mediates and transcends this wall. It serves to cross the gulf between the sayable and the unsayable, a place in which society often finds itself due to the stigma and pain associated with suicide.

This exhibition represents and remembers those who have lost their lives by suicide in a non sensationalist, it respects all involved. It is with this creative act, that these precious, lost voices and that of their families have been afforded the agency to express themselves in a new way: one that pays tribute to the magnitude of their loss, and acts as a catalyst for change.

Archive Rooms



1.1.4. Regional Cultural Centre, Letterkenny.

Prof Janis Jefferies, Goldsmiths, University of London

Janis Jefferies: *Lived Lives: Conversation about Suicide in the North West*

The *Lived Lives* project, which began in 2006 with a grant from the Ad Astra Foundation to fund an artist - Seamus McGuinness, from GMIT in Galway, Ireland – to pursue a practice research PhD in a long-term research project with Kevin Malone from School of Medicine UCD Dublin. It was the first project of its kind internationally, and remains unique.

The first phase of the research was completed in 2010, culminating in dissemination, exhibition and several public meetings at the Royal Physicians, Dublin. I have been involved with the project since 2006 as one of the supervisors to the creative practice PhD and subsequently in various public engagements and evaluations. The key question, then as now, is how can a creative arts practice (cloth, material objects, donated belongings and significantly stories of everyday experience) contribute to and extend our understanding of suicide and mental health?

It is a big ask and a huge challenge. With support from the Wellcome Trust, McGuinness and Malone have worked across communities, places and people developing innovative forms of public engagement, dialogic exchange, exhibitions and video narratives.

Lived Lives was first installed in the Regional Cultural Centre, Letterkenny, Co-Down in November/December 2013 and Fort Dunree, Inishowen in October 2016. The Centre is recognised as the leading cultural centre in north west Ireland. *Lived Lives: Conversations about Suicide in the Northwest*, was shown for the second time at the Regional Cultural Centre, Letterkenny in October 2018. Many mental health workers have been involved since 2014. On this occasion they were invited to be part of a conversation that reflected upon their previous experiences of engaging with *Lived Lives* and what new challenges they faced within mental health services. Other previous engagers,

including 1st responders, An Garda Síochána, young people (aged between 15-18), family members, men's groups and the members of the LGBT community also came to join to on going conversation.

Lived Lives is an immersive exhibition. It always has been. It comprises objects belonging to young people who died by suicide and artworks made by the artist Dr. Seamus McGuinness. There are the *Lived Lives* Archives - objects and images associated with the suicide-deceased that have been generously donated by the bereaved families - and two large-scale installations by Seamus McGuinness, '21g' and the 'Lost Portrait Gallery'. A number of short research films documenting the stories and views of the bereaved families are essential viewing for wider public engagement. The key developments of the project are staged alongside some telling and shocking statistics. The exhibition is not presented in the usual

unmediated way where people walk off the street and wander aimlessly about. The artist is present at all times and there is a bereavement support person in attendance. A key element of the exhibition is a programme of mediated school and community visits, comprising of an introduction and brief tour, an opportunity to personally explore the exhibition and finally a debriefing conversation with each group.

This work is immersed in an artisanal notion of 'slow time' as a critical antidote to our fast-moving, profit-driven world. As viewers, participants and engagers in stories of loss but also surviving, we do slow our pace, become involved in a 'slow time' of reflection, memory and words. Indeed, on a physical level the work has evolved slowly over many years of considered construction, its re staging deploying different combinations of cloth, stitch, video, letters, press clippings and an archive of personal objects and clothing that were once

part of the lived life of the person now past. We may be slow to move, but the work hits fast in its impact.

Time and a Thread

Proust's achievement as a Modernist writer was, in the words of Samuel Beckett '... to examine in the first place that double-headed monster of damnation and salvation – Time' (1999: 11). For Proust, who wrote *In Search of Lost Time* (also translated as *Remembrance of Things Past*) in somewhat irregular fashion over fourteen years leading up to his death in 1922, the making of an expansive, literary universe provided a philosophical vehicle for understanding dimensions of time lost, time passing, time regained through the mechanisms of memory and, ultimately, time outwitted by art. To conjure the subjective knowing of time, lived out by a complex self, constitutes the structural and principal theme of Proust's semi-autobiographical fiction, a roman-à-clef

'spanning the whole long arc of seven books' (White, 1999: 141). Roland Barthes has called it, as 'a complete system for reading the world' (Bowie, 2001: 514).

Think of the stitch as a narrative line, a 'Proustian sentence' in which life's drama sits voluminous on the written page. Let us think of the stitch in continuum as witness, a temporal measure that builds through 'the habitual return of the same' (Mitchell, 2006: 31). In Proustian terms, 'the thread of life' is seen to have passed through individual characters, eventually, 'all these different threads had been woven together to form the fabric ... of the complete whole' (353).

Lived Lives hangs by a thread. There are images that convey people, torn by grief and sadness, so moved by the collars floating above them in '21g' that they need the security of the dangling thread to ground their emotions. The

security of thread also represents a coming into being that makes up the cloth of human experience, of linen collars marked by the wheel of non-settled communities, fingerprinted by the Garda, materializes a feeling of the world that revolves around loss, metaphor and memory. All are active agents in moving the parameters of time in a 'powerful vision of impermanence' (Watson, 1991: 155), of temporary belonging. The cloth weighs heavy now, the fragility of life is spread across the face. Each person, young or old is transfixed by how the threads have caught the spirits of lives lost.

