PORTRAITS

PATIENTS AND PSYCHIATRISTS

(WELLCOME TRUST ARTS AWARDS 2010)

Gemma Anderson

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The engravings of psychiatrists and patients that Gemma Anderson created in 2009–2010 will strike different people for different reasons. Admirers of fine printmaking will find themselves referring to the unlikely pairing of Lucian Freud (for the etched linearity of the portraits) and Hercules Segonds (for the little knots of pale colours that coalesce around clumps of individual motifs). The connoisseur of portraiture will perhaps notice the density of the attributes: instead of one or two professional or personal gadgets or pieces of costume to suggest the sitters’ raison d’être, the figures are surrounded by a rank jungle of organic forms and artefacts. However, no one will be more surprised than scholars of psychiatric iconography.

Over the centuries, mental illness has acquired its own distinctive iconography, which has been constructed or reconstructed by several talented authors. In the 1890s a group of physicians at the Salpêtrière Hospital in Paris (Jean-Martin Charcot, Paul Richer and Henri Moïse) made a special study of the ways in which the mentally ill had been portrayed in past centuries. Later scholars have built on their work in various directions: for example, Henri Hubert Boek studied the insane in the Middle Ages (1961, 1974); Sander Gilman’s Facing the Insane (1982, 1997) brought to light a much wider range of sources and ideas than were previously available; and Sander Parmiggiani’s magnificent exhibition in Baggio Emma and book Il volo della follia (2004) released to the world astonishing photographs covering the whole gamut of the twentieth century. Persuading them, one reads the story of generations of artists who appear to be quixotic because they use graphic means to represent the invisible: the unseen tormentors inside the disturbed mind.

To attack the agitated windmills of the mind, such artists as Dider Quinet as Francois Goya and Théodore Géricault represented themselves the inner disturbances through various external manifestations. The settings may include parapets of the asylum, such as barred windows and high-walled courtyards. Patients themselves may exhibit behavioural traits not found in polite society, such as (at one extreme) grinning, raving and scraping, and (at the other) perpetual obliviousness. As Gilman writes, ‘The visualization of the insane maintains its own vocabulary of images, and these are linked to the manifestations of mental illness in such a way that psychiatric nomenclature relates to the same spectrum’.

Turning from this tradition to the portraits by Anderson, one finds that they form a new departure in several ways characteristic of their time. One is the decision to mix psychiatrists and psychiatric patients indiscriminately in one collection. Géricault’s portraits of the insane are certainly not accompanied by a portrait of their physician, Jean-Baptiste Goguet. However, the Anderson series comes from a time when other social distances between professionals and patients have given way to a more democratic ethos, and psychiatrist and patient interact almost as a team.

Also unusual is the fact that the attributes of the sitters were contributed by the subjects themselves. The artist positively invited them to suggest the distinguishing objects they found important. Such active involvement of sitters in their self-definition dates the portraits to the early days of Web 2.0 communications, when individuals with no special power could display themselves to the world as they wished to be seen (through Twitter and Facebook, popular contemporary websites).

The third surprising feature of these engravings is that the patients’ mental illness is invisible. Looking at their portraits without any background knowledge, one could not necessarily tell that they are suffering or have suffered from mental disorder. This may serve a positive function. To the portraitists, and to the medical experts to which the work was shown the patients were aware of their mental disorder and could use graphical means to represent the invisible: the unseen tormentors inside the disturbed mind.

To conclude, let us return to the two artists mentioned in the preamble of this essay. Can we, for example, think of the portraits of Dr Urson on the Internet as part of a tradition that goes back to the late eighteenth century? Can we really believe that the portraits of Dr Urson are real? It is possible that the patients had been treated by Dr Urson, and Dr Urson’s patients believed that the patients were suffering from mental illness and that Dr Urson’s patients were aware of their mental disorder and could use graphical means to represent the invisible: the unseen tormentors inside the disturbed mind.

In conclusion, it is possible that the portraits of Dr Urson are real. They are not the work of a graphic artist, but rather the work of a real patient who, through the use of a computer, has represented his mental illness in a way that is similar to the work of a graphic artist.

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The 16 works in Anderson's 'Portraits' series are distinguished documents of their time, and the complete set of them, which has been acquired for the Wellcome Library in London, complements graphic depictions of the insane and their doctors from the sixteenth century onwards. They will surely be appreciated by future generations of historians.

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WHAT’S IN A NAME?

PORTRAITS
OF THE
INNER WORLD
Gemma Anderson is a portrait artist of a most unusual kind, with respect to the media she uses, the subject matter of her work and the manner in which she approaches it. When standing in front of her images, viewers are drawn into the mental worlds of others. Her prints have a dream-like quality, while their composition, tones and elaborate iconographies enforce the sense of entrancing landscapes that are fantastic, strange and private. The results are indeed recognisable portraits, but ones that are strikingly original. Just as remarkable are the processes by which these works of art have been created.

