

Gemma Anderson

PORTRAITS

:

PATIENTS AND PSYCHIATRISTS





Elsy

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The etchings 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 lineaments of the portraits) and Hercules Seghers (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 sitter's *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.



Fig. 1

Engraving by Ambroise Tardieu as a plate to Jean-Étienne Esquirol, *Des Maladies mentales*, Paris 1838. Wellcome Library, London



Fig. 2

A man aged 82, an inmate of the Craiglockhart Workhouse, affected with senile dementia. Colour lithograph by John Williamson, ca. 1890, for B. Bramwell, *Atlas of Clinical Medicine*, Edinburgh 1892–1896. Wellcome Library, London, no. 38623i

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 Meige) 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 Beek studied the insane in the Middle Ages (1969, 1974); Sander Gilman's *Seeing the Insane* (1982, 1996) brought to light a much wider range of sources and ideas than were previously available; and Sandro Parmiggiani's magnificent exhibition in Reggio Emilia and book *Il volto della follia* (2005) released to the world astonishing photographs covering the whole gamut of the twentieth century. Perusing 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 torments inside the disturbed mind.

To attack the agitated windmills of the mind, such artistic Don Quixotes as Francisco Goya and Théodore Géricault represented the inner disturbances through various external manifestations. The settings may include paraphernalia 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) grimacing, ranting and raving (Fig. 1) and (at the other) dejected oblivion. (Fig. 2) 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 much the same 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, Étienne-Jean Georget. However, the Anderson series comes from a time when older social distinctions 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 etchings 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 be a tribute to the psychiatrists, and to the medication at their disposal. But it is surely also a sign that the patients are appreciated and recorded as individuals first, as patients second, and as illustrations of a medical stereotype not at all.

What about the portraits of the psychiatrists? They, too, can be compared with stereotypes. American psychiatrist Irving Schneider looked at the portrayal of his profession in popular cinema and found three types, which he called Dr Evil, Dr Dippy and Dr Wonderful. Dr Evil is an arrogant descendant of Victor Frankenstein, while Dr Dippy appears to have been totally assimilated to the mindset of his patients rather than they with his; and Dr Wonderful manages to diagnose and cure by telepathy, without the time-consuming demands of testing, talking, taking histories and writing up notes.

In contrast with these one-dimensional caricatures, the psychiatrists in Anderson's portraits are individuals with a history, interests and attachments that are separable from their profession; these are shared with other people from the same social context. They have preferred places to spend their holidays; they have objects and furnishings – actual and mental – that they look to for comfort and inspiration, such as favourite foods, books and music. Their attributes in the portraits show that they have the same work demands and material needs as professionals in other fields of employment in the same part of the same city. Additionally, their relationships with their patients are depicted as more fruitful than the stereotypes suggest, for their job is not to command a stage like the good or evil hypnotists beloved of Hollywood, but rather to manage, control and even arrest the symptoms of mental illness troubling their fellow citizens.

The classlessness of the portraits is very much of their time. In 1932–1933 another artist was himself a patient at the Maudsley Hospital in Denmark Hill, Southwark, where some of Anderson's subjects reside: Thomas Hennell (1903–1945), who wrote a book about his experiences, *The Witnesses* (1938). He was interviewed by two doctors, whom he calls Dr Craugasides and Dr Embasichytros. They appeared to Hennell like Kafkaesque inquisitors, alternating between condescension and carping. The distance between patients and psychiatrists seemed to Hennell to be institutionalised in the asylum: where he was seeking sympathy and understanding, he found opacity and contradiction. This was the period of the pin-striped consultant illustrated in *Punch* cartoons during the 1920s and 1930s.

Anderson's portraits of patients and psychiatrists from the same hospital 75 years later are strikingly different. Their 'vocabulary of images' (in Gilman's phrase) is demotic: they show a levelled society, where patients and doctors may buy the same clothes from the same shops, go to the same hairdressers and support the same football teams. That is simply to say, the world around them has altered during those 75 years, and even professions based on scientific disciplines are not exempt from social change.

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.

WILLIAM SCHUPBACH is a librarian at the Wellcome Library in London specialising in iconography, especially in photographs, paintings, prints and drawings. He has published articles on Dutch and Flemish paintings of patients, doctors, alchemists and surgeons, and a monograph on Rembrandt's painting, *The Anatomy of Dr Nicolaes Tulp*. His most recent project was an exhibition in Beijing of some of the earliest documentary photographs of China (1869-1872), showing a way of life now disappearing under modern rebuilding plans.