Touch and the Stroke of a Hand

The cloth is touched. In the *Lost Portrait Gallery*, families stroke the faces of those who have left them. "Left to their own devices, hands ceaselessly return to the body's surface" (2016: 13). Darrian Leader is a psychoanalyst who wants us to think about how central our hands are not simply to our bodily but to our

psychic formation too. In, *Hands: What We Do With Them and Why* (2016), Leader explores how psychoanalysis has always privileged the mouth over the hand. This, thinks Leader, is a shame. He explains that "to taste" and "to touch" were once semantically identical. It is the hand that provides the essential connection with the mother. It is, though, a tie that binds as well as saves. For Leader, one aspect of psychoanalysis is a point where everyone is acknowledging their ambivalence. Leader sees a desire to return not simply to a material and manual labour (a nostalgia for slow time perhaps) but also for a social authenticity. Getting together with other people to make things with your hands or to tell stories through cloth, appears to be immersed in emotional and psychic sharing. But it is also, Leader warns, a way of enacting bodily separation. This is quite complicated as to touch the jacquard portrait in the *Lost Portrait Gallery* is an older version of a facebook page, a triggering of thoughts that

fills the hands with bodily embrace yet now, as you move away in may allow a separation of putting in place that which may not return, but the fumbling fingers and the stoke of the hand will always remember how you listened to the touch of your skin.

Being Touched, being Moved

Be moved, be touch by the cloth, the weave as image as textile.

Irigaray (1985), reminds me that “being touched” is also ‘being moved.’ Without ‘being touched’, seeing what not be possible. Touch is always implicated in our field of vision. Touch dims the sharpness of vision; cloth evokes the tactile caress of a long lots body.

As I wrote many years ago,

“At the border of oneself, another self emerges. In the fleeting precarious moments of perception, self and edges might just blur” (Jefferies. 2000:96).

In my ‘being touched,’ the materialized inscriptions I witness in *Lived Lives* are abandoned to the images of cloth from which there is no escape.

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21g: Making Stigma Visible

1.1.4. *Lived Lives*: A Creative Community Intervention around Suicide in Ireland

Dr. Colette Corry. Senior Research Fellow, National Suicide Research Foundation, Cork, Ireland.

While tragic deaths prompt immediate enquiries at the highest level, suicide is often considered an inevitable consequence of mental illness, sometimes even to be expected within any given population. Reporting of suicide loss is usually addressed in narrative form emphasizing the tragedy of the event, or expressed through statistical enquiry, reducing individual lives to a series of demographic or other variables. But what can we learn of a life lost to suicide through the medium of art? *Lived Lives* seeks to challenge current perceptions by asking how a creative arts practice could expand our understanding of suicide and mental health through reconfiguration of the concept of loss. It looks beyond a life defined by the tragedy of suicidal death, offering pause to consider the reverberations of sudden absence of the physical being and its' impact on the bereaved. The finality of loss is powerfully presented with

tangible evidence of previous life, of intense love and strong emotions once felt by the deceased.

Collaboration with family members who have given permission for the personal belongings of their loved one to be included in the installation is an emotive expression of their desire to raise awareness of suicide and further develop a common language to advance understanding of mental health issues. Digital interviews played in the background further consolidate opinion that mental illness is often hidden and rarely discussed. Letters of consent for inclusion are proudly signed and on display. Parents, siblings and spouses are committed to their cause, exposing their devastating new reality in the aftermath of their loved ones' actions, in the hope of saving the lives of others.

The history of shirt-making in Donegal is woven into the narrative by a room full of gossamer-light shirt collars suspended from the ceiling by an

almost invisible thread; each representing loss of a life and the mythical weight of a human soul. Attendees are encouraged to walk among this ethereal element, to touch the ragged edges, hold one to their cheek. Many close their eyes as they engage, perhaps with a sense that their loved one is somehow present. Close by, tapestries of headshots are mounted in canvas and wall hung at true height, a corridor of unassembled age and gender clearly depicting the heterogeneity of suicidal death.

Simple objects represent the deceased; everyday items carefully chosen by next of kin to define the character of their loved one lost. A red evening dress tells us she went to her school formal; a guitar pick tells us he was happy making music. A passion for sport made known by a hurling stick, chipped and cracked with use. A smiling photo with her newborn baby tells us a child will never know its' mother. A notebook carefully recording journeys made

in new car tells us this was an organised man. A bottle of aftershave alongside a hairbrush leaves no doubt that a young man invested time in his appearance. Honest, undiluted expressions from bereaved families' that meaning existed, that life was once indeed lived and a loved one irretrievably lost.

This is neither a happy nor sad place; it is reflective and peaceful. Counsellors discreetly mingle and observe throughout, deftly approaching those who come to their attention. Carefully moderated group-discussion and closing feedback records that attendees felt the experience was relevant to them as individuals and would encourage them to discuss suicide and mental health with others. Tears were seen alongside gentle smiles as personal objects were caressed, hands were held and comfort offered and accepted. The fragility of mental wellbeing acknowledged, and life suspended by a solitary thread.



Lost Portrait Gallery



Lived Lives: Conversations about Suicide in the North West

Anne Sheridan, Suicide Resource Officer, National Office for Suicide Prevention/ HSE, Donegal.

L*ived Lives* has been hosted 4 times in Co Donegal, the first of which provided the catalyst to assemble a community of health, education, youth and community and voluntary stakeholders in the county prompting a unified call to 'do something'. This led to the formation of a multi-agency group to develop a local suicide prevention plan. Co Donegal proceeded to be the first county to launch a local suicide prevention plan based on the National Connecting for Life Strategy for Suicide Prevention.

Over the course of the 4 installations of *Lived Lives*, many people from professional backgrounds as well as general public, including young people, and those bereaved by suicide attended mediated workshops, several of whom attended more than once. Echoing my own personal experience, people who visited several times recounted that each

visit felt unique, where they were touched by or engaged with a particular aspect of the exhibition for the first time.

Mediated visits to the exhibition provided a shift of emphasis from addressing suicide prevention at a remove to an increased understanding as a human being. Professional hats were left outside the door, and participants engaged with the exhibition in a profoundly personal way, creating an opportunity for a shared experience, increasing the potential for shared responsibility and collective action. As one Senior Mental Health Manager said 'It changed everything for me'. *Lived Lives* challenges Policy Makers to look beyond statistics to the scale of the human cost of suicide. For front line professionals *Lived Lives* provided a safe space to acknowledge the impact of suicide deaths on themselves and facilitated the expression of this among

colleagues, often for the first time. In this way, *Lived Lives* gave voice and validation to all service providers impacted by suicide, including statutory and voluntary responders and mental health providers, who don't easily reach for support for themselves, contributing to nihilism and despair resulting in a resigned acceptance of suicide within communities.

