

**Art as healing / Edward Adamson, in association with John Timlin ; with a foreword by Anthony Stevens.**

**Contributors**

Adamson, Edward.  
Timlin, John.

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
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# Art as Healing

Edward Adamson



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## Preface

*Limited edition of 2000: facsimile of Edward Adamson's and John Timlin's 1984 book, reissued with the kind permission of John Timlin. In conjunction with the Edward Adamson Festival 2014, the first major survey of Adamson's life and work since his death in 1996. This preface is the only change to the original 1984 edition. The book was MIND's Book of the Year in 1985.*

This unedited edition of *Art as Healing* was re-originated by scanning and photo retouching a previously printed copy of the book  
Litho printed onto FSC accredited material throughout.

Edward Adamson (1911 – 1996) believed that the act, the gesture of creating, healed the mind. In the 35 years he worked at Netherne Hospital, he single-handedly encouraged (though rarely intervening and never interpreting) art-making by the many hundreds of people who came to his art studios during their decades living in the hospital. When he started at Netherne in 1946, his was amongst the very first art studios located within a mental hospital in the world. The success of his pioneering work was, and remains, central to the emergence of art therapy.

Adamson kept everything that was made in his studios. On his retirement from Netherne in 1981, Adamson selected over five thousand works (out of an estimated 100,000) by about 180 people to form the Adamson Collection. The Collection is diverse and fascinating: paintings, drawings, ceramics, sculptures and works on flint, stone, wood and bone, wallpaper and tissue. When Adamson and Timlin published "*Art as Healing*" in 1984, the Collection was at Miriam Rothschild's estate at Ashton Wold. Works from the Adamson Collection have been exhibited nationally and internationally and received widespread media coverage over the decades.

After Adamson's death, on behalf of the Adamson Collection Trust, Alice Jackson and Michael Freudenberg moved the Collection from Ashton to Lambeth Hospital in South London, today part of South London and Maudsley NHS Foundation Trust. In the past two years, 5000 paintings and drawings have been moved from Lambeth Hospital to the Wellcome Library. The Adamson Collection Trust is securing the future of the Collection – which has significant conservation challenges – in major international cultural institutions. There is more work from Adamson's studios, held by organisations including the American Visionary Art Museum (to whom Timlin donated Adamson's library in 1997) and the Bethlem Museum. There is also the Edward Adamson Archive at the Wellcome Library.

'*Art as Healing*' may be a glimpse of the Collection's contents: it is also Adamson's and Timlin's guide to their whole Collection. People made these works for their recovery with Adamson, who collected them. The works and the Collection are now historical artefacts, and increasingly being recognised as important in asylum art and outsider art. The images, narrative and insights in '*Art as Healing*' remain as fresh and relevant today as when first published 30 years ago: the body and spirit of Adamson's work inspiring and illuminating the art of healing.

February 2014.

Adamson Collection Trust: David O'Flynn, Michael Barham and Harvey Wickham.

The Edward Adamson Festival thanks Beth Elliott, Richard Morley, Victoria Northwood, Ralph Chan, John Timlin and William Schupbach.

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"*Art as Healing*" © John Timlin, 1984, 1990, 2014.

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Health in Mind





Art as healing

Edward Adamson was trained as an artist, and has exhibited his work in London and Paris. He has broadcast on radio and television and the BBC have made a film about his work. He was the founder chairman of the British Association of Art Therapists, and assisted in the planning of the first course of Art Therapy in the country. He was elected a Council Member of the Société Internationale de Psychopathologie de l'Expression. He has retired from Netherne Hospital where he was art director for many years, and he now runs a private practice at his Chelsea studio. During the past thirty-seven years he has compiled a collection of 60,000 paintings and artifacts of the mentally ill, now housed in a new gallery on the Rothschild's estate at Ashton, near Cambridge, and supervised by the 'Adamson Collection' charitable trust, of which he is curator.

John Timlin taught emotionally disturbed children in London's East End, before becoming Principal Lecturer in Remedial Education at a London University teachers' college. He has broadcast on radio and television on education and art. He was a founder member of the British Association of Art Therapists, and was elected a member of the British Psychological Society. He has now retired and is the Honorary Chairman of the 'Adamson Collection' charity.

Dr. Anthony Stevens practises as a psychiatrist and psychotherapist in London and Devon, combining his clinical work with writing and lecturing. Author of *Archetype – A Natural History of the Self*, he is now engaged on *The Story of Withymead – a Community for the Healing Arts*.

# Art as healing

Edward Adamson

in association with  
John Timlin MA

With a foreword by  
Dr Anthony Stevens DM, MA, DPM

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and John Timlin, 1984

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To all of you, this book is humbly dedicated.

Colour photography: Peter Phipp.  
Portrait: John Vere Brown.

## Foreword

The achievement of Edward Adamson is all the more remarkable when one considers the nature of the institution in which he worked. When he opened his studio at Netherne in 1946, mental hospitals were still much as they had been in the nineteenth century. Modern social psychiatry and its daughter therapeutic communities had yet to be born. You have only to look at a photograph of a conventional mental hospital to know what life in one was like, for the architecture speaks eloquently of the attitudes governing its construction – a huge, impersonal fortress, standing in an isolated location, and surrounded by high, iron-spiked walls. The intention behind such a repository for human misery was far from therapeutic: it was a concentration camp for the imprisonment of unfortunates who had become an embarrassment to a society that preferred to keep them out of sight and out of mind.

True, Adamson was lucky in his physician superintendent and in the historical timing of his venture. The end of the second world war saw a dramatic shift of social attitudes in the direction of egalitarianism and tolerance, and these new attitudes resulted in the inauguration of the NHS in 1948 and the Mental Health Act of 1959. But welcome as these changes were, the new health service proved to be a cumbersome bureaucratic organization which perpetuated the Victorian policy of incarcerating mentally ill patients in penitential barracks like Netherne which, for all the humanity of individual doctors and nurses working in them, gave high priority to such considerations as the cost-effectiveness of custodial care, the

mass application of standardized treatments to large populations, and to the removal of symptoms through drugs, electric shocks, behavioural manipulation, and mutilating operations on the brain.

In this nightmare world, Edward Adamson opened his studio. There patients found a haven of peace and sanity, where they could examine their private world and give it some form of expression – forms which Adamson, with abundant sensitivity and compassion, knew how to receive. Edward Adamson possessed not only vision, but the talent and the charisma needed to bring his vision to birth in reality. Intuitively he knew there to be a connection between creativity and healing, and he understood the importance of providing a sanctuary – a space, a *temenos* – in which this connection could be made. His genius lies in his ability to create the *enabling space*.

As in art, the essence of therapy is communication. By liberating patients from the restrictive confinement of words and setting them loose in the much wider vocabulary of paint and clay, Adamson enabled them to formulate the meaning of their predicament; and by mobilizing the creative resources latent within their own personalities, he assisted them to heal themselves. Like C.G. Jung, he felt his work to be 'less a question of treatment than of developing the creative possibilities latent in the patient himself.' Though not a Jungian by training or conviction, Adamson's approach is essentially Jungian in spirit in the sense that it operates on similar assumptions; and one of his greatest gifts as a therapist is

his skill at what Jung termed 'the art of letting things happen.' 'The art of letting things happen,' wrote Jung, 'action through inaction, letting go of oneself, as taught by Meister Eckhart, became for me the key opening the door to the way. We must be able to let things happen in the psyche. For us, this actually is an art of which few people know anything. Consciousness is forever interfering, helping, correcting, and negating, and never leaving the simple growth of the psychic process in peace. It would be simple enough, if only simplicity were not the most difficult of all things.'

Given time in his studio, Adamson's patients produced images and symbols which were rich in life, emotion and meaning, and which, once they had been consciously assimilated, helped free them from their illness and opened out for them a richer, more fruitful existence. Art therapy, as practised by Adamson, is the opportunity for the patient to *real* – ize what lies within himself – to discover inner resources and give them form in outer reality.

By providing the 'enabling space' for this work to proceed, the last thing that the therapist must seek to do is to 'normalize' people (as Jung once remarked, to be normal is the ideal aim of the unsuccessful). The key to Adamson's success is the absolute respect – one might say reverence – he has for the individual, for his unique experience, and for the value of what he creates out of that experience. It is easily forgotten that success in art therapy, like success in analysis, depends as much on the

relationship between patient and therapist as on the symbol-forming potential of the unconscious psyche. As if to guarantee success in this regard, Edward Adamson has been endowed with personal gifts that render his personality both irresistible and naturally therapeutic. (Certainly I have always felt better for being in his company!) His comfortable, avuncular presence, his gentle courtesy, patent integrity and the rich humour of his eyes, combined with a warmly affectionate nature to ensure that his Netherne patients loved and trusted him and felt inspired to yield up their innermost secrets to his care: under his influence, their illness, their symptoms, and their lowly status as inmates of an asylum dwindled into insignificance. Through Art these things were transcended.

Anthony Stevens, DM, MA, DPM  
February 25th, 1983



## Introduction

In these days, when uncertainty is world-wide, spiritual turbulence and anxiety appear to have taken up a prominent position in many of our lives. We are no strangers to unquiet feelings. We have all experienced difficulties in human relationships which may have been resolved, but which might equally have precipitated a major crisis in our lives. Some of us are more fortunate than others in the way that we can cope with such problems. If, on the other hand, the pressures become overwhelming and there seems no way out, the mind calls a halt. The unfortunate person surrenders and is taken into psychiatric care. He is set apart and relinquishes his identity: labelled as a 'patient' or perhaps, 'a schizophrenic'. He becomes an 'aliené', as the French would say, although the dividing line between 'them' and 'us' is just a matter of degree.

Some people who have endured this, now share their experiences with us, in this book. This is also an account of how Art came to their rescue.

Painting, pottery, sculpture, modelling and wood-carving have been regarded as a dynamic form of treatment, in the psychiatric hospital where I was employed as an artist, for over thirty years. I shall chronicle my own involvement in the process, and illustrate how Art made a positive contribution to mental health in a wide variety of ways. In order to do this, I shall also rely on the pictures to speak for themselves, and to provide a more eloquent testimony to the extraordinary efficacy of Art as healing.

When the British Red Cross assembled a picture library of reproductions for loan to hospitals, one of the organisers invited artists to talk about these pictures to staff and residents of hospitals who had expressed a desire to know more about them. As an artist, recently demobilised from the army, I was asked to participate. It was suggested that I visit a large psychiatric hospital in South London. I must confess the idea filled me with a certain apprehension: I had never visited an 'asylum' before. Nor were my fears quelled when, after having passed through long corridors and many locked and relocked doors, I was ushered into a large hall containing about one hundred people who were assembled to hear me speak.

In those days such hospitals were closed to the outside world. Many of the inhabitants underwent major brain operations and consequently many who had come to listen to me were shaven-headed. Others were swathed in bandages and were disfigured by post-operative bruises and black eyes.

The first picture we discussed was a Christopher Wood painting of three dancing sailors. Soon my disquiet was forgotten as my audience, perhaps sensing my nervousness, supported me by asking very pertinent questions. When I had finished, they asked me to return, so I did. After my third visit it was obvious that we had established a good rapport. I was very pleased with the wealth of interest which was revealed, and the depth of artistic sensibility. The Physician Superintendent later asked me if I would be interested in helping some of the



residents to paint. We agreed that I should start on a limited basis.

I had already been doing work of a similar nature (or so I imagined) in T.B. sanatoria with Adrian Hill. As artists, our role had been to lend our professional skills to those invalids who needed an occupation and a diversion during their long months of recuperation. In some ways, we practised a form of occupational therapy through Art. The results were, for the main part, conventional and predictable; the main concern was to acquire a good technique. I was quickly to discover that things were to be entirely different in my new environment. For one thing, my new charges exhibited a much wider range of personalities than those in the sanatoria. On one hand there were some people who communicated very little; they had retreated into themselves, seemingly oblivious to the outside world; many of these suffered the weight of a depressive illness. On the other hand, others were very extravert and volatile.

One no longer encounters such extremes of personality today: modern tranquillising drugs have intervened to lift depression and quell the enthusiasm of mania. The fashionable habit of taking tranquillisers to dampen down symptoms avoids the fundamental problem of coming to terms with the *causes* of illness. This responsibility is shrugged off, with the result that the person gains little insight, and consequently no ability to ward off another crisis, should one occur later on.

The hospital residents who came to the studio were

accorded the dignity of helping to cure themselves. The very fact that they came to the studio every day placed a responsibility on their shoulders, rather than allowing them to become the passive recipients of authoritarian care.

We were all working very much in the dark in those early days. I must confess that within a few weeks of starting my new job, I was in two minds whether I would have sufficient courage to continue. On looking back I realise that I stayed mainly in response to the overwhelming need of those who queued up every day outside the studio, eager to begin. It was their gratitude for the experience which compelled me to remain, almost against my will.