Fredric



Connor

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.

LUDMILLA JORDANOVA is Professor of Modern History at King's College London. She was a Trustee of the National Portrait Gallery, London, between 2001 and 2009 and is the author of *Defining Features: Medical and Scientific Portraits 1660–2000* (Reaktion Books, 2000). She is currently working on the ways in which historians use visual and material evidence, and on portraits of patients and practitioners from 1600 onwards.

Stephen Brown

NATURE'S AMPERSAND

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 on 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 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 staircases. When we enter the ward the patient is smoking at the door that opens onto the Norbury 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 sketch books. 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 beards, comparing himself to a beard. As we look through the rest of his drawings he continually refers to animal spirits, men and beards.

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



Ferdinandina

MEDICINAL PLANTS

Plants appear in virtually all of the etchings in the 'Portraits' series. Those featured in four 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 1653, and Bartram's Encyclopedia of Herbal Medicine by Thomas Bartram (Grace Publishers, 1995)



BORAGO OFFICINALIS
BORAGE
Gives courage, activates the adrenal glands
Quentin — Fredric



CHAMAEMELUM NOBILE
ROMAN CHAMOMILE
Relieves physical stress, indigestion from
emotional upset and loss of appetite
Fredric

ERYNGIUM MARITIMUM
SEA HOLLY
Helps melancholy of the heart
Dan

GINKGO BILOBA
MAIDENHAIR TREE
General tonic and aids memory
Quentin — Dan

HELLEBORUS NIGER
BLACK HELLEBORE
Roots effectual against all melancholy diseases, especially
such as are of long standing, as quartan agues and madness
Dan



HEPATIC A NOBILIS
LIVERWORT
Cools and cleanses; being bruised and boiled in beer
and drunk, it cools the heat of the liver and kidneys
Fredric

HYOSCYAMUS NIGER
HENBANE
Helpful for deafness, noise and worms in the ears
Quentin — Connor

JUNIPERUS COMMUNIS
COMMON JUNIPER
Good against the bitings of venomous beasts
Quentin — Connor



LAVANDULA ANGUSTIFOLIA
COMMON LAVENDER
Helps giddiness or turning of the brain
Fredric

LEONURUS CARDIACA
MOTHERWORT
Takes melancholy vapours from the heart, strengthens it
and makes it merry
Dan

MATRICARIA RECUTITA
GERMAN CHAMOMILE
Helpful for nervous excitability, insomnia
and psychosomatic illnesses
Dan

MELILOTUS OFFICINALIS
YELLOW SWEET CLOVER
Effectual for those who suddenly lose their senses, as also
to strengthen the memory, to comfort the head and brain,
to preserve them from pain and the apoplexy
Dan

ORIGANUM MAJORANA
SWEET MARJORAM
Excellent remedy for the brain and other parts of
the body and mind
Dan

ORIGANUM VULGARE
WILD MARJORAM
Used to relieve stress, tension, headaches and muscular pains
Connor



PAPAV ER SOMNIFERUM
OPIUM POPPY
Poppy heads are boiled in water and given to procure
rest and sleep; also used to cool frenzies
Fredric



ROSMARINUS OFFICINALIS
ROSEMARY
Helps all cold diseases, both of the head, stomach, liver and
belly; it also helps a weak memory and quickens the senses
Quentin

SALVIA OFFICINALIS
SAGE
Profitable for all pains of the joints; treats lethargy
for such as are dull and heavy of spirit
Dan

SERIPHIDIUM MARITIMUM
SEA WORMWOOD
Remedies the evil cholera that can inflict on the body
of man by sympathy
Quentin — Dan — Connor

SILYBUM MARIANUM
BLESSED THISTLE
Expels superfluous melancholy and makes a man
as merry as a cricket
Quentin — Connor

VALERIANA OFFICINALIS
VALERIAN
Excellent properties to heal any inward sore or wounds
Dan

"The plant communicates with the animal, the earth with the sea, man with everything around him. Resemblance imposes adjacencies that in their turn guarantee further resemblances. Place and similitude become entangled: we see mosses growing on the outside of shells, plants in the antlers of stags, a sort of grass on the faces of men; and the strange zoophyte, by mingling together the properties that make it similar to the plants as well as to the animals, also juxtaposes them"

Monstrorum Historia, U. Aldrovandi, (Bononiae, 1647, p 663)



