

Throughout the development of psychiatry there has always been an association with the arts. It could be argued that the most fundamental creative relationship has been with the visual arts as a means of understanding mental disorder, as a representation of the social and morale decline that is associated with it, as a form of treatment and as a means of expression for the patient.

Gemma Anderson and Dr McInerney wanted to explore this relationship in a manner that related to the story of mental disorder and its historical representation that also was a visual metaphor for the therapeutic alliances that run between doctors and patients in mental health settings.

We hoped to create a series of portraits of the internal worlds of psychiatric patients and their doctors and to move away from the written representation of mental illness and the knowledge that the connection between a doctor and patient is mostly through words. Instead we wanted to create images that provoke the viewer into creating a language themselves to understand how a patient might be experiencing symptoms of mental illness and how the doctor listens, formulates and treats.

In forensic psychiatry the stories that patients carry with them are often distressing and violent. How does the psychiatrist hear such tragedies and how can they process them into meaningful therapy? We hope to create portraits that reflect relationships in psychiatric care towards recovery and return to society.

Forensic psychiatry is that part of medicine which provides care and assessment of the mentally disordered offender. Forensic psychiatry has a long history in the U.K. arising out of Bedlam Hospital over 150 years ago. Early psychiatry was often pre-occupied with the appearance of individuals as a key to their morale and psychic inner world. This science of physiognomy manifested itself in the analysis of the facial structure. The measuring of eyes, nose and lips was an indicator of the internal mental pathology. When Broadmoor Hospital opened in the 1880s patients were photographed on admission. Their facial characteristics, demeanour and affect was believed to be a causative factor in their illness rather than a representation of the distress they might be experiencing.

Broadmoor Hospital was also to recognise that within its patient population visual creativity was often a powerful representation of their internal stress. Amongst their patients was Richard Dadd, now recognised as amongst the most eminent pre-Raphaelite group of painters. Dadd was a patient at Broadmoor Hospital following the stabbing to death of his father provoked by voices and paranoia. He was eventually to die in the hospital where he lived for many years. Dadd

was to paint magical worlds stimulated by the fairy gardens of Shakespeare but also beautiful portraits of the doctor superintendents at Broadmoor. The patient, Richard Dadd, was in effect creating a visual representation of the therapist.

The 20th Century led to the development of the creative therapies as a form of expression and a path towards recovery. In its turn outsider art has become a representation of the psychiatric patient's role in society and in the mid-20th Century a representation of the anti-psychiatry movement as championed by Foucault and R D Laing.

As psychiatry became political so did the care of patients, ultimately leading to the movement across Western civilisation towards care in the community; the return of psychiatry and patients to society.

The last decade has perhaps seen a reversal of such emancipation. The contemporary world has become once again increasingly fearful of the psychiatric patient and the potential risk of violence that they associate with them. Tabloid hysteria, new levels of terrorist destructiveness and the unacceptability of risk has led to the growth of the asylums again in the form of secure hospitals and the coinage of a new phrase, dangerous severe personality disorder.

As a Consultant Forensic Psychiatrist working at the interface between medicine and law, the offender and the mentally ill, Dr McInerney wanted to open up the new secure asylums to creative expression through portraiture. Gemma Anderson was given the opportunity to attend in-patient units to hear the stories of patients and discover the therapeutic process of rehabilitation.

These series of portraits are etchings that were created directly from the individuals involved. The doctor is not identified amongst the group of individuals exhibited. This is intentional to ensure that the viewer, as the artist, will "treat" them in the same way. It is hoped that by viewing a doctor and patient in such a manner, the viewer himself creates a therapeutic relationship with those on display.

The patients represented here all suffer major mental illnesses characterised by paranoid delusions of fear and danger, or voices that are persistent, critical and abusive, and an experience in which the self gradually disintegrates in the face of a world that is hostile. The doctor must listen, reassure, contain, treat and above all provide hope.

The finely drawn lines are diagrammatic and descriptive and become a poetic description of the individuals emotional anatomy in a way that is both transparent but also enigmatic. These portraits have a clear historical resonance - not only with the past of the asylums but also with the life stories of the individuals portrayed. They are a

representation of how the early pseudo-sciences of phrenology and comparative anatomy have a place in the modern world and in the modern mind of the viewer.