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# Pattern and Disorder: Anxiety and the Art of Yayoi Kusama

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PATTERN AND DISORDER:  
ANXIETY AND THE ARTWORK OF YAYOI KUSAMA

by

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The paradox arises first in the linguistics. As a disorder, obsession and compulsion is framed in an inherently negative light, signaled first by the negating prefix (“dis-”) of the term. However, Obsessive-Compulsive Disorder (OCD) is often associated with just the opposite—order, pattern, repetition, regularity, and intention—traits acceptable if not admirable. It is important to me that the art world grows to understand illness as a source of inspiration, and that, as an audience, those in the art world may learn and empathize through disability-related artwork.

Yayoi Kusama is undoubtedly one of the most esteemed artists of today. Born in Nagano Prefecture, Japan in 1929, the artist's career has been (for over fifty years, now) and continues to be at the attention of the international art world.<sup>1</sup> Kusama has received many prestigious awards, including the Asahi Prize in 2001, and exhibited in numerous solo shows at museums and galleries such as Centre Pompidou (2011), the Tate Modern (2011), and the New York Museum of Modern Art (2012).<sup>1</sup> Her own experience with obsessions and compulsions has become a prominent part of her artwork, as well as a prominent topic of speculation from outsiders in the art community, on whether or not she understands the disorder, and the role it plays in her work.

### An Admiration of Yayoi Kusama

Throughout her career, Kusama's works have strongly featured repeated patterning. She uses two major motifs: the polka dot and the oblong organic shape. These motifs pattern her artistic career through the last fifty years, and link closely to the internal push and pull of her

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<sup>1</sup> "Biography," *Yayoi Kusama*, accessed October 4, 2014, [www.yayoi-kusama.jp/e/biography/](http://www.yayoi-kusama.jp/e/biography/).

personal experiences with Obsessive-Compulsive Disorder.

From her youth, Yayoi Kusama has experienced what she calls “hallucinations.” At ten years old, the artist tricked her own eye, staring at “the red floral pattern of a table cloth” and then experiencing a lasting after image as she looked at the other surfaces around her.<sup>2</sup> The artist describes this first encounter with hallucination as terrifying, recounting the instance as if it had been not only an awakening, but a panic attack.<sup>3</sup> This exchange brings up a curious question of control. Although unknowing, the artist brought this first vision upon herself—ultimately, it was of her own doing and within her own control that the patterns would or would not return. She could repeat the experience, perhaps with a different personal reaction, at her own will. It is unclear, however, whether she was aware of this. Throughout her work, Kusama would recall this repeatedly, inviting back what was initially an overwhelming event. The repeated imagery of the red dot that Kusama employs in her artwork reflects the artist's obsession over her hallucinations.

During the 1970's, the exhibiting of Kusama's work slowed; during the surrounding decades of the 1960's and 1980's, she exhibited in 33 and 51 shows respectively, as opposed to a modest 10 in the 1970's. This was likely due to a wane in her health, as it was during this time, in 1977, that she would check herself into a hospital, in order to better care for her psychiatric health. Her obsession-related works were neglected during this time as well. In the 1970's, Kusama created no works employing either of her common patterns, repeated dots and organic shapes. While she was neither exhibiting nor creating works of art at the same pace as previously, Kusama devoted her time to writing, publishing 7, a compilation of her poetry and

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2 Yayoi Kusama, *Yayoi Kusama*, (France: Les presses du réel/Janvier, 2001), 60.

3 Yayoi Kusama, *Infinity Net: The Autobiography of Yayoi Kusama*, (Chicago: University of Chicago Press), 69.

paintings, in 1977, and *Manhattan Suicide Addict*, her first novel, in 1978.

It is commonly accepted that many artists draw inspiration from personal trial, using it as motivation to create new and greater works—famously in the case of the depressed Vincent van Gogh, who once wrote, “it constantly remains a source of disappointment to me that my drawings are not yet what I want them to be. The difficulties are indeed numerous and great, and cannot be overcome at once.”<sup>4</sup> Like Kusama, the artist checked himself into a hospital for psychiatric health—or the approximate equivalent, an asylum—in the months leading up to his suicide.<sup>4</sup> While hospitalized, he created some of his most esteemed works, such as *The Starry Night*, (1889) [fig. 1] and *Bedroom in Arles* (1888) [fig. 2].<sup>5</sup> Why, then, did Kusama's mental illness affect her so much differently? Of course, the artists' encounters with psychiatric disorder cannot be treated the same way. Although not necessarily experienced in tandem with OCD, an estimated 75% of obsessive compulsive patients experience depression at some point in their life;<sup>6</sup> it is unclear if Kusama herself has been depressed, but it is certainly fair to say that both artists were caused a great deal of distress as a result of their psychiatric disorders. It is in the nature of their artistic expression that this difference in their creative output can be explained. Yayoi Kusama's works reflect not a desire to create beauty or better her ability, as did van Gogh's, but instead her ability to exercise control over her own mental illness.