The decision to host *Lived Lives* in County Donegal, one of the most rural counties in the country, was the result of a considered decision making process, which included discussion on ethical considerations, risk of romanticising suicide, which audiences to target, the need to mediate visits and provide bereavement support. Concerns were raised about young people as a target audience but with the support of teachers and youth workers young people over 16yrs benefitted hugely from the experience. They described being confronted with the reality of suicide in

a very real and visceral way in sharp contrast to the way this subject matter is addressed in schools. They wished their parents could attend (separately to themselves) and felt that this could promote a real conversation at a family level.

In summary, *Lived Lives* has added a profound dimension to the local suicide prevention plan, Connecting for life Donegal. It has challenged stigma by provided a safe space to acknowledge the reality of suicide and the pain left behind in a non- judgemental way. It has been a catalyst to bring a range of audiences together to give voice to a call for action to work together to do everything possible to prevent the loss of lives by suicide.



Rebecca, 14



Caroline, 16



Richard, 15



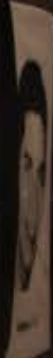
Karl, 14



James, 14



Barry, 17



1.2 - *Lived Lives: Making Stigma Visible*, St Patrick's University Hospital. Dr. Consilia Walsh, Consultant Psychiatrist & Irish Medical Council

**Evaluation of *Lived Lives* at St Patricks University Hospital October 2017.
Dr. Consilia Walsh. MB, BCH, MRCPsych, FCPsychI**

I have worked as a General Adult Psychiatrist for more than 30 years. My practice involved treating patients with all the major psychiatric diagnoses and I have worked with many patients whose thoughts of self-harm and plans to end their lives have been central to their treatment. The risk of suicide is very high in this cohort of patients. Throughout my career in psychiatry I have been involved with the College of Psychiatrists of Ireland in its development and particularly in area of lifelong learning for psychiatrists. I have been a Member of the Irish Medical Council and worked on their Registration and Professional Competence Committee in recent years.

I came to the role of evaluator for *Lived Lives* at St Patricks University Hospital having had some

previous experience of the *Lived Lives* project. My first experience was at the inauguration of the Irish College of Psychiatrists, where the Lost Portrait Gallery was installed at the Croke Park Conference Centre. It was visited by the then President of Ireland, Mary McAleese who found it a very moving experience. I have also attended academic meetings, which included videos from both the "*Lived Lives: a Pavee Perspective*" and the "*Lived Lives to Youth Groups*", which also feature in the St Patricks University Hospital exhibition.

Despite my knowledge of the project my experience of the exhibition at St Patricks University Hospital was exceptional; an intellectual but crucially an emotional connection with this work.

On review, the key component contributing to this was the structure: the 3 components, then the walk between the components, and the evolving experience of the personalised story of individual suicide deaths, complimented by the mediated narrative provided by Kevin Malone and Seamus McGuinness.

The flow of the three consecutive components, from the stark but impersonal shirt collar exhibit through to the archive room and on to the very personal final component, is striking. This challenges your defences, your preconceptions, and draws you on a very different journey to any previous consideration, academic paper or lecture you have encountered.

The installation of this exhibition is at St Patricks

University Hospital, a Mental Health Institution with a historical, longstanding place in the delivery of Mental Health Services and in Mental Health Research in Ireland. Integrating the exhibits within the working area of a psychiatric hospital, with the 21g exhibit set in the Group Therapy Room, followed by the Archive presentation in the Medical Library and finishing with the Portrait Gallery in the Conference Room gives the presentation a profound link with the reality of patient's experiences and their treatment in a psychiatric hospital.

Presenting the exhibition which is already an advance in the use of Art to support the delivery of a scientific project, within a mental health setting, marks a further step in the strategy of combining Art and Science to

reach targeted groups in order to moderate and change their thinking on Suicide in a more challenging way.

Suicide for Mental Health Professionals is a very challenging part of our work. We work with patients in a high-risk group for suicide. Despite our risk assessment protocols and rating scales to help identify patients at risk and provide appropriate safety structures for them we still have more work to do in this area. As professionals we are deeply affected when this fails. Through this installation we have an opportunity to better understand suicide.

In reviewing the exhibition, I considered my own experience and response to the exhibition and my observations of the audience and discussion with other participants.

The contextualisation of suicide within the overall figures for depression in Ireland was excellent as it set the scene for the work to be experienced. It was also important to hear

about how the work is tailored and re-cast to each particular venue where it is presented. The discussion highlighting the significant difference in suicide rates between the Travelling Community and the settled community in Ireland was eye-opening for all the participants and provoked a very obvious question as to how this was not more widely known and how little public focus it received, yet this group had engaged actively with the project.

The lead in through the 21g exhibition walking through the suspended shirt collars, feeling the threads touching you as you move through, slowly introduces you/us to the individual and personal nature of the story behind each item, each shirt collar. The marking of the wheel on so many collars highlighting the disproportionate number of members of the travelling community in the group underlines this further. Finally asking the participants to mark a collar with a fingerprint of our own connects the audience with an individual who has died.

The visual impact as you entered the room followed by the tactile impact is an immediate immersion right into these personal stories and away from the statistics, it does not allow you to distance yourself or to detach yourself as you can when reading a scientific journal or newspaper report.

The video of the Donegal students talking, after seeing the work, which was playing in the background of the 21g exhibit, is so impressive and clear evidence of how this way of presenting suicide is so effective in reaching relevant groups particularly this young audience where so many victims come from. The maturity of their responses and their articulate commentary is testament to the importance of this way of opening up conversations on suicide and of the impact it can have. The students like the audience in St Patrick's responded with sensitivity and understanding.

The structure of the work with the "walk and talk" between the 3 key exhibits allows

participants time to further explore the thoughts provoked by the work and allows the option of discussion with others including, importantly, the team. This is very supportive in what is emotionally surprisingly evocative. This walk facilitates the participants to process the emotions evoked before being introduced to the next piece.

