

Ludmilla Jordanova

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 reinforce the sense of entering 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 in 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 garde 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 inner qualities, with the face being deemed 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 recognised symbols, to be interpreted according to established discourses, such as chivalry or emblem books. Second, there are objects that indicate a person's status, occupation or enthusiasms. Swords and ermine, scientific instruments, jewels and treasured items from sitters' collections would fall into this category. Third, there are items that somehow evoke the person, by association with their lives, experiences and preferences. Although superficially similar to the second group, these evocative references are usefully 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 her and the sitter, and their detailed appearance further researched by her. These items are not part of conventionalised discourse, and most could not be decoded 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-perspectively 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 explicated, the viewer's appreciation of both the portrait and the sitter is deepened and extended. Among contemporary portraitists, 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 Goddard, who had worked in the relevant part of theoretical physics.

There can be some overlap between the second and third categories of accoutrement, but what fundamentally sets them apart 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 so evidently 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 translate such idiosyncrasy into the idea of conveying a personal, private, unique and, quite possibly, strange mental life. This is more than ‘emotions’, 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 bored 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 faces, 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 fore. 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 was ever the work of just a moment: all portraits need to be understood in terms of interactive processes – the psychodynamics, between artists, 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 unthinkingly 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 impulses 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 lumps 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 – as bizarre and entangled for the practitioners as 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, traumas, 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 wrongs 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 practise a ‘medical’ occupation and to be sitters. The broader context is certainly one in which the labelling and treatment of misdemeanours, 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 sufferings brought them to therapeutic encounters – a statement 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 afresh about medical portraiture.

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Stephen Brown

NATURE'S AMPERSAND

These portraits teem. Looking at them full-sized, I find myself advancing until my nose is almost touching the paper and then retreating again to contemplate the whole. At the centre of each portrait is the face. Around that point, a world of objects floats, sprouts, jostles, plays hide-and-seek. Mushrooms form an acrobatic tower to peer over one subject's shoulder; a seahorse nestles inside the belly of a dogfish, like a foetus, a treble clef, the f-hole of a violin – nature's ampersand. We encounter these sitters in strange jungles, or treasure-filled attics, or a hybrid of both.

Everywhere nature is obeying its first commandment: multiply. The plants and fungi have a particularly wild time, which is sometimes scary but more often healing. These plants – many of them herbal remedies – offer a balm. After 'Doctor' Anderson's sitting-consultation, here is her prescription.

Objects repeat, repeat and then transform. Cells become scales become butterfly wings become pills; veins become nerves become muscle fibres become wrinkles. These sparsely rendered faces retain their composure, but only just. The tone of the pictures varies, from serene to sinister to comical, but the centrifugal force of this profusion is a constant.

Anderson sprinkles the pictures with puns, conceits and absurdities. A jelly snake lurks in real foliage. A horseman-teapot (or whatever he is) turns deadpan towards the bemused viewer, while bug-eyed cows' heads sneak a peek at us from behind the leaves. Cow parsley, an old remedy for depression, juts in gentle mockery from Tim's ear, to be superimposed over a sagittal section ¹ of the brain, as if it had emerged looking for analogies or wondering about the difference between ancient and modern healing.

There is a childlike quality to many of these objects, from Fernandina's *cacharitos* (small figurines from her native Colombia) encamped on her shoulder and in her hair to the lollipops standing like little flowers alongside Sherman's rose-topped blades. This world is impish. It is full of imps, mascots and familiars too – squirrels, birds, fish, monkeys and, most charmingly, a hedgehog (Dan's favourite animal).

The fineness of line and richness of detail are magical, dazzling. They are the material trace of the artist's time spent and attention paid. I heard Cordelia talk about being a sitter. She shrewdly remarked that her experience was peaceful because of the artist's calm passion for her work. It was strange being stared at, but she knew that she was being looked at with love – not love for her, but Anderson's love for her work.