Her work with repeated organic shapes has persisted throughout her career, beginning with early works like her *Accumulation* series (1962-64) [fig. 3, 4]. In the *Accumulation* series, Kusama created living room furniture, including chairs, a sofa, and an ottoman, out of white soft sculptures in organic oblong shapes. In *Accumulation*, these shapes, which she identifies as

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4 "Van Gogh's Death," Van Gogh Gallery, 2013, <http://www.vangoghgallery.com/misc/death.html>.

5 "Catalog of Painting," Van Gogh Gallery, 2013, <http://www.vangoghgallery.com/catalog/Painting/>.

6 "Depression," OCD-UK, 2013, <http://www.ocduk.org/depression>.

phallic, appear to grow from their base furniture, as if the structure of each chair itself has become overwhelmed by an uncontrollable infestation, as if the phallic plushes are an unfortunate growth nonetheless essential to the existence of the pieces.

These works draw inspiration in part from the artist's fear of male sexuality, an obsession of the artist's which has troubled her from a young age.<sup>7</sup> Kusama recognizes the shapes as phallic, despite the fact that the phalli are, at times, grossly misshapen or misproportioned. Kusama elaborates upon this:

Artists do not usually express their own psychological complexes directly, but I use my complexes and fears as subjects. I am terrified by just the thought of something long and ugly like a phallus entering me, and that is why I make so many of them. The thought of continually eating something like macaroni, spat out by machinery, fills me with fear and revulsion, so I make macaroni sculptures. I make them and make them and keep on making them, until I bury myself in the process. I call this 'obliteration'. [sic]<sup>7</sup>

By repeatedly incorporating her fears into her works in these acts of “obliteration,” Yayoi Kusama is creating an exercise that parallels the practice of cognitive behavioral therapy (CBT), a technique commonly used in the treatment of OCD, where the patient consciously and repeatedly exposes themselves to the fear which underlies their obsession or compulsion. Thus, although they may appear as an out-of-control image of her fear, the phallic forms that Kusama repeats in her pieces work as a tool to quell her obsession over this fear. Perhaps a colloquialism will best reflect this process, to “get it out of her system.”

On the opposite side of Kusama's artistic spectrum, her early work with polka dots represent a sort of pure, positive energy—as well as Kusama's control of her surroundings. The artist described her dots in a 1968 press release and call for participants in her happening, *The Anatomic Explosion* [fig. 5]:

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<sup>7</sup> Yayoi Kusama and Frances Morris, *Yayoi Kusama* (London: Tate Publishing, 2012).

The polka dot has the form of the sun representing masculine energy, the source of life. The polka dot has the form of the moon representing the feminine principle of reproduction and growth. Polka dots must always multiply to infinity. Our earth is only one polka dot among millions of others. When Kusama paints your body with polka dots you become part of the universe.<sup>8</sup>

It is clear that this patterning carries great symbolic weight to Kusama, but what she does not recognize here is the purpose of her dots obsession. Although the meaning of the circle comes from Japanese tradition, the idea that they need be multiplied to infinity is an original concept of Kusama's own vision. Recalling her early experiences with spotted after-images in her vision, Kusama appears to, thus, be repeating the trauma she experienced as a youth, and in doing so, tempering it. Although she may not have understood her control of the after-images when young, she now applies it to her artworks with deliberation and regularity.

*Infinity Mirror Room – Phalli's Field* (1965) [fig. 6], a piece that would be reworked repeatedly throughout her later career, combines the motifs of polka dots and organic shapes.<sup>9</sup> The installation consisted of a closed space with seamless mirrors covering the walls, ceiling, and floor. The floor of the room was packed with phallic plush shapes, themselves sewn of a polka-dotted fabric.