When I first came to the hospital, there were about 2,000 residents who were undergoing treatment of various kinds; few concessions could be made to a person's individual needs. Those who were accommodated in the locked wards were all obliged to wear hospital clothes. In the stark dormitories, the long rows of iron beds offered no seclusion, as they were not curtained off from each other. The practice of taking communal showers afforded no personal dignity, neither was there any privacy in the bathrooms. (Even today, in many hospitals there is not substantially more privacy.)

Under such conditions, it was not surprising that the studio gradually became an oasis for each person to express that individuality which had suffered such erosion in this desert of sameness. Painting gave expression to the

uniqueness of each human being. Many people said how they appreciated the natural silence of the studio, with its atmosphere of quiet concentration. In order to preserve this, I always discouraged visitors during the painting sessions. This was particularly after one occasion, when a beaming vicar came in, unannounced, and started to make well-meaning comments as he peered at the various works. After he had departed, I noticed that one person had drawn him hanging from a gibbet!

Many residents confided how much they looked forward to their time in the studio, whereas they were often filled with apprehension at the thought of an impending physical method of treatment. I learned subsequently, that many preferred to come to paint rather than take advantage of small earnings in industrial therapy. (This consisted of dismembering such machines as old telephones, and then sorting out the screws and nuts and bolts into separate little boxes for a small payment.)

In the studio, I considered it my role to facilitate, rather than direct. I never suggested what anyone ought to paint, because it seemed essential that the idea should be entirely theirs. If someone wished to discuss a possible topic for a painting, I would merely try to explore what he wanted to do. Invariably, when we had finished talking, he would go away and paint something entirely different. I never criticised, and I never praised the paintings. I just welcomed them. I certainly never tried to interpret them. I did pass them on to the individual's doctor, whom I hoped would use them to get a little

closer to his patient.

In such a large hospital, filled with so many people desperately needing individual attention, artistic expression became a treatment in its own right. It compensated for the pitifully short period of time that the overworked doctors could devote to a private interview with an individual. My artist's eye soon noticed that many of the paintings possessed an extraordinary degree of intensity. This was in spite of the fact that the majority of the residents had experienced little, if any, artistic training previously. When some of the works were later exhibited in a specially built gallery in the hospital, visitors occasionally expressed a certain incredulity at the graphic competence and directness of the paintings. 'Don't you help them with their drawing?' I was asked. Many times my role was confused with that of an occupational therapist, or an art-teacher. It was neither of these.

The reason that the paintings are so positive in their statement is that they express the powerful creative energy that we all possess but may not have released. Illness can relieve some people of their inhibitions about painting, as well as making them *sensitised* to their environment. Antonia Whyte, the writer, remarked on this aspect of hyper-sensitivity through illness, when she opened an exhibition of hospital art at the Institute of Contemporary Art in Dover Street, Piccadilly. Aldous Huxley\* refers to the magnified effects that colour had

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\* *The Doors of Perception*, Aldous Huxley. Chatto & Windus 1954.

upon him, after taking mescaline, a drug thought to produce effects similar to some forms of mental disturbance.

As I look, in retrospect, at the thirty-five years that I spent as a hospital artist, I realise that, although I was part of the medical staff, I was also separated from them. I made it a point never to wear the uniform of a white coat when I was working in the studio. I was, therefore, someone 'in between', to whom the residents and staff could appeal as an independent artist. I was content to sustain the anomaly of this unusual position; it unfolded over the years.

I believe that anyone who wishes to do this type of work should, first and foremost, be an artist. He holds

the quiet authority of his vocation and can give a professional welcome to individual expression. The artist is uniquely placed to embrace the enigma of commencing a journey to an unknown destination. He can search without knowing what he is looking for, yet recognise his quarry the moment it appears. He must have the patience to wait and contain the paradox that one must be passive, while at the same time being actively vigilant. The artist is also on familiar terms with the inner self, and therefore is a little closer to those who are obliged to wrestle with its problems. The hospital artist's main role is to be a catalyst who allows the healing art to emerge.



## I Art as healing

The Arts have always been associated with spiritual regeneration. In the Old Testament, David cured the madness of King Saul by playing to him on the harp.\* In more recent times, there have been accounts of the comfort to be drawn from the Arts, as a refuge from modern stress. The celebrated statesman, Sir Winston Churchill acknowledged his gratitude for the solace he derived from painting after the tragedy of the Dardanelles, which was for him a time of deep personal crisis.† The visual arts are more than a palliative – under the right guidance, they can be a vital form of self-help which allows Nature's healing powers to restore balance and harmony to the troubled mind.

There are many parallels between the dynamics of spontaneous painting, and the therapeutic process. Art is a very powerful form of communication, which in turn is a vital part of the therapeutic situation. In analysis, for example, one is encouraged to reflect on the past and relive one's emotional life in safety. Traumatic events can be re-experienced, brought out into the open and viewed from a new perspective within the security of the analyst's consulting room.

This procedure can also be re-enacted through the medium of painting. A good example of this can be seen in William Kurelek's 'I Spit on Life' in Chapter 8. An essential ingredient of Art is that it is a unique reflection of its creator: it pays homage to the individuality of man.

\* 1 Sam. 16: 14–23.

† *Painting as a Pastime*, Winston L.S. Churchill.

It is a vessel wherein the ingredients of the spirit are distilled to produce a personal, integrated, harmonious solution – in a manner very similar to the therapeutic process. In both situations, a great deal of unconscious material can be brought to the surface. Paintings can become a window through which we can see a person's submerged thoughts and feelings. They can be an essential key for the doctor or psychotherapist who wishes to unlock the private door into the inner world of his client's state of mind. Paintings can often be understood at two levels. There is the superficial, 'manifest' level, where one accepts the literal meaning of the illustration, then there is the deeper level of symbolism, where the selection of subject, the objects chosen to be represented, the colour choice, the placing on the paper – everything, in fact, where choice has been exercised – has a much deeper significance. This is often the case where the conscious mind has resolutely refused to examine a painful problem and has pushed it into the background. The obstacle has such energy that it will not simply disappear, and is often restated, at a level acceptable to the person concerned, in a disguised, symbolic form, as in dreams.

Analysts use the rich and fruitful imagery of their clients' dreams in their professional work. A painting of a dream can therefore be of great assistance to them. It offers a more permanent record than half-remembered, verbal reminiscences and, being physically distanced from the dreamer when it is on paper, will often produce

a note which will vibrate sympathetically within the inner being of its creator. Often the true meaning of a dream is not at first obvious and a painting allows the hidden message to be deciphered gradually (Chapter 12).

In a different type of therapeutic encounter, painting can be used actively to encourage the person to dream on paper, or to complete an interrupted dream. The act of painting, in itself, is a magical moment. A subtle dialogue is set up between the painter and the slowly unfolding symbolic drama of the inner mind. The psychoanalyst Marion Milner wrote\* movingly on how she herself used spontaneous painting to start a rewarding conversation with her own subconscious.

In a therapeutic session, the sensitive doctor can make use of symbolic material in painting, as it is presented to him. For instance, a very withdrawn woman repeatedly drew a small bunch of tightly closed crocuses. The perceptive doctor then suggested that the petals might open, just a little. The woman hesitantly agreed and this was accompanied by a positive breakthrough in the situation. As the petals opened, so the woman began to communicate her difficulties and soon recovered.

Art gives palpable form to the imagination. The spectator is given the great privilege of being allowed into the secret garden of dreams. Rich veins of surrealism are discovered in the studio. When, sometimes, they are fearful and persecuting, painting ventilates them within

the safety of the studio. On other occasions, fantasy takes a highly inventive turn. For example, one woman who came to the studio regularly used to bring with her a copy of the *Daily Telegraph*. On top of the personal column was a religious text, which she felt obliged to illustrate. On this occasion, she said that she would have to paint naked women. As the painter was an elderly professional lady with a high sense of propriety, this caused her some concern. She started to draw the naked figures and then she covered their nudity with leaves. As an afterthought she reflected that they would probably catch cold as they were so scantily clad. She then provided skeins of wool, which she hung in decorative ringlets down the picture, so that the people could knit themselves clothes to keep warm. The result is very similar to a William Morris wallpaper, though this was produced in a very different manner.

It is obvious that painting gives great satisfaction and pleasure to many people. One old lady who had never before done anything of this nature enjoyed painting some delightful, primitive pictures (Chapter 13). She was an isolated personality, however, and this can be seen where each person in her pictures is well separated from his neighbour. Many people while away the long hours of hospital boredom by remembering happy episodes in their lives, and they derive great enjoyment painting these recollections in tranquillity. It is important that they should exercise their active imagination and not, if possible, allow it to degenerate into a piece of work

\* *On Not Being Able to Paint*, Joanna Field (Marion Milner), William Heinemann Ltd 1950.



designed solely to keep them occupied. One never knows whether the first paintings are an end in themselves or merely a prelude to a richer, deeper vein of creativity.

There seems to be a natural, 'fullness of time' which occurs in both Art and healing. Just as a painting cannot be forced, healing must proceed at its own pace. One is obliged to co-operate with this rhythm to avoid any precipitous insult which could abort the process. Because of this, when a person comes to the studio, I never suggest what he should draw; it is essential that the idea should be entirely his own. This particular approach demands a considerable amount of patience. Sometimes it is often weeks, months, or even years that we are both obliged to wait for the birth of someone's creativity. All I can do is to try and create a permissive atmosphere and have the necessary paint and paper on hand. If the person is prepared to come and spend his time with me, then I must be prepared to join in the vigil.

My own method is to be as passive as possible. I never attempt to interpret a person's work, particularly when he or she is painting. I feel that this would alter the relationship between us. It could also result in pictures which are produced to please me, rather than to express, quite freely, the dynamics of the person's thoughts. The only true meaning of a work must be elicited from the author himself. There is a great temptation to ascribe all sorts of psychological meanings to the paintings, quite independently of their originators. This often leads to the

interpreter unwittingly projecting his or her own feelings onto the paper. This can also have the result of eliciting paintings which obligingly mirror the particular psychological orientation of the therapist.

I do not even show a great deal of curiosity about the medical history of those who come to paint. If there is something I ought to know, their doctor will tell me, otherwise I find it a positive disadvantage to be armed with the case-notes before the person arrives. It is so easy to prejudge people by labelling them. For this reason, I try to avoid the word 'patient', or the medical terminology so beloved by some, which denies the person his essential individuality, and distances him, like a specimen.

There is a distinction between the work of a trained artist and those who have received no art training and paint spontaneously when they come to hospital. When the artist is first admitted into hospital he seldom wishes to paint. It is only when he feels in control once again that he can recommence his work. Where the artist can consciously modulate his style to enhance his message, the untrained, spontaneous painter is forever imprisoned in the mode of his individual handwriting. Great artists who have experienced periods of illness have often used their altered state of mind in the service of their art. The artist can journey within, explore and return, whereas the paintings of the untrained reveal that they are at the mercy of the inner self. Some artists differentiate between their 'psychiatric illustrations' and their other works.

Others, like Dali, use disturbed elements in a conscious manner. Aside from the academic question of whether or not spontaneous painting can be 'true Art' is the overriding factor that both have the ability to heal.

Where problems of the mind are concerned, the solution must be found where they originated, that is, from *within*. It is only here that we have the source of real change. Art obliges us to communicate with the inner self, and in so doing, to engage in a dialogue with both our destructive and creative forces. The destructive

powers have precipitated the problem, so that the symptoms of illness we observe are merely the acting out of an unresolved, inward struggle. This Gordian knot is much more effectively untied by the creative powers of healing Art, than cut by the surgeon's scalpel, or permanently concealed by tranquillisers. In addition, Art places the central responsibility for change upon the individual, rather than making him rely exclusively upon imposed treatment from outside.

## 2 Materials

When I first arrived at the hospital in 1946, there were few leisure activities for the residents and no provision for art at all. However, I soon discovered that many of the long-stay residents had been drawing for some time before I came to the hospital. When I visited the locked wards for the more severely disturbed, I was handed pieces of lavatory paper, on which were crude drawings, sketched out with the charred end of a matchstick (Fig. 1). No facilities were provided for drawing. Those people who could manage to beg or borrow pencils, as there was a shortage of plain paper, even made use of the fly-leaves torn from the hospital library books. I noticed that some of the residents in these wards had made little dolls from scraps of rag, which they cherished. One woman had refused to wear hospital clothes; instead she made her own, out of hessian, which she had decorated with odd strands of wool. All these activities seemed to be in response to a very strong inner creative urge.