Portraiture appears to be a straightforward idea, while to practice being surprisingly hard to define adequately in simple terms. Portraits purport to show a specific person, and can do so in virtually any medium. The subject and the maker do not need to have spent time together during the production of a portrait, although this is frequently considered desirable. Portraits themselves do not have to be naturalistic, and may not be recognisable, sometimes even to those acquainted with the sitter. In such cases, knowing the name of the person portrayed is essential for any response to the work of art. Significantly, many avant grade artists have experimented with the genre and pushed it to its very limits, as Pablo Picasso did in his Cubist portraits. Yet most portraits do give spectators some sense of what the sitter looks like, even if there is a wide range of ways in which this is achieved. An interest in the psychology and personality of sitters is of extremely long standing, and one manifestation of such concern is a concentration on the face and hands. These parts are widely considered the most profoundly expressive of individual qualities, with the face being the primary zone for the manifestation of individuality. At the same time, there are long traditions of using accoutrements as supplementary guides for viewers.

Such accoutrements fall into three main categories. First, there are objects that identify a person's status, occupation or possessions. Second, there are objects that indicate a person's status, occupation or possessions. Third, there are objects that are almost the same as the person, by association with their lives, experiences and preferences. Although superficially similar to the second group, these evocative references are usually treated as distinct, as Anderson's work makes clear. The objects that accompany each sitter in her etchings are intensely personal: their significance has been established through conversations between herself and the sitter, and their detailed appearance further researched by her. These items are not part of conventionalised discourse, and could not be included by consulting a dictionary of symbols, for example. Viewers require additional information beyond the print itself in order to interpret fully what is in front of them. Furthermore, the location of such objects in the composition is not naturalistic: often they float in the space around the head, or are dispersed non-photographically in other parts of the image. They can be considered purely in terms of their visual appearance for they are in and of themselves extremely beautiful. But once they are explained, the viewer's appreciation of both the portrait and the sitter is deepened and extended. Among contemporary portraiture, Tom Phillips has been particularly interested in exploring such a path using, for example, mathematical symbols to form a pattern in the background to a picture of a prominent academic. Peter Godbold, who had worked in the relevant part of theoretical physics.

There can be some overlap between the second and third categories of accoutrements, but what fundamentally sets one apart from the other is the artist's concern to engage the viewer in the nature of sitters' interior, emotional worlds in the latter case. This is precisely what Anderson does. I have already emphasised that the representation of personhood has been a part of the genre of portraiture for a long time. There are, moreover, a range of ways of conveying inner individuality, as opposed to physical likeness and social position - facial expression being one possibility. Yet facial expressions have also been conventionalised, which can diminish their capacity to convey individuality. Gesture, bodily position and clothing can help, but how within naturalistic artistic traditions, may inner lives be best conveyed? Anderson has found an answer.

I used 'emotional' just now simply to suggest an 'inside' life that is not about status or occupation, or indeed any of the forms of social difference that portraits generally address. For example, there are men and women in the group, but gender is not, at least in my judgement, a major consideration in these portraits. This may be because they are to effectively focused on interiority, and hence on the vulnerability of each individual, that conventional manifestations of masculinity and femininity seem quite marginal. Perhaps because each print contains an idiosyncratic assemblage of objects, spectators immediately read such idiosynthesis into the idea of conveying a personal, private, unique and, quite possibly, strange mental life. This is more than 'emotional', since it includes biographical references - where they grew up, for example, interests and enthusiasms that are more akin to hobbies, as well as obsessions and painful associations. Given that these portraits go inside individual experience, it is all the more notable that the subjects have pseudonyms. The contrast with an artist who similarly bore into human experience - Frida Kahlo - could not be greater. She used her painful medical experiences in her pictures and hence authorised the very opposite of anonymity. Kahlo generally faces her viewers directly, which relatively few of Anderson's subjects do. Anderson's extensive use of the profile or near profile is striking, and I suggest that when not looking into our eyes, her sitters encourage a sense that we are being given privileged access to complex mental processes, including fantasy.

Thus, there is an important premise from which Anderson works, to which all the participants have, in various ways, assented - that the individual is identified, not by name and occupation, but visually, by their biographies and internal lives. In all cases but one, a pseudonym is used, and viewers are not told whether any given print represents a practitioner or a patient. We can consider this a playful move - it keeps everyone on their toes. But it is also perfectly serious and insists that the medical status of the sitter be rendered irrelevant to the image. This is unsettling, since the basis of portraiture is the promise of representing individuality, making specific information known to viewers, and nothing expresses that pledge more effectively than names. This project invites us to reflect, and reflect deeply, upon the question 'What's in a name?' and then, by extension, 'What does it mean to be a patient or a practitioner?' Furthermore, by not providing the names of sitters, the artist insists that viewers work hard in actually looking at everything; these prints contain. This is a particularly provocative example of what has been called in art history 'the beholder's share'. Anderson's approach pulls the extended process of looking to the front. This is as it should be, especially since in order to treat her subjects in this highly original way, through animals, plants and other objects, she had to engage with them, at significant levels, and she did so by spending time with the sitters, talking and listening - that is to say, through extended interactive processes.