Later in her life, Yayoi Kusama stopped making works with solely phallus or polka dot patterning, and devoted her artistic efforts to pieces that combined dots with phallic shapes or new patterns. Looking at each of these as symbols, the circle of purity and the phallus of lewdness and fear, the introduction of works that share both patterns may be a reflection of Kusama's aged wisdom. They are obviously notably different from her previous, separated works, and yet show a contemplation of the same themes that she has obsessed over throughout

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<sup>8</sup> Yayoi Kusama, *Yayoi Kusama*, (France: Les presses du réel/Janvier, 2001), 135.

<sup>9</sup> Laura Hoptman, "Yayoi Kusama's Return to MoMA," Inside/Out: A MoMA/MoMA PS1 Blog, October 9, 2012.

her career. By showing the forms coexisting on the same plane, Kusama represents the ability for the pure and impure, for her treatment and her fear, to reach a peaceful balance.

As is true in the case of any person with a disorder or disability, Yayoi Kusama is at times written off as “crazy.”<sup>10</sup> This terminology is inappropriate. Kusama has a mental disorder which she is active about representing and treating, and it is not to be overlooked that the artist is overwhelmingly aware of her own condition. It was not the friends or family of Kusama, but the artist herself, who checked her into a mental hospital in 1977. Of her work, Kusama states that “painting pictures has been therapy for me to overcome the illness,” showing that she understands her role in the active process of treating her OCD through artwork.<sup>11</sup> It is in part due to her disorder that Kusama's pieces excel. By obsessing over her artworks, Kusama finds the drive necessary to create pieces that rely so much upon tedious repetition; throughout her body of work, her motifs and themes have been incredibly consistent, showing her dedication to ruminating upon these subjects; because of the consistency of her patterns, the polka dot has become synonymous with Kusama herself in the international art world.

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10 This in itself, as a collection, is difficult to cite; please see the following collection of references I have gathered from the first page or so of the Google search for “Yayoi Kusama crazy” (additionally, it may be more difficult but equally relevant to say that nearly everyone I have described this thesis to who was aware of who Yayoi Kusama was has reacted with something along the lines of “oh yeah, that crazy dot artist”):

Gunhild Borggreen, "The Myth of the Mad Artist: Works and Writings by Yayoi Kusama," *Copenhagen Journal of Asian Studies* 15 (2001): 10-46, accessed November 19, 2014.

"The Tate Modern Shows There's a Sexy Side to the Dot Obsessive Japanese Artist Yayoi Kusama in One of the Years Best Exhibitions," *You'll Miss Me*, accessed November 19, 2014,

Steven Heller, "Yayoi Kusama: The Polka-Dot-Loving Art Legend I Initially Mistook for Crazy," *The Atlantic*, May 24 2012, accessed November 20, 2014.

"In the Air – Art Auction's Gossip Column," *Blouin Art Info*, January 9, 2012, accessed November 20, 2014.

Corinna Kirsch, “Trend Alert: Yayoi Kusama is Crazy,” *Art F City*, May 25, 2012, accessed November 20, 2014.

11 Yayoi Kusama and Damien Hirst, *Yayoi Kusama Now* (New York: Robert Miller Gallery, 1998).



### A Telling of Personal Experience

Now I begin to write in first person. This is an analysis, of course, of Kusama's work as is useful in explaining my own. In summary, it should be recognized that Obsessive-Compulsive Disorder is a mental disorder in which one can be completely preoccupied, and yet completely aware of one's state of mind and how it guides one to act. Kusama knows she has an obsessional neurosis, and uses it in her pieces. Although she lives now in a mental hospital in Japan, as she has since 1977, it is in doing so that she treats her disorder. To observe that she is in a mental hospital should not be grounds to write her off as “crazy,” but should instead be seen as a tempering of a neurosis, that eases the everyday challenges that Obsessive-Compulsive Disorder poses, and makes the patient's mentality less disordered. Her pieces are not merely instinctual, but are instead incredibly intentional, with much conceptual understanding. It is established now, as well, that to Kusama, the creation of artwork has therapeutic qualities.