Interestingly, being with a group of people I had no connection with did not reduce the experience in any way and I wonder whether the experience would have been different with a peer group as the dynamic in a peer group would influence the safety within which one could display or express an emotional response and the standard defence mechanisms we use in our work could diminish the value of the experience for mental health professionals. This is a point to consider for future events. Would mental health professionals experience the effect of the project differently when in a mixed group compared to experiencing the project with

other mental health professionals in whose company we are in the habit of remaining emotionally contained and professional?

While viewing the second exhibit (Archive Rooms) in the library the personal stories of the victims develop. To see the personal items donated by the families, such ordinary normal items: glasses, a dress, a baseball cap, a musical instrument, a hurling stick, note books, so normal so ordinary, items we all see and have in our everyday lives is very poignant. It presses home the idea that these individuals and victims of suicide are ordinary people just like ourselves, our families and our friends. This again is a powerful message reducing the stigma. The participants took time relating to these items and the people they belonged to.

Detaching ourselves from threatening and uncomfortable feelings is a useful way to protect ourselves in day to day life, however, it contributes to stigmatisation as we distance ourselves, take a view that it is alien to us

and the group we belong to. This exhibition challenges your ability to detach in a subtle, understated, gentle way. Thus, getting its message across.

Finally the Lost Portrait Gallery brings us face to face with textured but clear images of many of the young men and women who ended their own lives. Narrated by Kevin and Seamus this is an effective conclusion to the experience, where you have moved from the nameless shirt collars, on to the belongings and now come face to face with the people themselves. It closes the loop completely.

Listening to the comments from young doctors, experienced consultants and allied health professionals it was evident that these professionals would carry this experience back into their daily work with patients and their multidisciplinary mental health teams.

The very personal experience that *Lived Lives* exposes the professional to is profound and

links them back to their own experiences in their professional work on suicide. It facilitates a different way of thinking about suicide that is less defensive and more open. Unfortunately for the professional when a patient under their care ends their life the consequences of report writing, inquiries, appearing at inquests, meeting with the bereaved family and supporting the MDT can be overwhelming for the psychiatrist. *Lived Lives* allows the mental health professional to stand back, think, feel, understand and then articulate at the feedback session how the experience impacted on them.

Support for the attendees personally effected is such a necessary component as is the awareness of the mediators of the signs of distress in attendees. Undoubtedly the feedback session is appropriate as it allows reflection, sharing of experience and support for all attendees.

The installation brings participants to consider suicide from a different perspective. It moves

the perspective from reading an academic piece with statistical analysis and comparisons to the very personal story of each individual. This method very subtly and profoundly affects and engages the audience. The silence and reverence within the group is the first indication of the impact, the uneasy shuffling as participants begin to take in the message, the stoic facial expressions are all testament to the power of the work.

From my observation and reflections, I consider that one of the most significant effects of this work is how it destigmatises suicide (making the invisible visible" as Seamus McGuinness said). The narration and mediation through the work delivered by Kevin and Seamus is critical to this effect. It draws you in, so that you see each suicide as a person, actually "the" person who died and the detail of their personal lives, of their ordinariness. "They could be anyone you know in your own life", they are not different, a group apart, they are just like us. This is a very important message from this work.

I would like to comment on the professionalism and sensitivity of all the *Lived Lives* team, not only the Leads, Kevin Malone and Seamus McGuinness but also all the supporting team, as they shepherded the participants through an emotional and moving experience. There is no evidence of fatigue or desensitisation in the team who have been working in this area for several years. This is a great achievement for the team.

It is an exciting 1st that *Lived Lives* was installed in a psychiatric institution. Psychiatric patients are a stigmatized community, and so anything that challenges that stigma and opens up a space for open dialogue around suicide in a different context and engages the Mental Health Professional in unique and very engaging manner is to be welcomed. It brings the discussion to a very human and personal level because the normality of the individuals whose stories are told breaks down barriers.

Lived Lives will help significantly to address the

stigma around suicide and hopefully this will facilitate people with suicidal thoughts or plans to speak out and find the support that they need when they do. This way of presenting facilitates the understanding of suicide in a very different way. By telling the individual stories of people whom we can all identify with it, it allows people to see themselves and their own challenges as less stigmatised, more ordinary and shared by so many others. This then encourages people to reach out for support.

This project is unique in that it speaks to a wide audience Professionals, Families, Patients and the wider public in a language that connects with them both intellectually and emotionally. The concept behind this project makes it suitable for a wide variety of audiences, the delivery will transcend national barriers because of how it presents the work. This makes it suitable for both an international audience and international presentations. It is unique in the approach that it has taken and it would be worthwhile to consider how

this can be capitalised on to reach a wider audience as the challenge of suicide in today's society is considerable. Considering use of the Science-Arts collaboration is a novel approach which should be further exploited either through film, theatre or other experiential approach as this exhibit does, in the attempt to impact suicide rates.

Dr. Consilia Walsh. MB, BCH, MRCPsych, FCPsychl.

Archive Rooms



Dr Aine Phillips, Prof of Sculpture, Burren College of Art, Ballyvaughan, Co.Clare.

Description of Project

Lived Lives is a durational social practice project with multiple versions, which emerges from an on going collaborative interdisciplinary research platform established in 2006 between artist Dr. Seamus McGuinness, GMIT Galway, Professor Kevin Malone, School of Medicine & Medical Science, UCD Dublin and many others. The process involved working closely with forty-two Irish suicide-bereaved families (107 individuals) from 22 counties around Ireland who donated stories, images and objects associated with the lived life of a loved one lost to suicide. From these McGuinness created a series of art installations: 21g, Archive Rooms and The Lost Portrait Gallery.

Lived Lives is experienced as a promenade performance where the audience/ participants are taken on a guided and dialogical walk through stages of the project, starting with an introduction by McGuinness and Malone and on to the installations, 21g, Archive Rooms and

The Lost Portrait Gallery, to a final tea room for refreshments, enabling concluding dialogues to take place.

The entire event is facilitated through scripted presentations or short performative lectures from McGuinness and Malone, question and answer sessions and informal conversations between all participants.

The audience that engages with the project also become participants, interacting and engaging with each stage in different ways. In this evaluation I have used the terms audience, viewer and participant interchangeably. I have evaluated the project under a set of rubrics that relate to visual arts methodologies and critical theory: process and methodology, artistic intent and outcomes, performative and relational aesthetics, social/ political and cultural outcomes.