I was first offered one of the residents' committee rooms in the hospital for use as a studio. I had discovered some unused rolls of wall lining paper left over from the decoration of a ward, so I cut this up. I had managed to secure some poster paints and brushes. About forty people came to work with me when we first started. They would always be waiting patiently for me outside the door when I arrived in the morning to open the makeshift studio. Finally I was given a purpose-built studio. This enabled me to have a permanent location, and somewhere I could store the paint, paper and the ever



1 *Graffiti on Lavatory Paper*

These drawings were presented to me by a very ill man who had been in a locked ward in the hospital for many years. He was incontinent and unable to speak clearly. He had drawn vigorously on the only paper that he could find. The top strip is filled with strange shapes and words which had a special meaning for him.

The second strip depicts a lion and its mate, which he loved to draw repeatedly when he later came to the studio.

The third drawing shows the lions with two figures.



increasing range of media. Everyone was provided with whatever they required, so that there was no need to disturb anyone else during a session.

Most people preferred to use poster colours which they could paint directly onto the paper, or if they wished, dilute to the consistency of water colours. Some used oil paints despite the fact that they were rather expensive. Any media could be pressed into service when the need or the opportunity arose. Quite a lot of cement disappeared when the hospital gallery was under construction. Old wire clothes hangers served as armatures for modelling. They were sometimes covered with plaster of paris bandages originally intended for broken limbs. Some people liked to construct collages from odd scraps of refuse. The cleaners noticed how their feather dusters were quickly becoming quite bald.

On one occasion I was involved when a distinguished engraver was obliged to come to hospital. I managed to have the entire contents of his studio transferred to a tiny disused summer-house in the hospital grounds, where he continued to produce his sensitive work undisturbed.

As an artist, I was equipped with the necessary skills to use as wide a range of media as possible. I never imposed the use of a particular medium, but might suggest one to facilitate the expression of someone's idea. Many people preferred to use the pottery studio, but there again they were quite free to do as they wished. Some found the experience of 'making a mess' for the first time in their lives very therapeutic, particularly if they were casualties of an over-rigid upbringing.

Casting sculpture was a major undertaking, somewhat unpopular with the cleaners. We managed nevertheless to cast fourteen stations of the cross for the chapel, as well as numerous other busts and models.

Quite the most inventive and original use of media was demonstrated by the woman who painted stones, flints and bones. (See Chapter 17)



2 *A Paris Beauty*

This 'pin-up' was done when the male and female wards were quite separate. This man used to spend hours meticulously copying pictures from magazines on any scrap of paper that he could find; in this case the fly-leaf from a hospital library book.





#### 4 *Three figures*

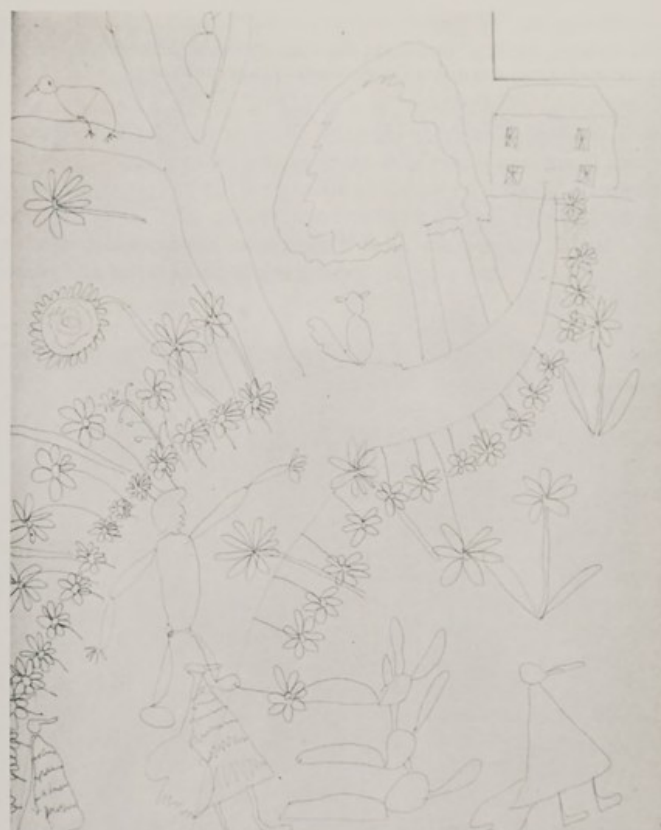
The same person later drew these three figures when he came to the studio and was given a larger sheet of paper and the opportunity to use paint. First he used pencil, and then, more adventurously, he used a brush and black paint. The third figure shows quite a progression from his first. Later this man started to use colour, and drew a magnificent red lion, which he labelled 'Affrica Loin', quite distinctly.



### 3 Home from home – the hospital environment.

I remember thinking, when I first entered the hospital, how the dark and gloomy décor did nothing to alleviate the natural depression that so many of the residents must have been feeling. There were those long, endless corridors tiled in chocolate brown. The wards were often cheerless and clinical. The fact that sensitive people were obliged to regard this environment as home must have been an additional burden for them. As an artist, I felt that I could make a contribution to alleviate this. I was very fortunate in that the Physician Superintendent backed my ideas, and gave me *carte blanche*. I wanted to create a cheerful and stimulating environment, so the walls of the long corridors were painted in different colours to break up their monotony. I had the depressing roof-lights painted in sunshine yellow. I used a shocking pink for a small porch at the end of one corridor. The mud-brown varnish of the heavy pine doors was removed to reveal the beauty of the natural grain. I also wanted to hang artists' original paintings on the walls, in place of the few reproductions and Victorian mezzotints.

I was grateful to Julie Lawson of the Institute of Contemporary Art, who campaigned among her artist friends for the loan of their paintings. Soon the challenging abstracts of Frank Avray Wilson and Anthony Benjamin were smiling from the corridor walls, while Julia Matcham's prints were decorating the wards. The Royal College of Art students had also contributed paintings, so that soon the hospital was alive with stimulating images. Out of the seventy-five original paintings which hung in the corridors, only one was damaged very slightly. A great number of the residents told me how much they enjoyed them.



#### 5 My Garden

Many people loved to paint the things that were important to them and which they obviously missed when they came to hospital. This woman's garden recaptures some of the pleasure she must have felt about it. The drawing has a child-like simplicity, despite the fact that it was done by a woman in her late forties who was usually confined in a locked ward.

## 4 The studio and gallery

THE STUDIO (Fig. 6)

This was an old army hut which had been re-erected in the grounds of the hospital. I particularly wanted to have

somewhere isolated from the main building. I saw to it that everyone who came to paint had a chair, an easel and a small side table to hold paints, brushes and water. Each art unit was a little island where the person could feel that his privacy was respected. Everyone had an individual easel, rather than a long table to share with others. In this way painting became an intimate, face-to-face conversation. Some people decided to come to the studio entirely of their own accord; others had been encouraged to come by their doctors. The Physician Superintendent was keen





to persuade as many of the doctors as possible to use the art department as an aid in the treatment of those in their care.

THE GALLERY (Fig. 7)

The paintings of residents were never displayed on the hospital walls, or in the studio. I felt that this would have brought back echoes of the schoolroom, or suggest a degree of preferment which I was keen to avoid. Besides,

it paid scant respect to the privacy of the individual. Instead, I designed a purpose-built gallery, within the hospital, to house the growing collection of residents' work. It was open only to selected visitors, and served a didactic purpose for trainee doctors and nurses, in addition to other groups in the helping professions. It was a forum where the patient's point of view could be expressed. This gallery used to receive about 3500 visitors annually. After I retired from the hospital it was converted into a physiotherapy department.





## 5 The new admission

For the new admission, hospital life is punctuated with a strange new regimen, entirely different from home life.

### *The New Admission*

The telephone bell rang out, untimely, shrill:  
A sound to freeze the will,  
Like a bugle call over tents of the dead –  
We patients huddled, and lay still.  
We knew full well what the summons heralded;  
But pity in our hearts had died  
Along with ardour, and resolve;  
We did not move  
While the nurse prepared another bed –  
'A new admission,' someone lightly said.

And presently, through the fateful door,  
She came, a nurse at either side,  
Her wild gaze fixed, and her long hair  
Wreathed in wet bands about her head,  
Her nightgown trailing out behind;  
Like some ship's effigy of womankind  
Washed from a subterranean floor  
To gaze unwittingly once more  
Over an alien shore . . .  
'Could anyone,' asked the nurse, 'spare  
A comb?'  
And wiped from those pale, wooden lips  
A trace of foam.

She lay as they put her, murmuring of home,  
Over and over, hour by hour.  
We felt for her as one would feel  
For a caged mouse running in a wire wheel;  
But there was nothing to be done –  
'Admission Ward, Female, One'  
Would be her address for a long time to come.

### 8 *The Pill*

Here is how someone said he felt about the daily medicine round in the ward. It shows a large pill entering the stomach.



### 9 *The Radiator*

The man who painted this picture came to the studio each day from a locked ward. He immediately used to seek out a place near the radiator and huddle against it for warmth and comfort. He painted this in a glowing red.



### 10 *My Dog Bessie*

The woman who painted this affectionate picture was obliged to leave her pet dog behind when she entered hospital. As Bessie was her only friend and companion, she must have been sadly missed by her owner, to judge by the strong canine presence in this painting. The comfort of familiar things is sadly lacking in hospital.



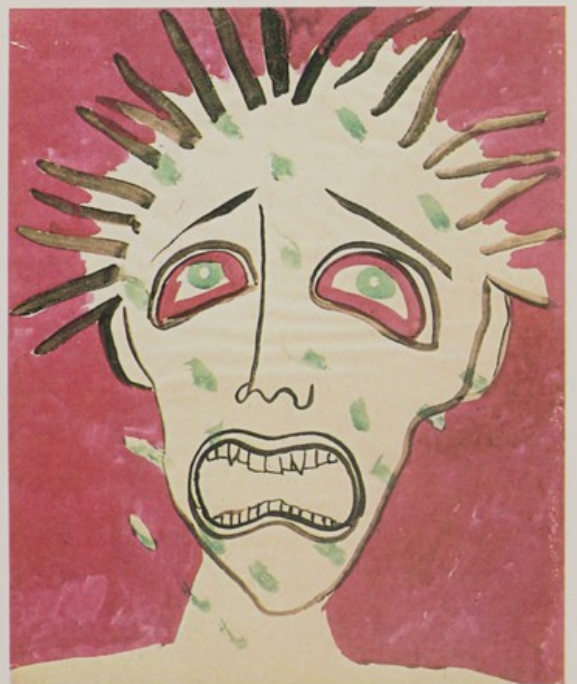
## 6 Cri de coeur

Many people who came to the studio used painting as a means to share their anxieties, their depression, their loneliness and their fears of being abandoned. Rather than being a further manifestation of their pathology, it provided an acceptable means of communicating to others exactly how they felt, as well as drawing attention to the plight of others in their position. Painting out these feelings is often followed by a tremendous sense of relief. Although these pictures may be superficially regarded as the stereotype of mental illness, they all illustrate feelings we have experienced, at one time or another, but which we have been fortunate enough to overcome.

Martha Smith was admitted soon after I started in 1946 and has only recently been released. During her time at the hospital she painted thousands of pictures, depicting her in isolation, depression, anger, her feeling of persecution and her moments of deep despair. She told me that her existence was only made bearable by the fact that she could come and paint whenever she liked.

Martha's paintings were her 'cri de coeur'; they served as an eloquent witness to her state of mind, as outwardly she was a quiet, retiring person, interested in music and the arts. Her work had an additional value because it allowed many people who visited the hospital gallery to visualise how many people in her position were feeling. This was an education for the many nurses and doctors in training who visited the gallery annually. One of her paintings was used in an effective poster campaign by MIND (The National Association of Mental Health). In this way, she served as a champion for her hospital companions, many of whom were unable to speak for themselves. In another series (Chapter 7), she illustrated

exactly what it must feel like to be 'demonstrated' as a 'mental patient' in front of a group of nurses and psychiatrists. Fortunately Martha is better; she has left hospital and is living in a hostel. She feels, however, that now there is nowhere for her to paint.



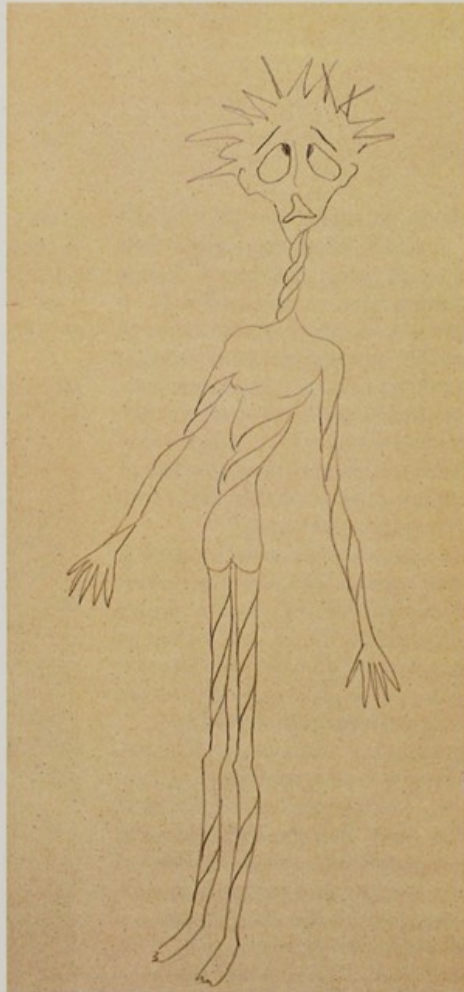
11 *Cri de Coeur*\* (\*Paintings by Martha Smith)





12 'Help Me!'"