My work *Mala* [fig. 7, 8] is, similarly, an exercise in obsession. Like the work of Kusama, this work should not be treated merely as art controlled by disorder or illness; on the contrary, my Obsessive-Compulsive Disorder is now well-controlled with medication, and the work is created as a reminiscence of the peak of my obsessions and compulsions, circa 2011, at eighteen years old. At this point, I was washing my hands ritualistically and repeatedly—before I showered, while I showered, after I showered, and etc.—and seeing three different OCD specialists each week. I asked the adults in my weekly group meetings when they had started noticing their OCD, and if it had ever waned in the 30, 40, 50 years since its onset. The response was universally negative. My relationships with my family and friends dwindled, as they were

unable to understand why a given situation (reflecting closeness, uncleanliness, imbalance) would cause me so much upset, and I was too embarrassed to properly communicate understanding to them. I must not understate how difficult the onset and proceeding months of my OCD were. My experiences with OCD and its treatment at this time were incredibly trying, and have instilled a legacy of caution and attentiveness into my life.

I have a history with animation; I began animating in 2010, and in 2011, joined an animation team that worked for 7-12 hours everyday for six weeks in order to compete in an international animation competition. It was during this same time that I was diagnosed with OCD, and began treatment. In a way, they worked together well—it was perhaps due to my Obsessive-Compulsive Disorder that I was able to maintain focus for 12 hours at a time on my animation work. In this piece, I relied again upon this obsessive neurosis to motivate my work, purposefully working in the most obsessive medium I could think of, traditional hand-drawn animation, in which drawings are repeated over and over again, only changing very slightly from one frame to the next. Given the timeline of my practice as an animator and life as a person with OCD, this is the most appropriate medium for this piece.

It is important to me to deny the misconceptions about mental illness, and specifically about Obsessive-Compulsive Disorder. I do so in showing my own control over the work I am creating, *Mala*. The process, hand-drawn animation, is inherently obsessive, with the repetitive drawing of approximately 1,200 ink-on-paper frames, paralleling the repetitive actions that are characteristic of Obsessive-Compulsive Disorder. In creating this piece I have not only drawn 10 frames per every second of hand-washing that the animation depicts, but additional subframes to each frame that show an evolution towards the perfect representational drawing. In each

sequence, the animation starts out rough, with sketchy lines making up the drawing, and progresses to become more and more refined and lifelike, until I feel that I have represented that sequence's moment as perfectly and realistically as I can. Ultimately, this work is to be viewed as a performance art piece. The work is so process oriented, so tied to the subject disorder. To create a two-minute hand-drawn animation that could be described as perfect is necessarily obsessive.

The result is an animation that appears disjointed. The work slows from real-time to an animation that takes two or three or four times as long, varying depending on the number of frames in each sequence. Because the length of each sequence is independent of the last, and depends solely upon how many frames it takes for me to believe that a sequence has been perfected, the speed of time in the animation is inconsistent and causes the animation to appear disjointed. This is my intention. Obsessions and compulsions occupy the mind in a way that abstracts reality; the subject is so focused upon their obsession or compulsion that outside factors of life become unimportant. Disjointedness communicates a sense of frustration to the viewers, as they ponder what a “normal,” real-time view of the scene would look like. This is the same frustration that a person with obsessive-compulsive disorder experiences. As my animation progresses, the background of the sink and soap fade out and what is left are my hands wringing together, the only essential components of this ritualistic obsession, a minimalistic view that parallels the tunnel-vision experienced in OCD.

The title of the work, *Mala*, references Hindu counting beads, used in religious practice. I relate the experience of ritualistic obsessive-compulsive behaviors to religious experience in their repetitiveness, in that they become a part of one's personality, in that they seem to have an

importance greater than oneself, in that there is some hope upon whatever grounds that if one prays more or goes to church more or washes their hands more or checks the oven more they are being a better person—there is a sense of guilt, frustration, incompleteness when a compulsion is not carried out. On a personal level these counting beads have been a channel for my own obsessive-compulsive energy when it arises; instead of picking at my skin or fiddling with my hands, I count the beads.