Everything here – always drawn from life – is observed to the last hair, though observation can trigger fantasy, structures looping and spinning out of control. This level of precision is vertiginous, teetering on infinite, fractal regress. Anderson is patient enough to limn every vein of a leaf or every bubble in a froth. Nature's patterns find a deep echo in the artist's imagination. Her work is a passion (a word that shares a root with 'patient'), an obsession, a little crazy even.

What does it mean to say that these portraits are of patients and psychiatrists? Can we view them through that lens, playing the parlour game of guessing which is which, or else look them up on Anderson's blog, which describes how they were made? What does it mean for portraits to carry labels and invite generalisations? Isn't 'I am not a generalisation' the first thing a portrait says?

At the beginning of the project, not surprisingly perhaps, the portraits were in thrall to labels. Anderson made four of the images first, in a single batch: Tim, the doctor who initiated the project with Anderson, and three patients, Elsy, Margo and Robert.

¹ SAGITTAL SECTION: a cut from top to bottom of the body dividing it into left and right portions.

In this first venture into the field, representation of the patients tends to the gothic, which is to say, haunted. Pathologies dominate the compositions, particularly of Elsy and Margo. Bees plague Elsy's head – a devastating metaphor for auditory hallucinations – while the organs of Margo's chest are a nightmarish laboratory experiment – a reference to her paranoid fear of being poisoned. The bodies of all three are opened, metamorphosing, unstable.

Tim meanwhile stands as benign gatekeeper to the whole series, his keys jangling, surrounded not by favourite objects but by symbols of his role. Here is the psychiatrist as investigator, peeling back the layers of the onion, reassembling the jigsaw. He is upright, calm, with a honeycomb mesh encroaching only a little onto the pristine expanse of his shirt. Perhaps that is why Anderson ruled in behind him a shadow (the only shadow, more or less, in these pictures). Here is the hinterland, as yet unexplored. It even looks as though there might be a door in it.

By the time Anderson returns to complete the rest of the portraits, the labels have faded. Although there are still references to the patients' psychological troubles (and the doctors'?), they are oblique, and only elements in a larger composition. The portraits still encourage us to rummage through their subjects' heads – we will find circuit boards or latches or walnut-growths nestling in their hair. However, this is as true of the doctors as the patients.

Where the gothic sensibility of those earlier pictures survives, it is more in the portraits of doctors than patients – in Connor's ribcage of scalpels and exposed liver or the Japanese sword spectacularly piercing Sherman's shoulder. It is Sherman whose body is melting, cascading forth from his chest. The instruments of modern medicine can look vicious.

The portraits have moved from diagnosis to a kind of conspiracy, from symbols meant to unveil the subject to objects offered up by the subject out of their love for them. Personality is not a puzzle to be solved, but a tangle of enthusiasms and associations.

These sitters – however labelled when they entered the room – leave it with their privacy intact. The runic script on Fredric's chest is designedly indecipherable. The artichokes are in Cordelia's portrait simply because she likes artichokes.

Sometimes it is as if sitter and artist are sharing a private joke. Look at the portrait of Sultar, with a hint of a smile playing on his lips. Small wonder that his collection of bank notes (the one example of the engraver's art that we all experience) should inspire in Anderson such a pleasurable mêlée of esoteric and comical juxtapositions: Florence Nightingale nestling behind pyramids, a mobile phone totem, Arabic script and mosque tiling alongside the Lotto logo.

Here, then, are 16 individuals: collectors, seekers, haunted and haunting, eccentric, warm and remote. Doctor and patient find common ground in the riotous landscape of Anderson's imagination. The line between psychiatrist and patient is not wholly abolished, but the two may recognise more in each other than they expected.

Contemplating these pictures we may recognise ourselves too, building a self from the bric-à-brac of our passions and memories, we hope.