13 'I'm all fenced in.'

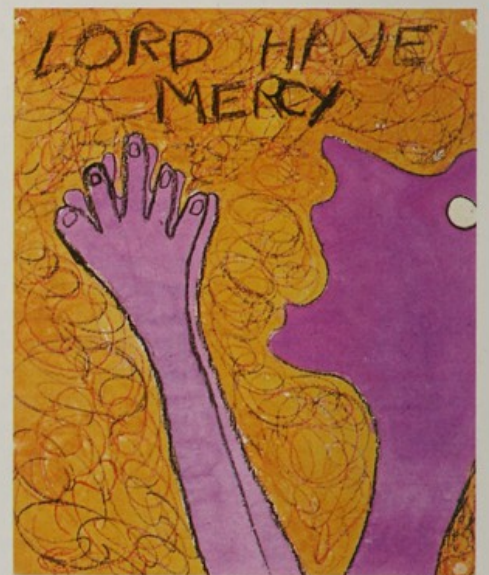


14 'I'm all Screwed Up!'"



15 The Cliff of Depression

16 The Prayer





17 *'My Head is Going Round and Round'\**

18 *'I'm Being Persecuted!'*\*





## 7 The doctor–patient relationship

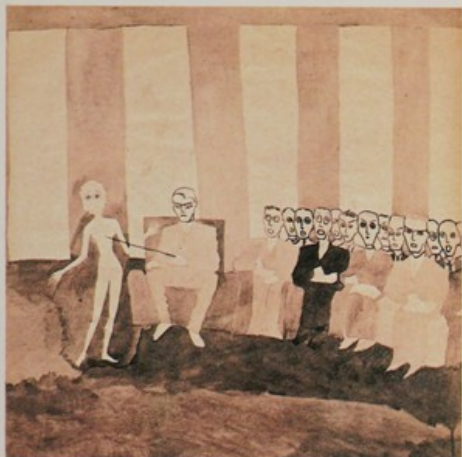
When a person is admitted to a psychiatric hospital, the doctor becomes the most important figure in his life – the arbiter of treatment, and the means of eventual release. Surrender to illness often entails a child-like dependency: a mixture of trust, love, hate and burning resentment. While some see their doctor as a kindly, parental figure, nursing them back to health, he is frequently seen as a heartless brute, impervious to personal suffering.

These pictures are very salutary viewing for trainee doctors and nurses, some of whom must learn that observing the clinical symptoms of anguish and persecution does not absolve them from a responsibility for showing sympathy, understanding and concern. These paintings have allowed us to see exactly how some people see their doctors.



19 *The Sadist in the White Coat*

Here the doctor is depicted as a heartless sadist who scourges his patient, a small pathetic figure.



20 *The Demonstration*

Here a patient illustrates exactly how it feels to be demonstrated in front of a group of medical students. She feels that she is entirely naked before an audience of blockheads.



21 *'I would like a good doctor I could trust'*

23 *'All I want to do is to give my doctor flowers . . .'*

24 *' . . . but all he does is to dig out my heart!'*



22 *The Sideshow*

The patient feels like a freak at a fair.





25 *Old Bag*

On the back of this picture were scrawled the words, 'My doctor is an old bag'!



26 *Cat and Mouse*

Underneath the large black cat is written, 'doctor'. Under the tiny mouse is written, 'me'.



27 *The Kitten*

The bewildered kitten thinks it is free, while overhead are the vicious claws waiting to pounce.



28 *Retaliation*

The doctor is shown as a large creature with x-ray eyes; the patient as a tiny scorpion who defiantly tries to retaliate with her *own* eyeball.



## 8 William Kurelek

In hospital, people who were denied the luxury of the analyst's couch, nevertheless benefited from reviewing the painful experiences of their past through painting. One outstanding example was William Kurelek. He was a Canadian, of Ukrainian origin, who had been recommended to us from another London hospital; it was thought that, as he was an artist, he would benefit from our studio facilities. He had made a great effort to come to England when he felt a breakdown was imminent, because he felt he would receive more help and understanding there. He had always wanted to be an artist, but this aspiration won little sympathy from his father, a Ukrainian immigrant who had fought to establish a farm in the Canadian prairies.

When I first saw William he was extremely withdrawn. His body was huddled up and he was nursing a small doll which he had made. He could hardly speak and it soon became obvious that he would not be able to mix with the others in the studio. He did try, but it was quite impossible. What he needed was to be entirely alone with his paints. Finally, I managed to find a small room for him which had previously been used as a linen store. I provided him with paint and materials and he began to work entirely on his own. I came and sat with him each day. He would not speak; he just pushed his latest painting in front of me. One of the first works he completed was entitled, 'Where am I? Who am I? Why am I?' It told me with an eloquence greater than words exactly how he felt: blind and lost on a windswept barren plain. The only

vital aspects of the picture are the hands. They helped him paint his way to recovery.

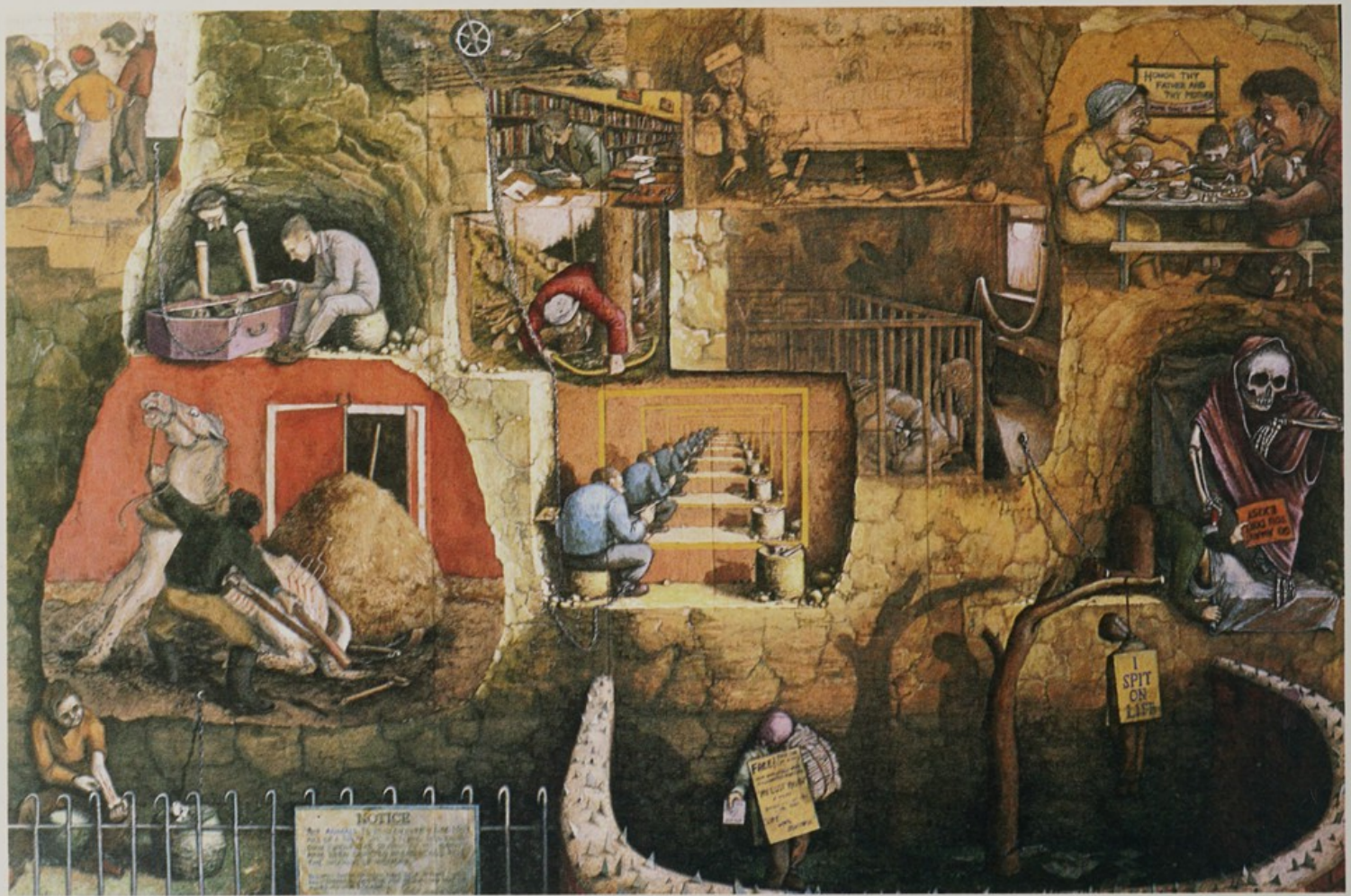
Later on, he painted a much larger work in which he showed a series of events in his early life in Canada. He portrayed his school days, his home life and his life as a student. He connected these events to his coming to England, where at one stage he imagined he was being forced into a coffin, sat upon by an occupational therapist, and lectured to by an eminent psychiatrist, in his



29 'Where am I? Who am I? Why am I?'

William painted this self-portrait soon after his arrival in hospital. He said it showed exactly how he felt.





### 30 'I SPIT ON LIFE'

William Kurelek painted this extraordinary work over a period of ten days. It shows incidents in his life in Canada, and in hospital in England.

(From top left)

*School Days*

His brother is being bullied by the other boys. William is too frightened to come to his rescue. He shows his retreating foot at the bottom of the scene.

*Hospital*

He links the previous event with a chain to his arrival at his first hospital in England. Now he is the one to be bullied (or so he feels). He is being forced into a coffin, sat upon by an occupational therapist and lectured to by an eminent psychiatrist.

*The Farm*

On the farm in Canada, burning the quack grass.

*Student Days*

William attends the University of Manitoba. He is suffering from eye-strain and finds academic life difficult.

*Lumber-Jack*

He becomes a lumber-jack in order to earn enough money to come to England, where he feels he will receive compassionate treatment.

*Reflections*

Arriving at Netherne, he is given a tiny studio on his own and proceeds to paint. In this period of self-reflection, he paints practically all day and night.

*The Hypocrisy of the Church*

This section was left unfinished. It shows his disillusionment with religion. William revised his opinion and later became a devout Roman Catholic.

*Home Sweet Home*

Mealtimes at home in Canada, as a small boy.

*In the Cot*

When a small child, he suffered from night terrors. He recalls an incident in his childhood while in the cot.

*The Reaper*

The fear of death.

*'I Spit on Life'*

He once said that life had given him few chances, so he distributes pamphlets: 'My Lost Youth'. The hanging figure displays a card with the title of the picture on it.

*Death of a Horse*

Another traumatic episode that William said he once witnessed, as an impressionable child. He links this with the next scene . . .

*The Grotto*

William tries to cut himself with a razor-blade, but bandages are nearby. The bars of his cage are reminiscent of the railings which used to surround the hospital in the old days. On the railings is affixed the notice:

'The animals to be seen in this grotto are of a freak species found in the Canadian jungle. The origins of its habits have been depicted in each case for the interests of visitors.

Beware: These animals have self-pitying, suicidal tendencies. Visitors are requested not to humour their egoism.'



previous hospital. This series of vignettes served as a form of self-analysis, where the painful events of his life were re-experienced in the protection of his own tiny studio. He illustrated this aspect of inward reflection where he is painting in front of a hall of endless mirrors. I am convinced that it was through painting that William found his own way back to health.

At no time did he have any qualms about admitting that he had been in hospital; indeed, shortly before he left England, the eminent psychiatrist, Professor Carstairs, wrote an illustrated article *Art to the Aid of Psychiatry* for the *Observer* in April 1959, which included one of William's paintings. Soon afterwards, a letter appeared in the correspondence columns of the same newspaper. It was from William, who wrote saying that he was the 'young Canadian painter', described in the article, that the story had a 'happy ending' and

I am returning to Canada next month, so I would like to take this opportunity to say 'thank you' for all the social security, kindness and respect which I came needing and had been treated to, during my six years' stay in this country, both in and out of hospital.\*

After he returned to Canada, he married and produced a family. He subsequently became one of Canada's leading painters, and was decorated by the Canadian government.