Evaluation of process and methodology

Lived Lives has been in development since 2009 to the present day and has evolved through different versions: working with varied communities, contexts and manifesting diverse presentational formats. The project has evolved in ways enriching and beneficial for all involved - the artists, the communities of bereaved families and the institutional establishments involved in the dissemination and display of the project's outcomes. These organisations have ranged from art centres, educational schools and colleges to medical and health care institutions.

McGuinness and Malone devised their process in direct relation to their well researched understanding of the sensitivities and challenges of working with those bereaved by suicide. Merging visual art methodologies with clinical healthcare approaches characterised the project. I believe it presents a useful case study for future programmes addressing this issue.

The techniques appropriated from visual arts disciplines include the transformed use

and display of material objects in the various installations McGuinness created. In one installation, a museological or archival repository entitled Archive Rooms, many personal objects donated by the grieving families were re-presented within classification systems that endowed new metaphorical or poetic readings and alternative possibilities for interpretation. The collected objects were juxtaposed in new arrangements with each other or cross referenced with the belongings of others. This generated a space of inter-subjective empathy and comprehension that this experience (the suicide of a loved one) has commonality and universality alongside the fact that it is also a unique, individual story that each family or friendship circle undergoes.

The installation 21g uses found materials - standard adult cotton shirt collars - that are modified and hung sculpturally in a grouping that again suggests collectivity and assembly. We know that each suicide is separate and alone but the throng of anthropomorphic

collars gives comfort in its evocation of unity. It also suggests a haunting, that the collars are spectral traces of the lost individual lives they represent. A ghost is often a frightening prospect, a disembodiment returning from unknown dimensions, but here it represents succour or solace in the subtle beauty and tactile substance of the artwork. Viewers are encouraged to touch the collars, with ink stained thumbs to leave their own printed trace upon the installation. This act of touching denotes physical contact which in turn enables a psychological touching to simultaneously happen, allowing the participant to intellectually and emotionally grasp this complex subject.

McGuinness's attention to detail, to the materials, methods and processes of creating the objects or their careful arrangement and display add another dimension of 'care' to the entire project. There is evidence of care at every turn in *Lived Lives*. Malone and McGuinness are full of care in their explanations and discourse surrounding the topic. They

care-fully conduct the disparate talks and conversations that are staged as part of the audience's engagement with the project. The fact that everything is executed with care makes the participant secure in the knowledge that each lost individual depicted here is cared for. Care and consideration are employed as artistic methodologies in this project throughout.

Evaluation of artistic intent and outcomes

Lived Lives was intentionally developed as a multi-part art work with a collaborative authorship and an activist purpose. The project asks the question: what can this artwork do in society? I discuss below my response to the efficacy of this enquiry. In terms of the artistic intentionality evidenced in the project, it appears that art, science and community engagement are woven together seamlessly. The ontology of *Lived Lives* reveals a layering of forms (the things in the exhibition and the presentational formats), subject matter (the stories of suicide and the statistical analysis), and content (to lift the stigma and obfuscation around suicide in

society). As a work of art *Lived Lives* is a social construct and an imaginary structure that opens out the topic of suicide so that it can be read or felt in different ways, on diverse levels of understanding or emotion.

McGuinness also uses aesthetic and formal beauty as a vocabulary to speak about the sad and complex subject of death by suicide. Everything in the project is created and presented to the highest standards and production values. Visual and formal beauty allows us to gaze with pleasure at the subject, even if the subject is painful and baffling. The act of looking and gazing allows us to arrive at psychic and emotional understanding or acceptance that is beyond verbal language.

McGuinness states "The aesthetic experience of *Lived Lives* has the quality of ritual or relic", and the experience of the event itself, of undertaking the promenade performance is similar to a ritualistic ceremony. McGuinness and Malone as facilitators wear sombre

black suits with their white shirts mirroring the shirts of 21g. They present themselves as spiritual and emotional guides throughout, they embody a non hierarchical authority in that they are guiding the course of events and providing leadership. The decision to present themselves thus helps the audience open up to the vulnerability of emotion and memory as it is induced. They are held and supported by these two kind and secure facilitators.

Evaluation of performative and relational aesthetics

As I discussed above, the use of performance and relational methodologies enabled the audience/ participant to invest and become deeply involved with the subject. The promenade performance of *Lived Lives* allows for a moving engagement with the content of the project. Moving through the stages of the work allows for a movement in thinking and feeling to take place, it enables a flowing of thoughts and emotions. I believe this method of engagement helps the audience to develop

new forms of response and reaction.

Relational Aesthetics was a term created by curator Nicholas Bourriaud in the 1990s to describe the tendency to make art based on, or inspired by, human relations and their social context. As an approach it is a useful presentational method for *Lived Lives*. Here the artists/ project creators function as facilitators and the art becomes information to be exchanged between them and the viewers. In this sense *Lived Lives* gives audiences access to shared authorship in the work and the means to make a difference in the way the subject of suicide is mediated and disseminated. McGuinness and Malone have enabled the participating families to define and direct how their loved one's stories are depicted in the project so this relational approach was maintained throughout.

Collaboration is often explored as another practice within relational aesthetics. *Lived Lives* attempts to situate the audience/

participant as co-producers and co-owners of the project. This is an effective and beneficial strategy in terms of the engagement with process I have outlined above. Collaboration is a difficult procedure to secure however and collaborators who come together from different disciplines and levels of commitment to a project may not contribute equally. The outcomes of collaboration are complicated to assess, in terms of parity of authorship and ownership. McGuinness and Malone clearly explained and agreed many of these issues with the collaborating families at the instigation of the project.

Evaluation of social, political and cultural outcomes

Literature presented with the *Lived Lives* project states "When someone dies by suicide, the person becomes de-humanised and the lived life is reduced to a statistic. The deceased quickly becomes defined by the manner of their death, changing from person to object. The reality of their life and the memory of the

person they were are eclipsed by the manner of their death." *Lived Lives* shows how the stigmatisation of suicide adds to the tragic burden of bereaved families and friends. Stigma is itself shown in this project to be of no benefit and use. The act of making suicide visible and fully addressed through truth-telling, sensitive and safe (caring) forms of representation aids a social campaign to transcend stigma. Disavowing stigma alongside negative judgements restores honourable and dignified identity to the deceased.