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Monday 3rd August

Arrive at River House, Bethlem Royal Hospital, 9.30am 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 series of locked doors and staircases leading us to the Doctors office. The office is clinical, like the rest of the newly built River House Forensic Unit.

The Dr told me about his work as a forensic psychiatrist, his time at River House and his relationships with his patient. Together, we read through the patients 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 Nurbury Ward to meet the patient, again through a number of locked doors and staircases. When we enter the ward the patient is smoking at the door that opens onto the Nurbury Ward Garden. He comes over and shakes my hand, is friendly and seems happy to see me.

The nurse in Norbury Ward had told me that he likes to draw, I asked ^{the patient} to see his drawings. I am taken to the Interview room to wait, 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 hard to make out, heavily shaded in pencil with black and red biro pen on top. One is of a man with a snake coming out of his head and he explains that this is an animal spirit and begins talking about bearts, comparing himself to a beart. As we look through the rest of his drawings he continually refers to animal spirits, men and bearts.

He shows me his logo -  which is the sign of the "DOMINA" tribe, it appears in many of the drawings. Shapes and symbols are integrated into many of the drawings, in the clothes, masks and balaclavas.

 is just one of the symbols in the DOMINA language. He shows me pages of these symbols, explaining that if you know all the symbols, you don't need to speak. The language is his religion, but he

says he does not follow it. Each symbol has a specific moral meaning, some of which he could not tell me because they were 'bad'.

We talked for almost 2 hrs, about his parents, childhood and his life since moving to London.

Before drawing, we took a break and he went to his room to put on his favourite necklace and bracelet, which someone had given to him saying he needed some bling, and had to start somewhere. He described the U.K as his Babylon, because he had made a new life here, he didn't have any money problems and he could wear an expensive watch.

We went to the pottery room where my etching was set up and I asked him to sit comfortably. He sat extremely still throughout the drawing, sometimes talking about his doctor and made some jokes. When I had finished the drawing - he looked and said 'Its Good - Shes' really good.' We talked about what other elements I would draw into the portrait. He said he had been drawing self portraits and liked the idea of using signs and symbols inside his body, apart from that he asked me to draw anything I wanted to.

The nurse came to bring him back to the ward, we thanked each other and said good-bye.

domina clan

- african spirits/symbolism
organs

face inside moon?

many
contrast
dark to light
black to white

Snake emerging
out of head

african mark?
(half/part of
face)
(same as Dr) (horned)
fish
medicinal leaves organ?
(liver)
draw a church
Snake
chimerical
man beast
movement of leaf -
inspiring
watch?

U.A. is babilon for Cedric

right side - } (Symbolic)
left side - } male
female

(this one is
cute, couldn't
explain)

MERCURY? (injected with)
imagery goes with
heart?

african mystical image
Senglanes

made up own language what
is this?

Yellow
Black
Red

Domina
Clan

use colors in
(vital)
3 major organs
to do with Cedric's
emotional history)

Emma Lilley

DRAWING OUT THE SELF:

THE IMPORTANCE OF NARRATIVE IN GEMMA ANDERSON'S PORTRAITS

Every portrait is to some extent a collaboration – some might say collusion – between artist and subject. Gemma Anderson takes this conceit to a new level in her series of etchings of eight patients and eight psychiatrists; the fruits of that collaboration are laid bare in every drawing.

There is the initial collaboration between Anderson and Tim McInerny, the forensic psychiatrist who acted as a vital mentor to the artist throughout the project. There is the collaboration observed by Anderson during sessions at in-patient units between doctor and patient. Then there is the collaboration between each subject and the artist, with questionnaires dutifully filled in and interviews given before Anderson could identify the objects, plants and animals she wanted to use to characterise each sitter. Not to mention the collaboration of the subject during sittings – a basic requirement to sit still.