Public attitudes towards mental illness were much more ambivalent when that letter was written, than they are now. At one level, it was proclaimed that there should be no stigma attached to the illness, yet at another level, was the essential ethical requirement to protect the anonymity of those who believed that the stigma still existed. It is very understandable that many who had undergone this frightening experience would want to turn their backs on the unpleasant memory, but this natural reaction was in danger of reinforcing prejudice in the minds of others, so often already motivated by a deep unconscious fear. One one occasion I met a man whom I knew when in hospital. He told me that whenever it was discovered that he had been in a psychiatric hospital, he was soon asked to leave his job, so now he never mentioned the fact – in the hope it would never come to light. William's courage in admitting his illness, combined with his subsequent success, must have given great hope to others, and contributed in some way to the breakdown of this pernicious attitude.

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31 *The Ball of Twine and Other Nonsense*

This painting was completed shortly before William left hospital.

'I have never really been mad. I was only fooling. I had you all on the end of a piece of string all the time!'

There is a small self-portrait attached to the back of the pig on wheels.



*Warning to Visitors*

It is most dreadful to be mad –  
Our visitors exclaim: 'How sad!'  
Visitor, reflect again:  
Is it not sadder to be sane  
By God's grace  
In this mad place?

To watch, in eyes more wild than ours,  
Reflections of our direst fears,  
Grown huge, grown menacing, that loom  
Like shadows in an empty room;  
And presently, within that gloom  
Discern the shapes of things to be:  
The tortured brood of phantasy  
That slink, and smile, and fearfully wait  
To struggle with some gruesome fate –  
Oh, oh! to view in human eyes  
Such agonising certainties!  
Then stare within those eyes again,  
Seeking a hope where all hope dies,  
And see despair spurt, like a flame  
Behind a misted window-pane,  
And by that angry light to read  
Wild tidings of an evil deed,  
An answer to the writ of sin  
Served on the bankrupt prisoner within.

Visitors, be advised!  
Pity the mad  
But gaze not in their eyes  
Where your image shrinking lies,  
Lest the surmise that dismays  
Your own soul you there may see  
Grown to a monstrous certainty.  
We warn you; we who once were sane  
But now are madly wise;  
Who laugh, but are not glad,  
Despair, but are not sad,  
And hold, each locked within his brain  
A mirror to the universal pain.



## 9 Self-portraits

Self portraits are a great help if we wish to understand how a person visualises himself. A picture provides accurate evidence. This is particularly important when the person concerned is unable to speak, or if he can speak, lacks the coherence to describe how he feels. Doctors and psychotherapists find these illustrations of self-conception particularly helpful in their work. It also provides a method of affirming a person's individual identity in the hospital ambiance of anonymity. Portraits, just like people, range right through the spectrum – from a photographic likeness to a highly emotional but eloquent portrayal. The pictures of those who have retreated into a symbolic mode of thought and expression are almost abstract. Sometimes the whole being is confused or identified with an object, as with the woman who believed her head was a tea cup (Fig. 37). Another recurring symbol for the self is the fish, suspended in a world of weightless insularity. Perhaps the most frequent symbol for the ego is the human eye (Chapter 10).

On one occasion I worked with a deeply troubled young man. He had been so hurt by his unsuccessful attempts to form relationships in his childhood that he had finally ended up by turning his love inwards towards himself. He told me that he would like to paint a self-portrait. I managed to find him a mirror from which he could copy his image; it was in a heavy oak frame. He tried several times, but without success. Then he covered the whole mirror with the black paint of despair. Then, as I watched him, his index-finger sought out his buried reflection amid the wet paint on the glass. He first of all

traced the outline of his head, then his eyes. Then he drew his hands, but this time on the heavy frame of the mirror, as if he were physically struggling to get out. Slowly he was climbing out of the imprisonment of his narcissism. This painting marked a turning point in his development. He subsequently learned to relate healthily to the outside world and never looked back.

This is a similar process to that shown in the drawings of the farmer in Chapter 15.



32 A self-portrait of a man of thirty-two who copied it while gazing intently in a mirror.



33 This clay model is a self-portrait of a young man who surrounds himself in the tendrils of fantasy.

34 The same man's painting of himself shows a weeping eye, growing like a plant. He actually labelled this picture 'self-portrait'.







36 A portrait of a middle-aged man who identified with the devil. Here we see the formalised distortion of the human form and a concern with elaborate patterning, reminiscent of archaic art forms.



35 This haunting picture shows the distorted image of a young man, as he saw himself. The line down the face, cutting it into separate halves, is often a feature of the work of those who have retreated from reality.



37 Sometimes people have retreated so far from reality that they visualise themselves, not as personalities, but as objects. This woman believed that her head was a tea-cup.

## 10 The eye

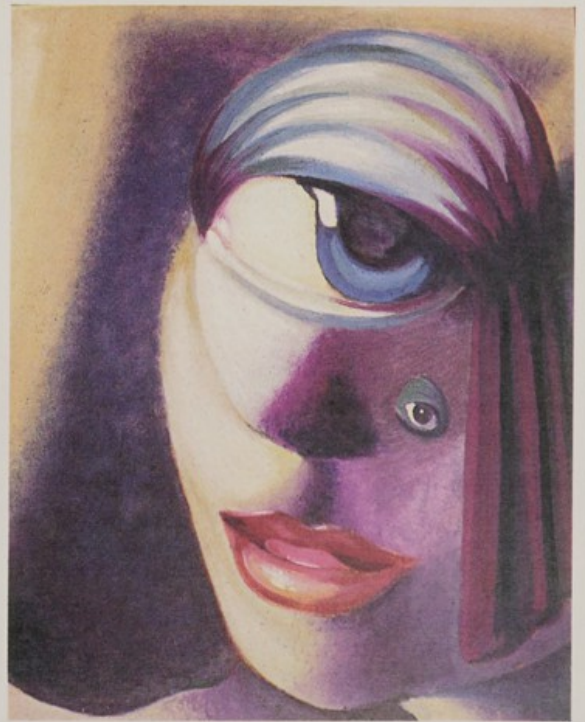
When one visits international exhibitions of psychiatric art one noticeable feature is how difficult it is to detect any national characteristics in the paintings; one country's work is very much like another's. There seems, therefore, to be a universal language of symbolism, beneath cultural differences.

Within this context, a characteristic sign, common to all countries, is the eye. It occurs as the eye of Ra on the prow of ships in ancient Egypt to ward off misfortune. Many people believe that, when they are troubled and anxious, superstition, in the form of an amulet or secret sign, often acts as protection.

Paradoxically, we have the evil eye. Some people, who feel persecuted, imagine that eyes are watching them, everywhere. The eye is extracted from the body, which gives it an anonymous, menacing, powerful presence. Occasionally, this is seen as the eye of the Almighty, who knows even our most secret thoughts and watches over us.

The eye is also the 'window of the soul' where such emotions as love, hate, fear and sadness can be expressed without words.

It is by far the most frequently used symbol in psychiatric art. In English it has the additional meaning of the ego, as we see in the illustration of 'Capital Eye' (Fig. 43).



38 *The Tear*

The man who painted this picture was very concerned about the effect illness had wrought on his marriage. He shows a female eye poignantly weeping a tear which is itself an eye.





39 *The Night Has Eyes*



40 *The Eye of Hate*



41 *The Mystical Eye*



42 *The Damned*  
32



43 *Capital Eye*



44 *The Tree of Eyes*



45 Eyes are Everywhere



46 'You are getting in my hair!'



47 Weeping Eye



48 The Eye of God



## II Love and hate

In hospital the need for affection is often intensified by the sudden loneliness of parting from loving wives, husbands, relations and friends. It was more than coincidence that the more visits a person had in hospital, the sooner he left. Some people had no visitors at all, but the League of Friends arranged for volunteers to call on them regularly. On the other hand, many residents may have been only too relieved to be away from their relatives! While some people were lonely, others much preferred to be on their own. Hospital treatment does not always imply tender loving care, and some of the residents did little to inspire this. Often they would express aggression that had accumulated for many years before they were admitted. Hatred and resentment must find a voice, otherwise it may be turned inwards, destructively, against the self. It was a great help for some people to paint out their feelings. It allowed the expression of hostility, without any subsequent fear of retaliation, or the aftermath of remorse or guilt.

Sometimes I would find myself exposed to a tirade of abuse. At other times, I could see by the paintings that I was the object of a deeply felt hatred. I was once presented with a picture entitled 'The Death of Adamson'. It showed my car going over a cliff. This was just after it became known that I would shortly be leaving the hospital as I was due to retire. On another occasion I was symbolically buried in the bed of the sea (Fig. 50), and taunted by a lobster!

I am exposed to love as well as hate. One middle-

aged woman suddenly became very irate if she suspected that I might be paying too much attention to anyone else in the studio. On one occasion she hurled a Bible at me! She eventually decided that holy wedlock was the answer, and our courtship, marriage, honeymoon and subsequent wedded bliss were enacted in an extraordinary series of paintings. She painted herself as 'The Blushing Bride', dressed in white. After our fantasy marriage, she decided that we should spend our honeymoon in Paris, which she painted (Fig. 51) quite decorously. Subsequently we had 'a night on the tiles' (Fig. 52) but this time we are two cats! Apparently I am the one on the left, because I am 'as happy as a cat with two tails'. After the honeymoon, she was concerned that I might not have enough money to support her, so she painted an elaborate flower garden (Fig. 53), spelling out my name in flowers – 'Adamson's Nurseries.' This, she said, would enable me to earn enough money to take her out. This series of paintings has a magical significance, similar to the self-portrait described in Chapter 9 and the drawings of the farmer (Chapter 15).

49 *The Embrace*

The need to give and receive affection is all the more powerful in hospital, in the absence of loved ones.



50 *In the Sea-bed*

A middle-aged woman who disliked me intensely shows me buried beneath the sea. Only the top of my head and my eyebrows are visible above the sea-bed.



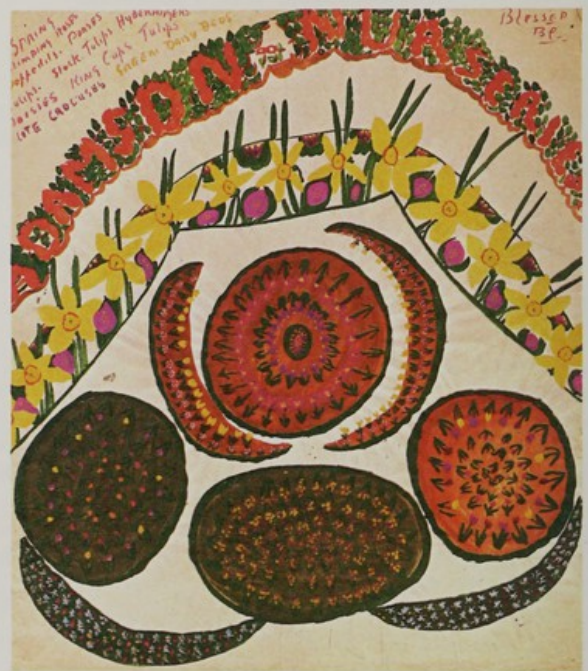




51 *The Honeymoon*  
A night in a Paris hotel.



52 *A Night on the Tiles*



53 *Adamson's Nurseries*

## 12 Dreams and fantasies

Dreams are the 'royal road to the unconscious', where the dynamics of the deeper layers of the mind are often revealed through the language of symbols. It is in this realm that one discovers the arena of true conflict, which has been concealed in order to protect the conscious mind from pain. To force suppressed painful episodes into premature consciousness can result in a severe trauma or complete withdrawal. Painting out dreams, however, pays respect to the natural caution of our protective mechanisms, while slowly removing them when they are blocking the way to change.

Spontaneous painting can be akin to a dream, especially if one abandons conscious control and allows the pictures to appear, as it were, of their own accord, like a dream, drifting to the surface. For those undergoing analysis, the interpretation of dreams is an essential process, but not everyone remembers their dreams – some deny the fact that they dream at all – so spontaneous painting offers another route to the unconscious. When some people are asked to describe how they felt during the time they were in hospital, they often say that it was like a 'waking dream'.

As well as resurrecting significant memories of the past, dreams can also contain portents of the future, in that they are the expression of wishes which are just being formulated and have not yet reached the stage of waking consciousness. For example, 'The Escape' (Fig. 55), was painted by a young woman who had experienced a series of tragic events in her life. She had wished to destroy a love-child and was haunted by remorse and guilt, represented by the figure of the priest. She feared arrest, symbolised by the handcuffs. The white dove, ascending to the heavens, shows her wish to be free from all earthly

cares, but again this was prohibited by her religion. I showed this picture to her doctor, who was a very perceptive psychiatrist. She immediately advised closer supervision, and the person was subsequently prevented from injuring herself. Her painting had saved her. She later left hospital and settled down in a responsible job.