Not yet in progress is the second part to this piece: the installation. The completed animation is to be installed as a large-scale projection onto a smooth white wall, so that it may be viewed seamlessly and on a somewhat overwhelming scale. The animation will be looped, starting and ending seamlessly on a scene of the empty sink, framing hand-washing as an endless, Sisyphean task in the context of Obsessive-Compulsive Disorder. I have been considering pairing the animation with a performance piece, to emphasize the performative aspect of *Mala*, but am concerned about overshadowing such a subtle and (perhaps, or hopefully) mesmerizing work. Although I must continue to ruminate on whether or not it is appropriate to introduce a second performance piece to my showcase in the Spring 2015 senior art major exhibition, I am currently considering a simple piece related very directly to the animation. In this piece, I would stand at the door to the gallery holding a water-filled basin, and request that audience members wash their hands prior to entering the gallery space. To me, this presents the inside of the gallery as a safe space, as a home, to my 18 year old self—a confined space where I would feel comfortable shaking the newly-cleaned hand of anyone who approached me, not in fear of germs. Of course, as I am conscious of the germaphobic mindset, the basin would be washed after each use. My hope is that this would spark the audience members' interest in the

rest of the project, and, when considered in combination with the animation, prompt them to consider how time-consuming compulsive actions can be. As it would be a time consuming process—to wash each audience member's hands and then proceed to wash and refill the hand-washing basin—I would, of course, not restrict them from entering the gallery if they refused to participate in the hand-washing.

I respect that it may be unnecessary to include this second part in the piece I present at the senior exhibition. Minimalism, conciseness, and focus are all essential parts of this work, and I will not disregard that. It is important to me that the message of the piece remain subtle, as the outward traits of Obsessive-Compulsive Disorder often are.

### Viewing Disordered Artwork

It is perhaps unnecessary to say now that Obsessive-Compulsive Disorder (and, perhaps, anxiety disorders in general), should not be considered an artistic impediment, but instead, an experience as any other to pull inspiration from, as well as a driving force of passionate focus and determination. Although I would not suggest for other artists to take on a “if Yayoi Kusama can do it, I can too” mentality, as she is without a doubt one of the greatest artistic thinkers of the 20<sup>th</sup> century, I believe that artists like her should be encouraged to draw inspiration from their personal experiences with illness, disability, and disorder.

Ultimately, it is important to me that the simplification, “crazy,” becomes specific and precise. OCD is not crazy. OCD is practiced, understood, intentional, careful, compelling, emotional, and rationalized. OCD is kinetic, it is organized, it is focused and schismatic. For each of us with OCD, it is something we are constantly aware of, and that we struggle to make

others aware of in the same degree. It is my intention with this piece to communicate how I have felt. It is my intention with this piece to dispel some of the stigma around mental disorder, and to show that disorders can contribute to works of conceptual excellence.

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[fig. 1] Vincent van Gogh, *The Starry Night*, 1889, oil on canvas, 73.7 x 92.1 cm.



[fig. 2] Vincent van Gogh, *Bedroom in Arles*, 1888, oil on canvas, 73.6 x 92.3 cm.



[fig. 3] Yayoi Kusama, *Accumulation No. 1*, 1962, sewn stuffed fabric, paint, and chair fringe.