Interviews? Not many portrait artists start their sitting with an actual interview, however informal. A bit of chit-chat between marks, perhaps. However, for Anderson the power of *talk*, of two people relating to one another, is a crucial part of her practice. For this is portraiture not as faithful representation but as narrative: one artist's subjective account, intuited with compassion, of the back-story behind an individual's life. Put differently, this is an attempt to embody the sitter in a way that does not just rely on surface details of face, attitude and demeanour but that is reflective of the interior world of the subject.

In the case of the patients, it is an attempt to explore their mental state, the circumstances of their illness and, in so doing, restore their fragmented sense of self – the bits that have been lost in the medical pursuit of definitions and medication. For some patients this was the first time that anyone had shown an interest in them that wasn't purely medical. In the case of the psychiatrists, it is a rare moment of turning the spotlight onto themselves and the exercise of their skill as clinicians, not to mention an opportunity to explore the therapeutic nature of the relationship that connects them with their patients.

Which images are patients and which psychiatrists – who the 'mad' and who the 'sane' – is not made clear, a ploy that puts the viewer in the position of pseudo-psychiatrist, examining the 'health' of the subject. It makes us question our attitudes to mental illness and stops us from prejudging. We become more aware of our own vulnerability, of the idea that we *all* carry within us the seeds of mental fragility. This sense of our vulnerability is reinforced by Anderson's inclusion of medicinal plants (used historically in the treatment of aggression, anxiety and so on; see p. 57), which recur like a leitmotif throughout the portraits of both types of sitter, binding the two together in a holistic relationship and blurring the distinction between the 'us' and 'them', the 'sane' and the 'mad'.

So what does 'madness' look like? Or are we all mad in varying degrees? Anderson's equal treatment of her subjects would seem to suggest that. Her work neatly embodies an idea proposed by philosopher Ludwig Wittgenstein that psychosis be seen not as an illness but as part of what psychologist Richard P. Bentall calls 'human variation'.¹ If you understand mental illness as such, rather than simply as a form of brain disease to be chemically altered by medication, then you will inevitably emphasise the importance of therapies that respond to patients' psychological needs – in short, what Anderson's work instinctively taps into: the power of 'talking therapies'.

Anderson often found patients would reveal details about themselves they had never discussed with their doctors. On seeing his finished portrait, one young male subject expressed his amazement that Anderson had managed to extract so much from him,

¹ Bentall, Richard P., *Madness Explained: Psychosis and Human Nature* (Penguin, 2004), pp. 95–96.

including things he had never talked about to anybody before.² Another patient mentioned that he had once been a Michelin-starred chef – a fact he had not disclosed to his psychiatrist.

One of the questions that threw some of the doctors was whether they had anything in common with their patients. Although a couple found they did – one confessing to an experience of anxiety, just like her patient³ – others were clearly not used to thinking of the relationship with their patients in anything other than medical terms. The common ground between the young chef and his psychiatrist turned out to be a fish: the doctor had been inspired to follow medicine after dissecting dogfish in the school laboratories, while fish was simply the food his patient most liked to cook.

With Anderson we feel we are in the hands of a reliable narrator. We understand that what drives her is curiosity coupled with compassion. She has a straightforward desire to find truth, to dig down through her research to the core of her sitters' internal worlds and present portraits of the self that are as authentic a summation of their state of mind as any outsider can make. We sense that it matters. This, presumably, is why she draws from life directly onto the copper plate; so that she can tap into the veracity of the moment, the energy that pulses from sitter to the eye, through the hand and onto the plate.

The etched image, with its clearly delineated lines, immediately declares its status as illustration, as a transparent teller of tales, like the frontispiece to some beautifully printed book – a kind of poet's reinterpretation of the nineteenth-century craze for phrenology. Instead of measuring skulls with callipers, however, as phrenologists did, Anderson takes the internal measure of minds. She works from the inside out, creating portraits that can be read, rather like poems. The texture of each is made up of a series of carefully researched visual clues, some of which are there to be taken literally, others metaphorically, sometimes both.