I have noticed that paintings which are forebodings of future tragedy often have a similar colour combination of red and black.



54 *Nightmare*

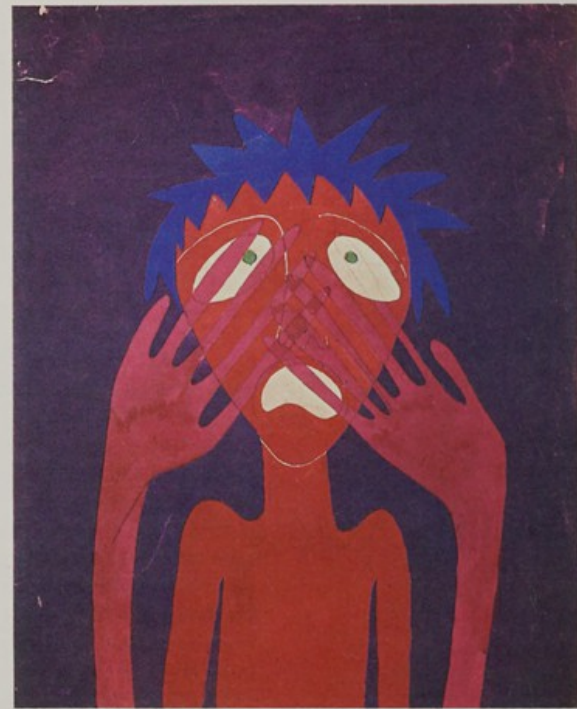
This young man dreamed repeatedly that he was being smothered by an enormous black beetle.





55 *The Escape*

This painting, with its deep guilt and desire for escape, was instrumental in saving the artist from injuring herself.



56 *Guilt*

Many people in hospital are plagued by dreams of guilt and shame. Often they need reassuring that their illness is not a punishment.





57 *Drowning*

Most of us have had this dream at some time. It illustrates the feeling of helplessness as one descends into the depths.



58 *The Lavatory*

The vulnerability and self-consciousness of this young man is symbolised in his dream of being watched while on the toilet.

## 13 Primitive painting

These naïve pictures were painted by an elderly lady who had had no tuition in painting. They have all the more charm because of this. While in hospital, she found her new interest in painting a great respite from her occasional bouts of depression. She was an isolated individual, who found it hard to make contact with anyone, just as the figures in her pictures are all separated from each other.



59 *A Camping Holiday*



60 *Fishing Boats*



61 *The Harvest*



62 *The Garden*

## 14 Remedial painting

Painting can be of great benefit outside the realm of the psychiatric hospital. It is a stimulus to the imagination and, as a form of communication, it can compensate to some degree for the loss of speech.

Tommy MacDonald had been a strong, active farmer in Scotland when a sudden, severe stroke left him paralysed down his right side and also deprived him of speech. Although some doctors had written him off as a 'hopeless case' he remained sensitively aware of his surroundings. His wife refused to accept the doctors' prognosis, and did everything in her power to encourage her husband to communicate. At this point, a friend suggested that I should try and help him to paint. He began by very laboriously using his left hand. His first picture was completed with a Herculean effort, but gradually it became easier. This strongly-built farmer, who had reared sheep and cattle in the Highlands, painted delicate and sensitive pictures of farming life and scenes of his holidays.

His pictures were exhibited locally and were received with great enthusiasm. This brought him back from the seclusion that his illness had imposed upon him. He was afforded a new role in the community other than that of an invalid. The value of the paintings lay not so much in the psychological content of the subject matter as in their great message of communication – through what might otherwise have been an impenetrable barrier of silence.



63 *The Blue Sheep*



64 *The Gateway on the Farm*



65 *A Spanish Landscape*



## 15 The magical properties of art

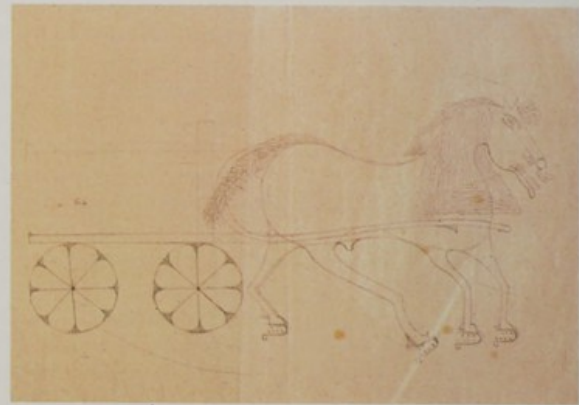
The 'magical' aspects of art can be a powerful outlet for psychic forces, both positive and negative. Drawing takes on a deeper significance than mere representation. At its very simplest level, one can watch the school child deeply absorbed in his drawing of cowboys and Indians, or a battle. First he will draw the opposing armies. Then the hostilities commence, usually with a red pencil providing a shower of bullets, arrows or bombs which slowly demolish the adversaries. This phenomenon is a familiar feature in both black and white magic. The making of wax images in the semblance of a known person is a familiar ritual. The cave drawings of Altamira and Lascaux show bison being pierced with arrows – generally regarded as a magical form of hunting.

Occasionally, I would be presented with a drawing rather like a St. Sebastian – a figure covered with arrows or daggers. Sometimes red paint would drip down the paper like blood. This was something more than the simple representation of violence: it was the ritual, vicarious enactment of it.

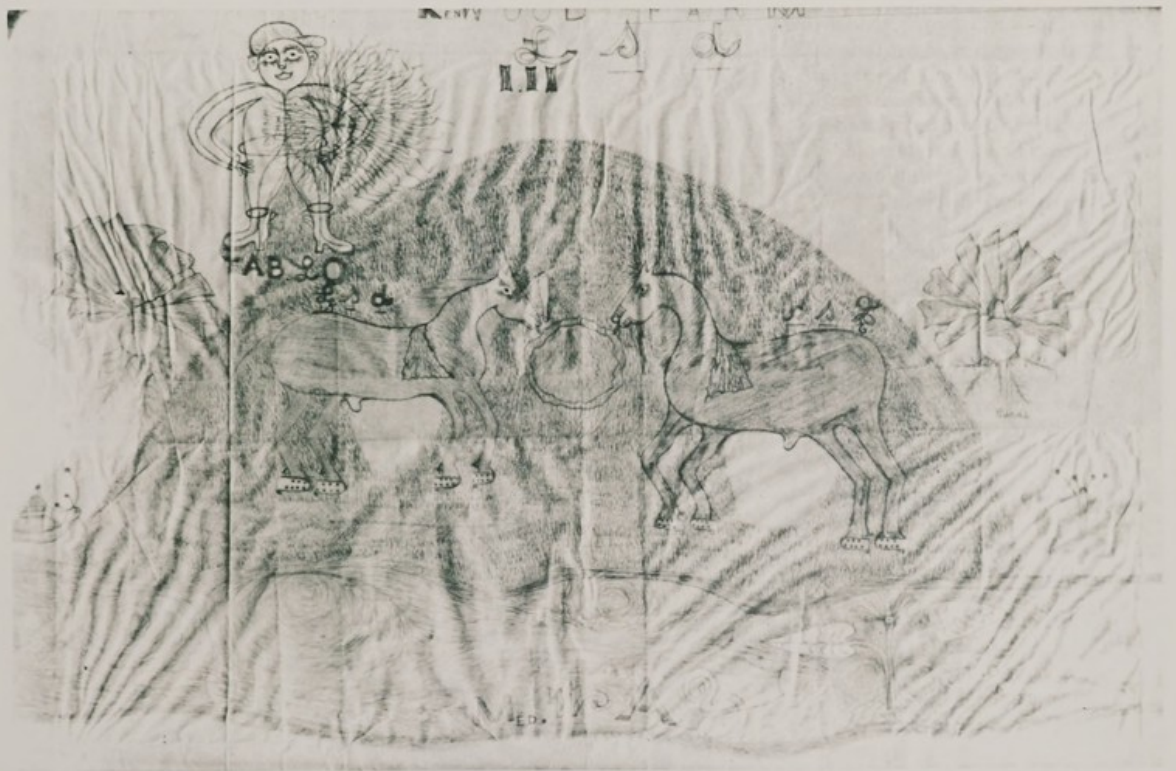
One man who came to the studio regularly had been a farmer before he was admitted to hospital. He was loth to give up farming, and managed to continue it entirely through his drawings. The farm-horses were tethered to their carts and their hooves meticulously shod with the requisite seven nails each (Fig. 66). A field is drawn with thousands of blades of grass to provide grazing for the horses.

This man was also convinced that it was his personal responsibility to produce enough food to feed the world;

if he failed to do this, then everyone would starve. Each day he drew field after field of corn, or rootcrops. In the left of Fig. 67 he has put a symbolic turnip. He was also concerned about providing enough money for his family during his absence, hence the large '£-s-d', at the top of the picture. He said that once he had 'drawn' this money, his people at home would receive it. In this instance, art provided a tremendous form of vicarious satisfaction. The farmer left the studio at the end of each day with the relief of someone who had done a hard day's work.



66 *Horse and Cart*



67 Down on the Farm

## 16 Group murals

When people work together on a painting the results are often surprising. I determined to try this activity with a group in a closed ward where the residents were regarded as very anti-social. Many of them had regressed and would not communicate, or if they did, it was in a private language, unintelligible to me. I secured some wall-board, used for making partitions, which measured eight feet high by twelve feet long, and set it up in the ward. One woman took some chalk and proceeded to sketch out a large fishing boat. Others then joined in until there were twelve people busily painting. The whole activity had taken about eight hours from start to finish and resulted in an unusually integrated picture of a fishing scene (Fig. 68). After this hesitant beginning, many more wanted to join in the second venture. They wished to paint Noah's Ark. The problem seemed to centre around the drawing of the animals, but the solution came in the form of an old wallpaper pattern book. Each participant drew a pair of animals on two sheets of wallpaper, cut them out, then pasted them on to the mural, making a collage. Noah's wife was given a bikini of chicken feathers (Fig. 69).

After this, I was hard put to keep up the supply of wall-board. Many of the nurses remarked afterwards that they had never before seen the occupants of that ward working together in such harmony. Unfortunately, when the activity was over, the old disagreements broke out once more and many of the others retreated back into their shells of non-communication. If only they could

have been allowed to continue painting in this manner for a longer period of time, then, I am sure, the benefits would have been more sustained. This would have required another artist to spend his time exclusively with this group, encouraging and supplying them with endless materials. Unfortunately, this proposal found little sympathy with the management committee, because of the cost involved.



68 *Landing the Catch*





69 *Noah's Ark*

## 17 Pebbles, flints, stones and bones

Occasionally an activity may commence with all the signs of being occupational, but this may be just the prelude to an outpouring of extraordinary originality. This series of painted stones was done by a woman who started making meticulous copies of stained-glass windows and classical religious paintings. Although copying is never actively encouraged, it often allows the person sufficient confidence to tackle something more inventive at a later stage, particularly when the satisfaction wanes.

This woman loved to collect smooth pebbles on her visits to the sea-shore. She started to paint pictures of butterflies on them, which she copied from books (Fig. 70). Later on, she began to collect jagged flint-stones from the Surrey fields surrounding the hospital. The local farmers had discarded them while tilling the fields. She began to be intrigued by the irregularity of the strange shapes she observed. Her creative imagination was finally kindled as she saw all sorts of possibilities in pebbles, flints, stones and bones she found. She transformed them into a treasure trove of objects which showed brilliantly observed detail. Some were poignant and tender, while occasionally others would show the darker side of life. They all demonstrated the release of an astounding creative talent which had lain dormant until her copying broke the ground for it. It was as if her imagination had at last awakened to the possibilities inherent in the natural environment. She had finally let the outside world in, which I felt resonated with the progress in her inner state.



70 *The Blue Butterfly*



71 *The Nativity*





72 *Madonna and Child*



73 *The Ugly Woman*



74 *The Black Madonna*



75 *The Owl*



76 *Elephant's Head*



77 *The Peacock*



78 *The Tortoise*



79 *The Fox*



## 18 Modelling, sculpture, pottery, wood carving

Graham was referred to me privately as he seemed to be making little headway at the out-patients' clinic which he had been attending and he had shown an interest in, and aptitude for, art. Despite his great desire to make personal relationships, he has found himself unable to do so. His retiring, inhibited personality conceals a rich world of fantasy which he displays in his clay models.

His world of gnomes, pixies, castles and monsters seems to suggest that he is far more at home in the world of childhood imagination. Not surprisingly he says little about his models, except that he finds it impossible to work on his own. He admitted that he loved fairy stories when he was a small boy. One of his later works, 'Fish Fingers and Chips' displays a surrealistic enjoyment of the macabre.

By now, he has begun to communicate with me, although he says very little about his work. He seems, however, to be 'coming out of his shell', as a recent model might suggest (Fig. 119, Chapter 22).