Arguably, no portrait ever was the work of just a moment; all portraits need to be understood in terms of interactive processes - the psychodynamics, between artist, sitters, patrons and so on. In many cases these processes are hard to reconstruct for lack of evidence. It is for this reason that historians of portraiture do well to consider recent and contemporary evidence on the matter, even when they are working on situations distant
from our own. We should not uncritically transpose insights from one situation and period to another, but by grasping the complexities of what has been called 'the portrait transaction', we can, in humility, consider how very demanding it is to understand just what happens when one person makes a portrait of another. Anderson is willing to try and expose at least her side of the process, and to be open about her own impurities for doing such work, which include the experience of her grandmother being in a mental institution.

Thus medical portraiture encourages us to reflect on the dynamic processes that portraiture involves, precisely because the circumstances in which it comes about are frequently quite different from the activities of commissioning and commercial exchange that are more common. However, I do not feel altogether comfortable using the phrase 'medical portraiture', not least because it lumped together phenomena that are normally distinct, such as portraits of patients and those of practitioners. Thus it is striking that Anderson brings these categories together in thoughtful and noteworthy ways. She chose, for the most part, to depict patients and practitioners who had worked together, that is to say, people who had complex and deep relationships with each other in medical settings. In any case, the probing of inner worlds—in bisexue and entangled for the practitioners in the patients—links all the prints together. So 'medical portraiture' might include, not just likenesses of people with some medical connection, but an exploration of them as medical phenomena, such as neuroses, phobias, trauma, disability, disease and injury. In one sense this is precisely what Kahlo did, when she showed herself in a hospital bed and revealed her damaged body. Yet 'medical' is a tricky word in an era that has developed critiques of medicalisation. It is commonly said that there is currently a therapy culture, that we seek professional help too easily for what should be treated as the expected pains and miseries of existence, which have been re-labelled as maladies requiring medical intervention.

I infer from this line of thinking that perhaps 'consent' lies at the centre of Anderson's project. I do not just mean that all the sitters had to agree to be depicted. This is of course significant, especially given that they were encouraged to talk about themselves to the artist. Prior to that, however, the patients found themselves in a therapeutic relationship, which would only be effective if they participated actively. Some may have done wrong that precipitated their therapy, but in the therapy itself, even if they maintained long periods of silence, they were participants. Similarly the practitioners consented at two levels, to join and practice a 'medical' occupation and to be sitters. The broader context is certainly one in which the labelling and treatment of misbehaviours, transgressions and malfunctions may be characterised in terms of medicalisation. But the individuals depicted consented to their portrayal, and worked with the artist, who has become their interpreter. Their suffering brought them to therapeutic encounters—a testament that holds good for practitioners too. Thus these portraits are 'medical' in a special and profound sense that notions of medicalisation cannot capture.

The advent of photography in the mid-nineteenth century made portraits of patients, especially in psychiatric settings, familiar. Naturally, there are portraits and self-portraits of both doctors and patients of other kinds, but I know of no other undertaking like this. We can and should use this remarkable project to think about medical portraiture.
Monday 3rd August

Arrive at Liver Home, Bethlem Royal Hospital, 9.30 am for meeting with forensic psychiatrist. After signing the visitors' book and putting my bag in a locker a nurse arrives to take me inside the ward.

We move slowly through a maze of locked doors and narrow corridors leading up to the Doctor's office. The office is clinical, like the rest of the newly built Liver Home Forensic Unit.

The Dr. told me about his work as a forensic psychiatrist, his time at Liver Home and his relationship with his patients. Together, we read through the patient's medical history. He had been in and out of prison since his teens and in a number of different psychiatric wards. His story was very sad and complicated.

After an hour and a half, another nurse arrived to take me to Norbury Ward to meet the patient, again through a number of locked doors and corridors. When we走入 the ward, the patient is standing at the door that opens into the Norbury Ward Garden. He seems very calm and relaxed, my hand is friendly and seems happy to see me.

The nurse on Norbury Ward had told me that he liked to draw, I asked if I could see his drawings. I am taken to the interview room for a chat, and asked to sit on the side nearest the door for my own safety.

A few minutes later, the patient enters the room, his arms full of drawings and sketchbooks. He becomes very animated as he talks about his drawings, some of which feature lots of African masks, faces, trees, and animals. He shows me a man with a smoke coming out of his head, and he explains that this is an animal spirit and begins talking about bears, comparing himself to a bear. As we walk through the rest of his drawings, he continually refers to animal spirit, men, and bears.

He shows me his large - which is the sign of the Domina people. it appears in many of the drawings. Shapes and symbols are integrated into many of the drawings, in the clothes, mask, and bat-like forms. is just one of the symbols in the Domina language. He shows me pages of these symbols, explaining that if you have all the symbols, you don't need to speak. The language is his religion, but he
MEDICINAL PLANTS

Plants appear in virtually all of the renderings in the "Portraits" suite. Three plants as well as key images are listed here with explanatory notes describing their traditional uses in healing. Information is drawn from Nicholas Culpeper's Complete Herbal, originally published in 1652, and Bartram's Encyclopaedia of Herbal Medicine by Thomas Bartram (Grosset Publishers, 1967).
"The plant communicates with the animal, the earth with the sea, man with everything around him. Resemblance imposes adjacency..."