The collection of objects, plants and animals Anderson chooses to represent her sitters is at first glance reminiscent of the world-weary *vanitas* still-lives of the seventeenth century. However, the way she embeds the items into her composition is entirely her own. Weaving attributes into the very fabric of people's clothing or locating them, like visible organs, within their bodies, she indicates the importance of these clues to the personality and story behind the individual she is describing. It is as if they are inseparable from their identity and their personal narrative.

Thus in her portrait of Robert she uses butterflies – traditionally a sign of the transience of life – to indicate the 'butterflies in his stomach', the anxiety he carries within him. A mass of spaghetti in her drawing of Adam is not just a favourite food but a sign of the worry – the 'can of worms' – that afflicts his thinking. The tools of a favourite hobby, fencing, appear to grow like wings from Cordelia's shoulders and bud into life, as if representing a vital freedom from the straitjacket of angst. In Elsy's etching, a skeletal leaf seems to be disintegrating into the fabric of the old lady's clothing, perhaps symbolic of the fragility of her nerves. Meanwhile in the portrait of Tim an onion, bottom right, symbolises the complexity of the layers of patient histories and personalities he has to work with. As onions have healing properties, it can equally be read as a potent symbol of his competence to heal complex cases.

Anderson's belief in the importance of the exploration of an individual's personal history in the diagnosis and treatment of mental illness is not necessarily shared by the profession, as Bentall makes clear in his book *Madness Explained*. Regarding the link between an experience of trauma and the onset of hallucinations, for instance, he writes, 'The suggestion that environmental influences could be important has been so effectively

censored over the last few decades that these kinds of effects are scarcely mentioned in most textbooks of psychiatry or clinical psychology'.⁴

The layperson is not hidebound by such taboos. The artist is free to think, to intuit and experiment. Anderson is not shackled by clinical opinion but able to follow her instincts: 'I found that the personal history, the family history and life situation of each of the patients had all formed the circumstances of the illness. The narrative is very interwoven – nothing was coming out of nowhere.'⁵ It is a view she has formed through personal experience. When her 90-year-old grandmother was admitted to hospital suffering from psychosis, Anderson was shocked to find the psychiatrist didn't even ask what had recently been happening in her life. The assumption was that the stresses of her environment had played no role in the aetiology of her psychosis. 'In fact, my grandmother had been mugged, and had a friend who'd been murdered. Terrible stuff. It all made sense', she says. 'It made me really interested in working with patients, in trying to project imagery onto them in order to give them an identity that is visible rather than one made up just of words.'

By exploring patients' stories, asking questions about their lives, Anderson has found a way to unite visually the public and private self and, by addressing the whole individual, to return to her sitters a unique sense of their own identity. What is particularly satisfying is that her portraits expose to public view people who might ordinarily be lost under a sea of notes, medical jargon and prescriptions. She makes visible on the page illness that is otherwise unseen and rarely openly discussed, and yet it defines her eight patients' lives in a manner that is just as debilitating as any more visible, physical impediment.

The composer Berlioz described experiencing attacks of depression as struggling against a 'crushing sense of absence, against a mortal isolation'.⁶ Anderson's work stands as a powerful reminder to patients that they are present. She returns to her subjects both confidence in themselves as human beings and delight in the physical world of objects and nature that they inhabit. To psychiatrists, mental health providers and the world at large, her portraits throw down a gauntlet: we ignore the therapeutic importance of narrative at our peril.

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² Lilley, E., unpublished interview with Gemma Anderson, 3 February 2010.

³ Anderson, G., *Portraits: Patients and Psychiatrists*, *Process Blog*, www.gemma-anderson.co.uk.

⁴ Bentall, op. cit., p. 474.

⁵ Lilley, op. cit.

⁶ Redfield Jamison, K., *Touched with Fire: Manic-depressive Illness and the Artistic Temperament* (Free Press Paperbacks, 1993), p. 20.