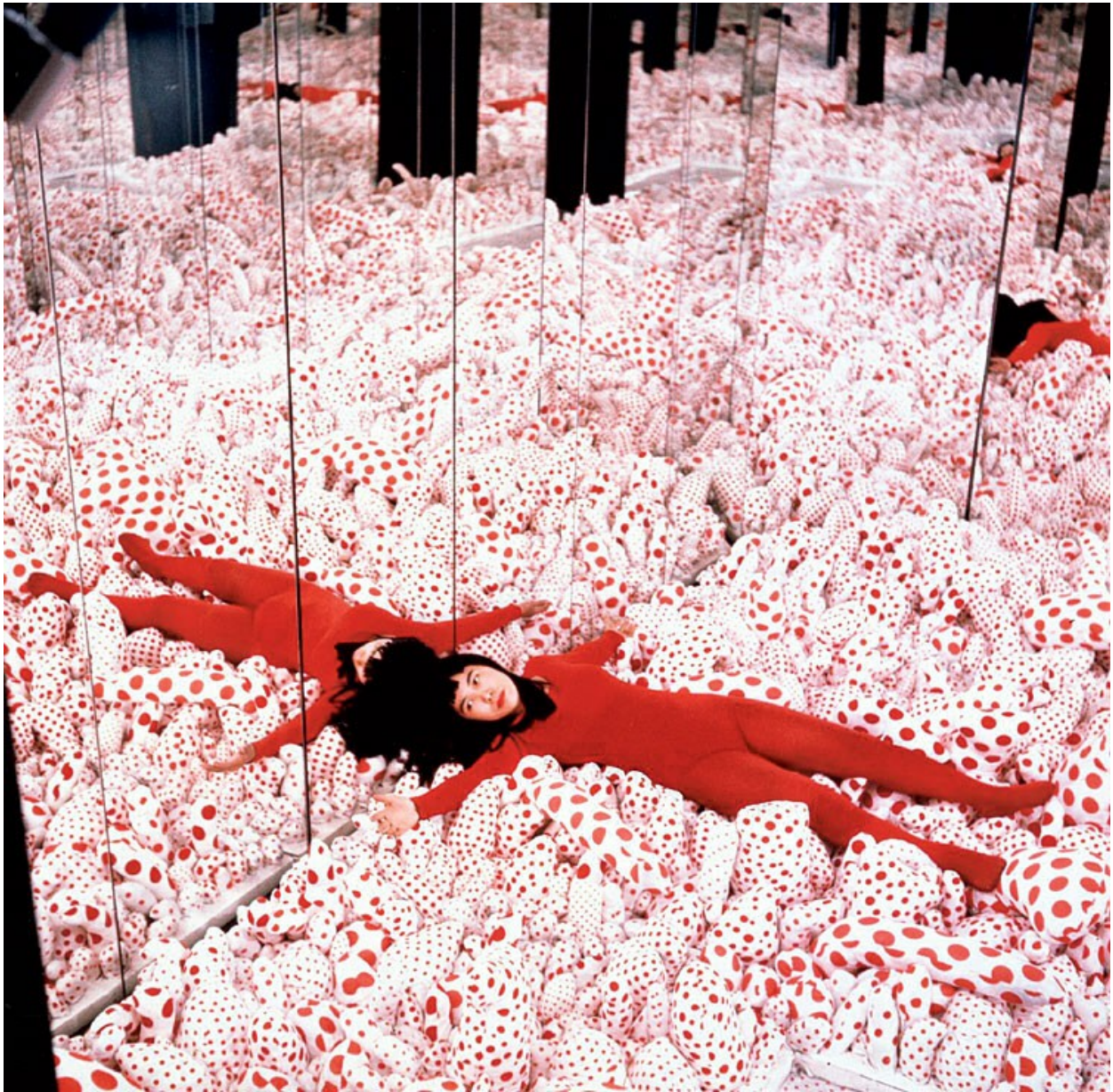


[fig. 4] Yayoi Kusama, works from the *Accumulation* series, 1963-4, sewn stuffed fabric, paint.

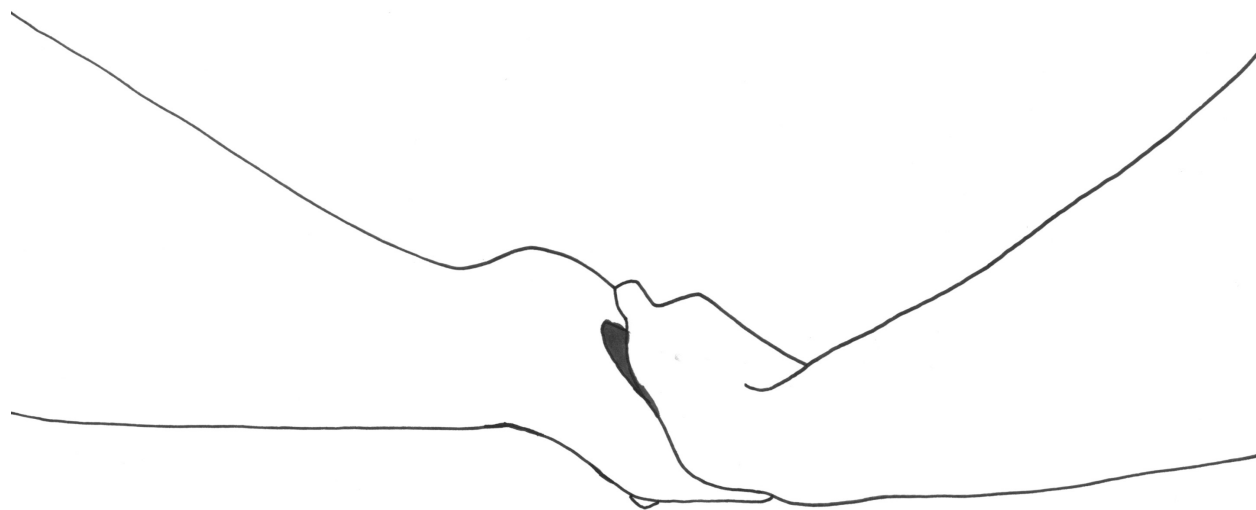


[fig. 5] Yayoi Kusama, *The Anatomic Explosion*, 1968, performance.