Malone in a performative lecture early in the event, when audiences are viewing the 21g installation, gives a simple statistical analysis of the social consequences of suicide in Ireland. This provides another deciphering of the experience and adds a political dimension. He helps us understand that suicide is a problem of society as opposed to a problem of individuals and their families, in this he offers a consolation of blamelessness and presents

political responsibility as a way to solve this problem in the future.

Lived Lives narrates small histories and personal experience in the service of the political. Individual personal subjective memories and thoughts are generously shared and in their accumulation they become something greater than the sum of their parts. A feminist adage "the personal is political" is useful in this context. There is a persuasive power in the aggregation of private testimonies (especially in the Archive Rooms) to the point where they become a call to activism.

Incomprehension is expressed over and over by bereaved family members through the works and texts exhibited but the presentations and scripted talks by Malone and McGuinness show there are tangible reasons for suicide, it can be mitigated by political and social interventions. The facilitators make this clear. *Lived Lives* in its entirety helps educate and address the causes of suicide and attempts equip its constituency of

audience/ participants to help stop it happening so much in our society. In this sense, the project functions as a practical form of activism.

Conclusion

The project has involved many varied contributors, participants, communities and institutions. *Lived Lives* has successfully negotiated these diverse stakeholders and platforms with sensitivity and discernment. In the merging of visual art methodologies with science and community engagement, a template is generated that future projects of this nature could avail of.

The project explores and reveals layers of invisible knowledge - private thoughts and feelings of suicide bereaved individuals are given public disclosure within a supported, safe and imaginative context. This allows for the dissolving of the private and public in therapeutic ways to help dismantle stigma. *Lived Lives* is a collective experience, often in silence and contemplation alongside

dialogue and interaction and this provides for a necessary and effective processing of the subject to take place.

Lived Lives articulates new approaches to the topic of suicide, and offers a new paradigm for art as therapy. The promenade performance and installations function as a vehicle for the recovery of hope, the provision of solace and dignity of suffering in reassuring ways. A sense of communion with others is nurtured and we are helped regain a sense of justice and political idealism.

McGuinness and Malone invite us to align our deeper selves with the artworks and via the art, we are helped to address suicide as a meaningful life experience. The work does not deny our tragedies, but becomes a legitimate place for solemn emotions and creates a dignified home for both sorrow and hope.



McGuinness, Archive Rooms, Regional Cultural Centre, Letterkenny, Co. Donegal 2018. Photo Credits: Robert Ellis.

2 Public Feedback

2.1 Written Feedback, Fort Dunree under 18's. [VIEW HERE](#)

2.2 Written Feedback, Feedback An Gailearaí, Ghaoth Dobhair. [VIEW HERE](#)

2.3 Written Feedback, St. Patrick's Mental Health Services, November 2017. [VIEW HERE](#)

3 Radio Interviews

Radio interviews about *Lived Lives* were arranged by working partners on the ground to introduce the Project to a wide audience coinciding with the event. Highland Radio is the “most-listened-to” radio station in Donegal. One interview was conducted in Highland Studios in Letterkenny, and another via conference call from An Gailearie in Gaoth Dobhair. Radio na Gaeltachta is Ireland’s national Irish Language station. This interview was conducted in Irish in An Gailearie by two members of the *Lived Lives* team.

3.1 Highland Radio [CLICK HERE](#)

3.2 Radio na Gaeltachta [CLICK HERE](#)

4 Culture Counts

As part of a pilot program in association with funders The Wellcome Trust, two of the most recent *Lived Lives* installations (Leitrim and Letterkenny) were evaluated using the Culture Counts platform. Culture Counts is an electronic platform that can be used to capture feedback from audience members, expert peers, artists and education groups about their experience and the impact of an art or cultural event.

Using a smart device, participants could rate the impacts they felt *Lived Lives* had in their community based on the following statements:

“I learned something new”

“It’s important that it’s happening here”

“I felt like my contribution mattered”

“I will talk about this to other people”

“It felt relevant to me”

[Click to view summary](#)



2 | Making Stigma Visible

McGuinness, Making Stigma Visible,
Regional Cultural Centre, Letterkenny, Co.
Donegal 2018. Photo Credits: Robert Ellis.

PART IV *Reflections*

This work builds on a decade of interdisciplinary action, evaluation and feedback on the durational *Lived Lives* project which has indicated the transformational impacts of deep, embedded community research (including so called “hard-to-reach” groups) and how it can lead to engagement, dialogue and action in a meaningful way, consistent with an intervention. Evidence to date shows that *Lived Lives* has the potential to engage society about a dark subject like suicide and move the debate beyond fear and awareness to one of knowledge and understanding. Based on previous evidence, our expectation is that *Lived Lives* can impact the stigma related to mental illness and suicide from a new voice within a psychiatric institution and within marginalized, rural communities. We believe that the *Lived Lives* Process will also inspire and encourage arts-science collaborations around sensitive topics that deal with feelings of loss, identity and validation are overlooked or eclipsed by the silence of stigma. A look to the future...