Spontaneous art is a very satisfying and safe way to express aggression. When anger and deep frustration are finally liberated it is often a great relief for the person concerned, but violence has its casualties. Anger can be liberated onto the safe arena of paper, without the aftermath of a victim, remorse or retribution.

Another constructive outlet for aggression can be stone-carving. This has the advantage that it allows physical strength and violence to produce positive results as well as allaying anger. Paintings can be suddenly torn up



80 *The Serpent, the Egg and the Eyeballs*



81 *The Primeval Dragon*

in a moment of frustration, but the obduracy of stone invites a long-term relationship where anger can be slowly purged and dissipated over a sustained period of weeks or months.

Quite recently a man was sent to me privately because of his difficulty in controlling his aggression. He was an actor who specialised in 'tough' roles. In his private life he continued to act out his anger and had been in trouble with the police. His psychiatrist believed that if he were to find a creative outlet for his pent up feelings it might be the answer to his difficulties. We tried painting, but with little success. When he attempted clay modelling, it was obvious that his interest had been kindled at last. He later progressed to stone sculpture and this proved a turning point on his road to recovery.

This phenomenon is nowhere better illustrated than in the story of Jimmy Boyle and the work of the Special Unit at Barlinnie Prison in Scotland.\* The Unit was set up in 1973 to accommodate violent prisoners. They were encouraged to express their creativity in what Ludovic Kennedy described as 'One of the most imaginative prison reforms ever attempted' (op.cit.). Painting, poetry and all the arts were actively fostered, and sculpture was a popular medium.

Some people may find that painting or clay modelling is rather inhibiting, especially if they come with the

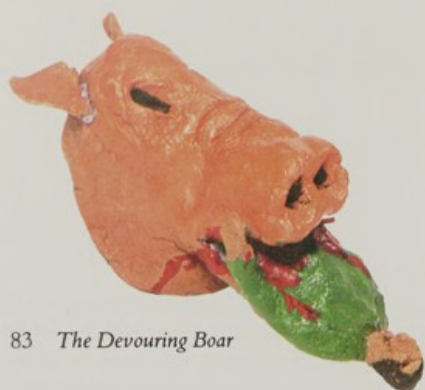
erroneous idea that photographic accuracy is essential. One way to circumvent this blockage is to provide a wide range of media from which to select; some are, by their very nature, unsuitable for detailed work and the person, once relieved of this responsibility, can go on to produce a work of considerable impact.

Often an unusual medium can be a source of inspiration in itself, suggesting a subject. A young woman who expressed no desire to paint readily started on a model of an appealing figure, which she built up with papier maché on a wooden board. The same woman then carved primitive forms out of a bar of hospital soap.



82 *The Sleeping Prince*  
A golden eagle emerges from his forehead.

\* *The Special Unit. Barlinnie Prison, its Evolution Through its Art.* Compiled and edited by Christopher Carrell and Joyce Laing, assisted by Alice Bain. Third Eye Centre (Glasgow) Ltd. 1982.



83 *The Devouring Boar*



84 *Fish and Chips, Fish-fingers and Eyeballs*



85 *The Giant Fly*



86 *Soap Carvings and Figure in Wire*  
50

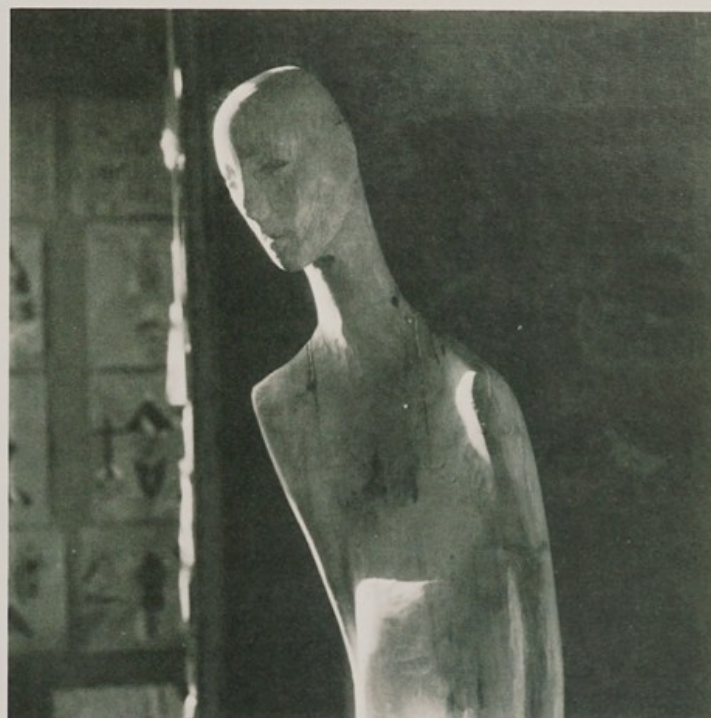


87 *Appealing Figure*



88 *Soap Carvings*





89 & 90 This life-size figure was carved by a man who expressed a wish to do a large wood carving. We discovered some trees which had been felled in the hospital grounds and he selected a huge tree-trunk to carve. I managed to find him a secluded summerhouse where he could work without disturbing anyone. For a whole month he whittled the wood down to this ethereal, graceful figure.

91 These models were all done by a woman in her early twenties who suffered hysterical blindness. She had been encouraged to come to the studio by her friend, who also attended and who guided her there each day. She gradually regained her sight, after making a number of models, and subsequently produced some very sensitive paintings.



92 *The Baby with a Bird*

This baby was modelled by a middle-aged spinster, who had never worked in clay before coming to the studio.

93 *The Twins*

This naturalistic model of twin girls was done by a young woman who had no previous experience of modelling. She produced a number of statuettes which obviously pleased her. (*Top right*)



94 *Strangulation*

This woman was encouraged to give substance to a recurring nightmare in which she dreamed of strangulation. Here the amorphous quality of clay heightens the feeling of formless menace exuded by these cat-like creatures.

## 19 Rolanda Polonsky

Occasionally the hospital welcomes an artist of exceptional brilliance. For many years I had the privilege of working with a very talented painter and sculptress, Rolanda Polonsky. Her early life, before she came to hospital, had heralded a bright future. She took a degree in political science at the Italian university of Florence, before deciding to devote her life to the Arts. Tragically, illness intervened and she was obliged to spend thirty-five years in hospital. During this time she worked intermittently in the studio. When she was very ill, she was unable to produce anything, but as her spirit slowly gathered strength, her creative ability was renewed, and she succeeded in composing some exceptional works. Her art achieves aesthetic distinction because she succeeded in subordinating and harnessing her personal anguish, placing it in the service of her artistic expression. Her work transcends natural self-pity, to portray elements of universal suffering.

Among her finest achievements were the Stations of the Cross which she made for the hospital chapel. There was some initial difficulty in getting them accepted – perhaps because of their lack of conventional photographic accuracy. I managed, however, to get them exhibited independently in St. Mary Woolnoth, a Wren church in the City of London. The high praise that they received there eventually found them a home in the hospital chapel, where they are now proudly displayed. My only regret was that we could not afford to have them cast in bronze. They reveal extraordinary power; they are undoubtedly great works of art, not only expressing Rolanda's personal experience of suffering, but transforming it into something far beyond her personal situation.

While she was in hospital, her poetry won a gold medal in an international competition. The Arts Council of Great Britain made a film of her work 'Rolanda Polonsky – Sculptress' in which she provides a powerful commentary. The spiritual element of her work is paramount. Rolanda acknowledged that it sustained her during her moments of depression and withdrawal. Fortunately she has left hospital. She now lives with her family in Paris and recently exhibited her drawings in a gallery near the Rue de Faubourg St Honoré. When I told her that I wished to illustrate her work in this book, she was delighted, for, as she said, 'Art was my salvation.'



95 *Dejection*

An eloquently tragic, life-size figure, modelled in clay and later cast in plaster.





96 *The Blessing of the Suffering People*

A plaster relief which now flanks the entire back of the high altar in the hospital chapel.



97 *The Entombment*

One of the Stations of the Cross in the hospital chapel.

*The Patient Hears Music*

He thinks that he has been  
For years a violin  
Waiting to sound in some great symphony;  
Strung to the breaking-point to bear the power  
Pulsating in the fingers of his God.  
He looks for the conductor's nod  
Hour after hour, but fearfully  
Lest he give forth a note too keen,  
A jangle of old anguish, pent  
Within a broken instrument,  
Its little passage of sharp suffering  
Tardily uttering.

But, he says, he hears music;  
And when he hears music  
Then there are tears like pearls upon his eyes  
And notes like pearls upon the air.  
The tears are holy, and the pearls fall slowly,  
Drop their beauty, plummet-wise,  
Sounding depths of dim despair  
Where, as on an ocean bed,  
His heart lies dead;  
And then, he says, again they rise,  
Each pearl a tear, each tear a note,  
Welling in his grateful throat.



98 This drawing was done while Rolanda was listening to music.

He says he cannot sing,  
He is a muted string;  
But when he hears music  
His thought soars up on a strong wing  
And decks cloud altars in the skies  
With memories of falcons' cries  
And prisoned linnets' threnodies;  
With the lark's jubilant offering  
And all the pretty murmurings of spring.  
They make, he says, a kind of tapestry  
Wherein, with his strange, inward-seeing eyes  
Raised up, he mutters: he can see  
The pattern of eternity  
Wov'n from a knot of human suffering.

And then, he says, he hears it all again  
Falling like rain,  
Till music is teeming in the very sod;  
Even the flowers rustle out a tune;  
There is new melody, he says, laid like a bloom,  
Laid like a dew on everything.

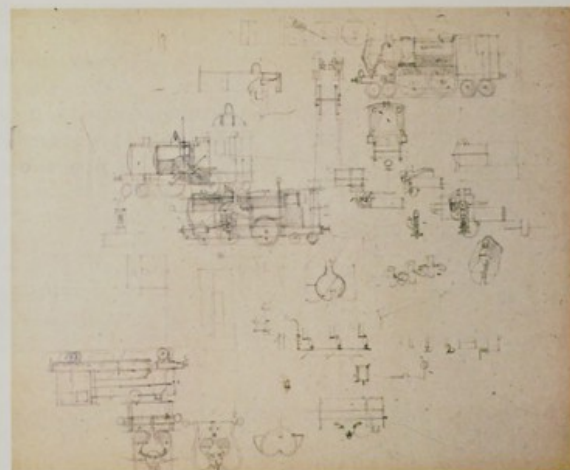
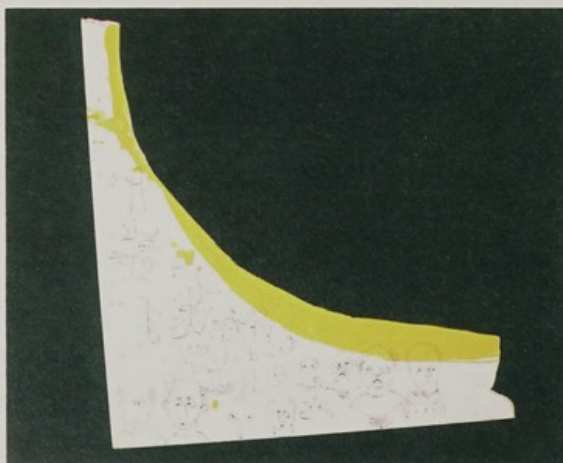
And all his lingering discontents  
And all human bewilderments  
Resolve in one great major chord  
Of joy, like sunshine burst abroad,  
Above the diapason of the spheres  
Magnificently droning in his ears.

Though it may be a trick  
Of the imagination, yet I own  
One seems to catch a sort of over-tone  
Or echo of some thin, sweet refrain  
Now and again  
When the patient hears music.

## 20 Metamorphosis

The following pictures were painted over a period of six years by a man who, when he first came to the studio, was completely mute. They illustrate the slow but steady change he underwent while painting, and also demonstrate the benefit of allowing this metamorphosis to take place in its own good time. This series of paintings has since drawn comment from those interested in the alchemical model of transformation.

99



100

101







102

99 This small piece of card, measuring about four inches across, was this man's first attempt to make images. Previously he had come for many weeks, and just stared at the blank sheet of paper in front of him.

100 After about six months more, he finally summoned the courage to tackle a larger sheet of paper. He drew these separate mechanical sketches in pencil but never touched the paint which was always at his side.

101 After a further six months, he covered the paper with clear water. He subsequently dipped his brush in paint and flooded the colour on to the wet paper, allowing it to form its own pattern.

#### 102 *The Lake*

This was the first attempt at depicting a landscape. Here is a sensuous delight in the use of colour, quite in contrast to the rigidity of the first pencil drawings.

#### 103 *Christmas Decorations*

Christmas time came and passed. He was very fond of a shiny red bauble which he carried everywhere with him. He painted this, and a ghost ship emerges.