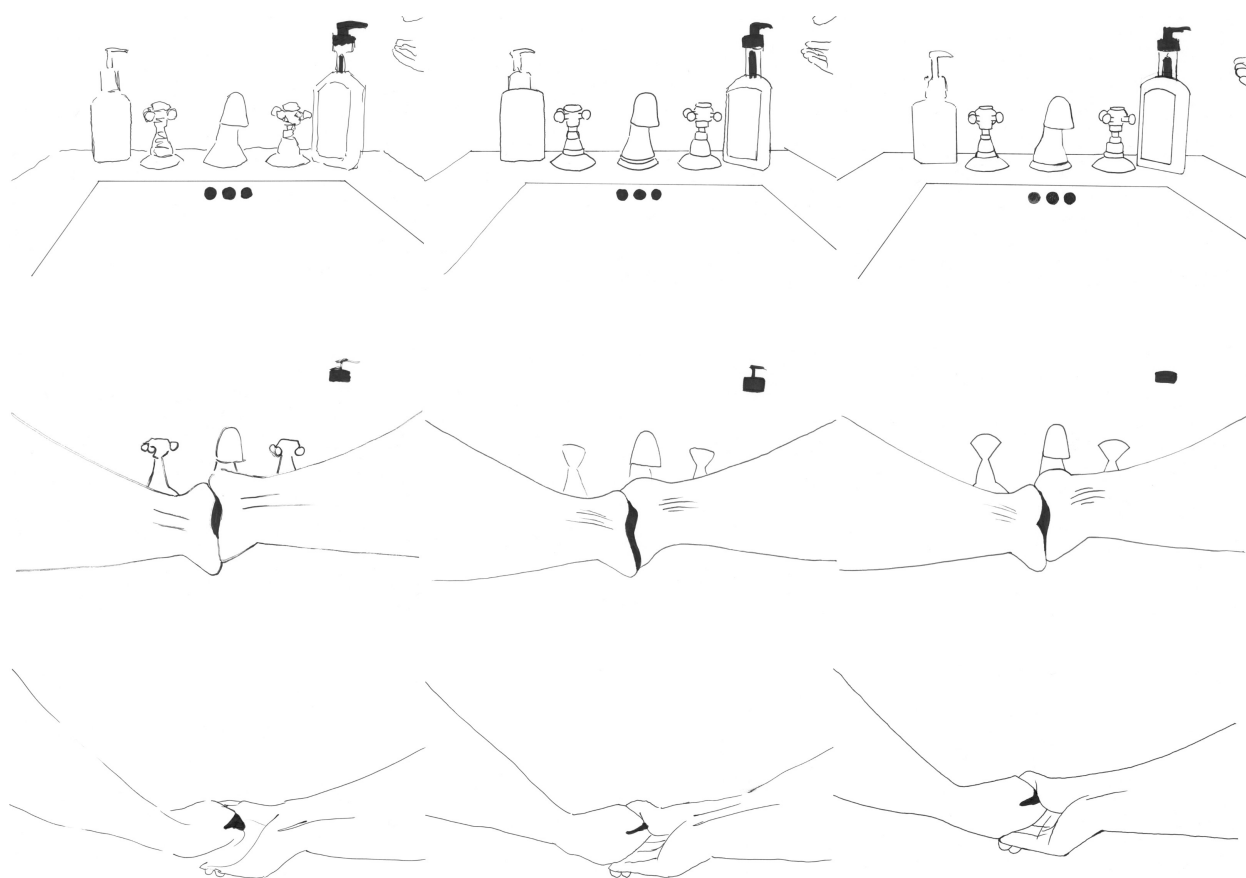




[fig. 6] Yayoi Kusama, *Infinity Mirror Room – Phalli's Field*, 1965-1998, installation.



[fig. 7] Susanna Ferrell, still from *Mala*, 2014, animation.



[fig. 8] Susanna Ferrell, stills from *Mala*, 2014, animation.