Acknowledgements

This project would not have been possible with the generous support The Wellcome Trust London and The Craig Dobbin Newman Fellowship in Mental Health Research. UCD. The Wellcome Science Society and People Award provided the funding to make this happen. The Newman Foundation provided McGuinness with two years protected time to realise, document and disseminate this project. A project of this scale, four exhibitions in four different sites working with a multitude of communities also requires the support and services of many on the ground. We would like to thank Una Campbell Director, An Gailearai, Gaoth Dobhair Co.Donegal, Sean O Reilly, Director, Leitrim Sculpture Centre (LSC) Manorhamilton, Co.Leitrim, LSC Operations Richard Cavaliero, Gerry Creamer, Beepark Resource Centre, Manorhamilton, Co Leitrim, Collette Corry-National Suicide Prevention Foundation, Cork, Thomas Mac Bride, Suicide Prevention Officer, HSE, Sligo/Leitrim, The Board, St Patrick's Mental Health Services, Dublin 8, Prof. James Lucy, Director, St. Patrick's Mental Health Services, Dublin, Tamara Nolan, Communications Manager, St Patrick's Mental Health Services, Dublin 8, John Gilligan CEO, St Patrick's Mental Health Services, Dublin 8, Dr. Abbie Lane, UCD, Dainne NicAoidh, Community Co-ordinator and exhibition mediator, Turlough McGuinness, exhibition mediator, Jeremy Howard facilities manager RCC, Install Technicians Cathal McGinley and Turlough McGuinness, RCC, Cathal McGinley, Lúgh

Kernan and Sarah Kernan at An Gailearai, Gaoth Dobhair Co.Donegal, Ken Flynn, Micheal Herron, Paul Anderson at the Leitrim Sculpture Centre, Manorhamilton Co.Leitrim, Install team at St Patricks University Hospital, Dublin, Paul Rooney Lighting RCC, Ed Devane Sound RCC, Cameras Robert Ellis, Eugene McGinly, Charlie Doherty, Ronan Harrington, Video Editors Eugene McGinty, Christopher Ellis and Ronan Harrington, Anna McClafferty for exhibition text translation into Irish, Eimear Cleary, Research Coordinator, and Chris Carr, Administration UCD. Thanks also to Highland Radio, Letterkenny and Radio Na Gaeltachta for bringing the project to their community of listeners.

Thanks also to all the communities within St. Patrick's Mental Health Services, Dublin, Gaoth Dobhair, Tory Island Letterkenny, Co. Donegal and Manorhamilton who actively engaged with *Lives Lives; Making Stigma Visible* as it moved through your communities. Many thanks also to HSE Letterkenny, Pieta House and Living Links, Leitrim Stop Suicide and St Patrick's University Hospital, Dublin Dainne Nic Aoidh and Orla McGuinness for providing bereavement support in various locations during the five exhibitions.

Sincere thanks to the *Lived Lives* evaluators who provide unique and valuable insights from a range of disciplines. These were Dr. Ed Carroll, Director Blue Drum, Ireland for

his evaluation *Lived Lives* at Fort Dunree, Inishowen, Co. Donegal, Anna McLeod, Artist for her evaluation *Lived Lives; Conversation about Suicide* in the Northwest Leitrim Sculpture Centre, Dainne Nic Aoidh, Art Therapist for her evaluation at *Lived Lives; Conversation about Suicide* in the Northwest at An Gailearai Gaoth Dobhair and Regional Culture Centre Letterkenny, Prof Janis Jefferies, Goldsmiths, University of London, Dr. Colette Corry. Senior Research Fellow, National Suicide Research Foundation and Anne Sheridan, Suicide Resource Officer, National Office for Suicide Prevention, Donegal for their evaluations of *Lived Lives; Conversation about Suicide* in the Northwest at Regional Cultural Centre, Letterkenny, Co.Donegal and finally Dr. Consilia Walsh, Consultant Psychiatrist & Irish Medical Council and Dr. Aine Phillips. Professor of Sculpture, Burren College of Art, Co. Clare. for their evaluation of *Lived Lives: Making Stigma Visible* at St Patrick's University Hospital.

A special acknowledgement is reserved for the late Dr. Brian Maurer, advisor, scholar and philosopher to the *Lived Lives project*.

And most of all to the *Lived Lives* Families who have given their informed consent for these art works to enter the public domain.

Bios

Dr. Seamus McGuinness.

Dr. Seamus McGuinness is a visual artist and researcher. Born in Inishowen, Co. Donegal in 1964, now lives in the Burren Co. Clare. He studied Textiles in Galway Mayo Institute of Technology in the mid 80's. His art practice *Lived Lives* is a durational socially engaged arts practice that brings together professionals across academic, statutory and voluntary bodies and different publics, building sustainable partnerships as it unfolds. It adapts and adjusts to different communities and sites to articulate and make visible in an aesthetic manner the experiences of lives lost to suicide. He was appointed an Ad Astra Scholar in Suicide Studies, School of Medicine, UCD in 2006 and was awarded a PhD for his research project *Lived Lives: Materializing Stories of Young Suicide* in 2010. He was appointed The Craig Dobbin Newman Fellow in Mental Health Studies, School of Medicine UCD in 2016. *Lived Lives* has been awarded two Wellcome Trust Science and Society People Awards for *Lived Lives: A Pavee Perspective* in 2015 and *Lived Lives: From Swift's Asylum to Tory Island* in 2018. Currently lectures on the MA Contemporary Practice, Centre Creative Arts and Media, GMIT. He leads the The Radius Project, exploring how the school, local bodies and communities, can collectively and creatively build trust and working relationships to establish and sustain social and cultural change, within the communities that surround us?

Prof Kevin M. Malone. MD. FRCPI. FRCPsych (UK) (April 2019)

Professor Malone is currently Head of Subject (Psychiatry) at the UCD School of Medicine, UCD, Ireland, and has been Professor / Consultant Psychiatrist at St. Vincent's University Hospital, Elm Park since 2002. He leads an inter-disciplinary and cross-disciplinary Suicide Studies Research Programme at UCD, incorporating basic and clinical science and collaborative Arts / humanities studies. He recently published an in-depth research report on Suicide in Ireland (2003-2008).

He is the recipient of several academic research awards including a 2-year NIH Fogarty International Fellowship Award, The Research Medal of the Royal College of Psychiatrists (UK), and a Distinguished Investigator Award from The American Foundation for Suicide Prevention. He has authored and co-authored over 150 original research articles, with over 10,000 citations in peer-reviewed journals. He is the recipient of two Wellcome Trust-funded Science and Society People Awards as Principal Investigator for his 12 year collaborative Science-Arts project with Dr. Seamus McGuinness (*Lived Lives*). This Post-vention work has become embedded in the Donegal Action Plan for Suicide Prevention as part of Ireland's National Suicide Prevention Plan (Connecting for Life – 2015-2020).

Eimear Cleary MA

Eimear Cleary is currently training to be a Clinical Psychologist in Queens University Belfast having previously completed an honours degree in Psychology in the University of Limerick and a research masters in the area of Suicide Studies in University College Dublin. She has worked as a research assistant on the *Lived Lives* project since 2015.

Janis Jefferies

Janis Jefferies is an artist, writer and curator. She is Emeritus Professor of Visual Arts Goldsmiths, University of London, UK. She has pioneered the field of contemporary textiles within visual and material culture at an international level, with solo exhibitions of work, conferences and professional seminars exhibitions, curatorial development, journal publications, catalogue essays for artists of international standing, edited books and several chapter contributions on feminist practices, textiles, technology, crafts, performance and practice based research for many international anthologies, including Manchester, Edinburgh and Duke University Presses, Routledge, MIT Press, Berg/Bloomsbury Publishers, Springer, Ashgate and Palgrave MacMillan, School of the Art Institute of Chicago, USA, The Art Bulletin (USA), Skira Editions Milan (French and English), Bohlau Verlag's "mode global" series (German and English) and Niissos publications (Greek and English), and Centralne Muzeum Włokiennictwa w Łodzi (two publications in Polish and English). She has been actively involved with *Lived Lives* since 2009. www.gold.ac.uk/computing/staff/j-jefferies/

Bios

Assoc. Prof John D. Sheehan

John Sheehan graduated in Medicine from UCD in 1980 and trained in General Medicine and Psychiatry in Ireland, Zambia and at Guy's Hospital, London. He was appointed as a Consultant Psychiatrist to the Mater Misericordiae University Hospital and to the Rotunda Hospital, Dublin in 1995, specialising in Liaison and Perinatal Psychiatry. In 2016, he was appointed as an Associate Clinical Professor in the UCD School of Medicine. He is involved in undergraduate and postgraduate teaching and examinations. He has held several executive roles in the Royal College of Psychiatrists.

Dr Ed. Carroll.

Dr. Ed Carroll's field of art research is culture, community and politics. His interests include the flow of time and energy invested when artists and activists co-create the conditions to resuscitate and recuperate public democratic space. Research work is an opportunity to investigate with others and examples include: Dublin's City Arts Centre, Civil Arts Inquiry into the role of art and culture in strengthening civil society; City (Re)Searches research funded by Creative Europe and its exploration of the conditions of publicness in Cork, Belfast, Kaunas and Rotterdam; the Friendly Zone cycle of projects that culminated in the "Cabbage Field – Laboratory for Citizen Initiative", which was given special recognition by the jury of the International Award Agenda 21 Culture in Mexico. Contact: edmund.carroll@vdu.it

Dr Consilia Walsh

Dr Consilia Walsh is a consultant psychiatrist with a primary interest in general adult psychiatry. She worked in the UK before returning to Ireland and continues to be a member of the Royal College of Psychiatrists. The College of Psychiatrists of Ireland has awarded her a fellowship for her work in chairing the steering group which established the Irish College in 2009. She has been Director of the Irish Division of the Royal College of Psychiatrists, Director of Professional Competence and Treasurer of the College of Psychiatrists of Ireland. She has been a member of the Irish Medical Council and worked on their Registration and Professional Competence Committee. She has a special interest in life-long learning and reflective practice.

Dainne Nic Aoidh

Dáinne Nic Aoidh graduated from the National College of Art and Design with a B.A in Sculpture. She has exhibited at home and abroad and has received numerous awards including Platform for Emerging Artists. Dáinne returned to study in 2008 and completed an M.A in Art Therapy. Since then she has worked with the children's therapy centre The Blue Box in Limerick. She is presently setting up a private practice in Donegal.

Bios

Dr.Aine Phillips

Aine Phillips is one of Ireland's established performance artists and the editor of 'Performance Art in Ireland: A History', published by the Live Art Development Agency and Intellect Books UK in 2015. She presents multi-media performance works internationally since the late 80's and creates work for diverse contexts; public art commissions and communities, the street, club events and gallery/museum exhibitions. Her work has been shown across five continents, in places such as Tokyo, Ljubljana, New York, Uganda, Brisbane, giving talks on her work at Tate Britain and IMMA. She curates performance art events in Ireland and the UK. Phillips is the Head of Sculpture at Burren College of Art and lectures at the O'Donoghue Centre for Drama, Theatre and Performance NUI Galway.

Anne Sheridan

Anne Sheridan is Programme Manager Mental Health and Wellbeing/Suicide Resource Officer, HSE Donegal. Anne has extensive experience working within the Health Service in the area of mental health promotion and suicide prevention. Previous experience working as a Social Worker in Child and Adolescent Mental health led to a life long interest in improving the mental health and wellbeing of young people. She has led on the development of a number of programmes including the MindOut Programme in partnership with NUIG which is now being implemented nationally in post primary schools and youth settings. She led the development of Ireland's first local suicide prevention plan in County Donegal based on Connecting for Life, the National Strategy to Reduce Suicide which informed similar developments across the country. She has been involved in Lived Lives since it's 1st showing in Donegal in 2013.

Dr Colette Corry

Dr Colette Corry is a senior researcher on the SSIS Psychological Autopsy Model currently underway in County Donegal. Colette graduated from Ulster University with a first class honours degree in Psychology before undertaking a full time PhD programme at UU Magee in Derry. Her research examined suicidality throughout the lifespan, with an emphasis on childhood adversity and developing psychopathology. This thesis received the British Psychological Society's award for Best Postgraduate Thesis in Statistical Excellence in 2010 and formed the basis of a successful large scale DEL funded award to develop the Northern Ireland coroner's Suicide Database. Colette has also conducted research for the Northern Ireland Victim's Commission, Foyle Search and Rescue and contributed to the development of officer protocol at suicide sites with the PSNI. On completion of her post-doctoral training, Colette was appointed senior researcher on the SSIS PAM at the National Suicide Research Foundation. This NOSP funded study of suicide risk and how it affects bereaved family members was initiated in County Donegal to assist development of new clinical best practice guidelines, and has now been rolled out to cover five counties with the aim of an All-Ireland implementation strategy.