103

#### 104 *The Shipwreck*

The ship is now a black-sailed galleon, sinking in a stormy sea. A sole survivor can be seen, swimming away. His head is just visible above the waves in the lower right of the picture.

104



57



105 *The White Ship*

Rescue comes in the form of a ship with sails of white flowers in full bloom. The sea is calmer now and a new dawn breaks on the horizon.

107 *The Cornfield*

The cornfield is ripe and golden, ready to be harvested. There is still an ominous dark fence which surrounds the field.  
(Right)



106 *The Severed Head*

The setting is now on dry land in what seems to be a cornfield. At about the time this picture was painted he was beginning to use one or two words with great difficulty.





108 *The Trees*

The trees are now in full bloom in a field of flowers while the dark fence has retreated to enclose the house in the background. Now he could talk with increasing fluency.



109 *The Apple Harvest*

The apple harvest has been gathered into baskets. A discarded smock hangs from a tree. He now spoke without difficulty. This was his final picture: after this, he lost all interest in painting.

Shadows gather in this place—  
There is a frown upon God's face;  
There is thunder in the air,  
And demon thoughts are everywhere.  
Dreadful futures on us press  
With an ever greater stress  
Till the crushed mind grows numb,  
And we go around, around,  
Hastily, making no sound,  
Unresisting, vacant, dumb,  
Giving no hint of what lies  
Before our sad, far-seeing eyes;  
Listening vaguely, without dread  
To the Voice that long has said  
Our years are dead.

. . . . . But slowly, slowly,  
Like a mirage, seen not wholly,  
Like a sunrise in a mist —  
(O, beware! O, resist!)  
Life, that cheated us before,  
Takes shape, grows bright once more;  
Time, that flew unheeded, vain,  
Halts to ordered gait again;  
And, with our weak, astonished sight,  
We rediscover Beauty, and Delight . . .

Have you seen how strong the tide  
Quests about a shore long dried  
Till all is slaked, reclaimed, set free  
By the far mutations of the sea?  
Have you watched a field re-clad  
With blades of green, scarce seen,  
That secretly their strength unfold  
Amid the stubble of the old?

So hearts are washed: put forth: grow glad.  
So hope grows bold. God smiles again.  
And we, who thought only to die,  
Freshen, under his new sky  
Like flowers after a long rain.



## 21 Reintegration

Sometimes the process of an illness demands that the mind must be stripped down before it can be reassembled. This experience is often accompanied by a sensation of total disintegration. The body is felt not to exist, or to lack cohesion. This is sometimes called 'depersonalisation'. The young man who painted this series experienced such a condition. When he came to the studio he was extremely tense. His hands were tightly clenched, as if trying to keep a grip on reality.

The strength of these paintings, with their powerful brush strokes, remains throughout the series. With the physical attempt to organise the elements of the picture, comes a parallel in the ordering of mental chaos. The body is slowly reassembled on the paper. Once a week, for a period of eighteen months, the pictures became more and more integrated, and finished with the figure of the cross-legged guru. This man is now happily married, living and working in Italy.



110 *Disintegration*



111 *Depersonalisation*



112 *Return towards Reality*



113 *The Naked Man*



114 *The Robed Guru*

## 22 Rebirth

Although the experience of 'mental illness' can be devastating, it can also be regarded as a salutary process, allowing the old self to die and the new self to emerge. It is usually in the depth of illness that the new upsurge has its beginnings, and a tiny shaft of light appears in the blackness of depression. This theme of renewal is depicted variously as the phoenix arising from the ashes, the butterfly emerging from the chrysalis, or the egg being hatched, but the most frequent is the process of human gestation and birth. The foetus is generally shown as a grown human being, rather than an unformed baby.



116 *The Foetus*



115 *The Blue Butterfly*

The butterfly was painted by someone who had been in the hospital for over thirty years. It is reassuring to know that she did leave the chrysalis of her illness and eventually begin a new life away from the hospital (Fig. 115). The two people (Figs. 116 and 118) who depicted the foetus awaiting birth, also recovered.

The unpainted clay model of the pregnant mother is one of a series produced by a young man whose struggle for self-realisation was hampered by a conflict about his sexual identity. He made many clay models of strident women, with whom he had been unable to form relationships. His problems eventually focused on his own mother, from whom he had been unable to sever the emotional umbilical chord. When he finally managed to do this, he achieved his true identity and became adjusted to his homosexuality (Fig. 117).

Graham's painted models (Chapter 18), had previously centred around themes of childhood fantasy. Here he is, 'breaking out of his shell', his hands joined in prayer, but as a fully grown, bearded man, which indeed he is (Fig. 119).





117 *Pregnant Mother*



118 *The Egg in the Star*



119 *Coming Out of the Shell*

## 23 'An apple for the teacher'

Preventative art therapy – an example in education  
by John Timlin MA

I first met Edward Adamson when I was a student teacher. A group of us studying Art were taken on a visit to the hospital. No-one who has seen the Adamson Collection could fail to be impressed by such a treasure-house of creativity – all the more remarkable when one recalls that the people who produced this richness were overwhelmed by illness. The man behind this phenomenon was, and still is, equally remarkable. Instead of a Svengali, hung with the trappings of psychiatric jargon, here was an unassuming artist, going about his extraordinary work with a Zen-like simplicity.

I had reason to remember this visit, four years later, when I was put in charge of forty rebellious primary schoolboys. Their standard of work was abysmal and their general behaviour appalling, so they had ended up in the 'special class'. There was one consolation: there were no problems when it came to Art.

One child of nine was producing some very unusual work. Previously he had been one of the most disturbed and troublesome boys in the class, but his new interest in painting had produced a calming effect upon him. He painted a series of 'apple' pictures which were so unusual that I was reminded of the work I had seen on my visit to the hospital. I got in touch with Adamson and showed him the boy's paintings. He came on a visit to the school where his presence lent an air of respectability to my permissiveness. As a result, the boy was allowed to continue painting his apple, and unexpectedly, his other school attainments suddenly improved beyond all recog-

nition. At eleven, he left for a technical school, all the more triumphant as he had previously been destined for a school for the educationally subnormal.

I realised then, that in future, I would prefer to teach disturbed children, so I took a sabbatical year to study the field of maladjustment at London university. While I was there I persuaded my tutor, Dr Edna Oakeshott, to see Adamson's work. She shared my appreciation for his unique approach and invited him to come and lecture. When faced with a rather formidable array of teachers of the maladjusted, his calm response was typical: he suggested that the teachers themselves should do some painting! The idea seemed a little disquieting for one or two, but once under his gentle spell, the whole group soon settled down to paint. Indeed the idea proved so successful that Adamson has continued to give his 'lectures' ever since. He intuitively realised that no-one can hope to help others effectively without a certain degree of self-knowledge. It was also a salutary exercise for the teachers to experience the feeling of being inexpert. It demonstrated beyond doubt that, given the right environment, anyone can paint. The exciting prospect was that, with art as their ally, teachers could help prevent some children from ever reaching a psychiatric hospital or a prison.

Rather than the disturbed child being obliged to seek self-expression through delinquency, spontaneous art nourishes his stunted ego, allowing him to assert himself positively with an articulate voice. Art is a safe and constructive medium for aggression. In addition, it allows

the child to examine and come to terms with conflict; to symbolise fears and anxieties and to work towards their resolution at a safe, natural pace. Art imposes its own discipline. Adjusting one's self to this – learning the potential and limitations of the media by experiment – can be both an enlightening and maturing process. The individual aspect of art allows the under-achieving child to compensate for his lack of academic success. It also places him outside the competitive scholastic arena. Art is a form of play, not an idle occupation; quite the contrary: play is learning at a natural tempo; facing up to new problems and working out the answers. Each solution is an advance in knowledge and a growth in consciousness. A child's enjoyment of art can also be spiritually uplifting and can pave the way to appreciating the art of others.

Why not extend some of these ideas into the wider, 'normal' society, with its overcrowded prisons, and where so many hospital beds are occupied by the mentally ill? Is it a forlorn hope? Great Britain may well appreciate its art treasures, but the creative process itself is undervalued. The Republic of Ireland for example, allows complete tax relief on the earnings of her artists, poets, writers and musicians.\*

State education seems to be ambivalent in its attitude to the arts. There was a time when our infant and primary schools were the envy of the educational world: children were encouraged to experience 'learning by discovery'

and rejoice in the freedom of self-expression. They danced with the uninhibited zest of Zulu warriors, sang with the joy of South Sea Islanders and painted as happily as the people of Kaw.

Then and now this comes to an abrupt end when they reach the age of eleven. Just when the need is most urgent – at the onset of adolescence – they are transferred, in a rite of passage, to the traditional secondary school: based on the model of a factory, transforming the raw material of little individuals into products deemed more suitable for the needs of an industrialised economy. These pupils are now obliged to climb the rigid ladder of the examination system with its inflexible criteria of failure and success. Art ceases to be spontaneous and is henceforward a 'subject', to be studied at 'O', 'A', or 'C.S.E.'. Is it not inevitable that adolescent self-expression has to find an outlet in aerosol-can graffiti?

Instead of the liberal ideas of the primary school gradually filtering through into secondary education, quite the reverse is happening. This is often attributed to cuts in public spending; every time the harsh wind of austerity blows down the corridors of education, there arises an army of monochromatic inquisitors, many of whom have always regarded the ambiguity of the arts with bewilderment, if not suspicion. In desperation to find landmarks in their grey world, they devise yet more attainment tests for primary school children. But it is difficult, if not impossible, to award marks for spontaneous art, movement, drama or music. The result is

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\*The Finance Act 1969 (C.J. Haughey T.C. Finance Minister)





#### THE HEALING ART FOR CHILDREN

The imaginative use of spontaneous art in schools might prevent many people from ever needing psychiatric care in later life. These unusual pictures were done by a boy of nine in a 'normal' state primary school. He had previously been classified as backward, but later, after being allowed to paint, his work improved and he graduated to a technical school.

120 One of the first drawings. 'I am inside the apple and I am asleep' said the boy to his teacher.

121 The apple gets bigger and bigger. It falls on the ground.

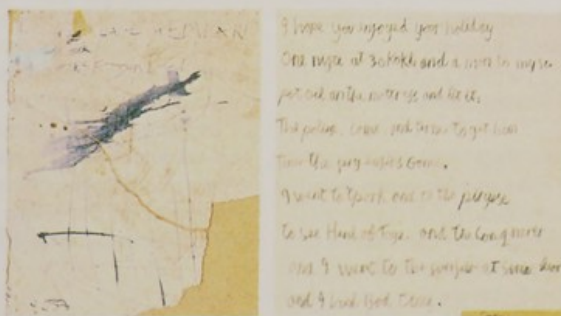


122 Inside the apple. A private world, away from worry. Downstairs are a swing and a roundabout.

123 The boy's teacher and his school-friend are now invited into the apple.



124 The apple becomes a 'sputnik' which orbits off into space.



Two examples of the boy's work:

125 Before the apple series.

126 Six months later; an extraordinary improvement.

often an over-emphasis on the accumulation of potted facts. (This ethos is reflected in the popularity of modern quiz games on television, where anyone with a sufficiently good memory is now regarded as educated.) As each new generation of pedagogues, with their new fact-laden degrees, replaces the certificated teachers – those brilliant stalwarts of our primary and infant schools – child-centred education is more endangered. How can spontaneous arts ever prosper in such baleful conditions, unless perhaps eventually in a psychiatric hospital or a prison? Nature can demand a very heavy toll for the neglect of her creative gifts.

Although the same biting wind was blowing through hospitals, Edward Adamson's charisma was such that he seemed immune to such restrictions. Exceptionally he had taken up the position of 'artist' in a National Health hospital, despite the fact that there was no official recognition for his establishment for many years. He had set up five working studios, designed and built a gallery to house his collection of 60,000 paintings and proved the value of a new method of healing, all in the face of growing officialdom.

What was to happen to this important art collection when he was obliged by the rules of a State-run institution to retire? Predictably, soon after he left the hospital, the art gallery which he had built was dismantled and converted into a physiotherapy department. Some time later, the whole future of the collection was brought into question by the hospital authorities.

Adamson had by this time achieved an international reputation. His work had won the attention and admiration of people from many walks of life. If, as it is said, real affluence may be measured in the number of one's friends, then a lifetime's service dedicated to others had already made him rich in this respect. A group of us formed a charitable trust, the 'Adamson Collection', to preserve and enlarge the collection, which by now contained many examples from outside the hospital, and to find a permanent home for it, in a more open environment. The first steps in this direction were taken in September 1983. A public gallery was opened on the Ashton estate, the home of Dr Miriam Rothschild, one of our trustees, near Cambridge.

It was a Toronto psychiatrist, Dr Sherwood Appleton, who expanded our objectives dynamically. What was needed, he suggested, was not only a museum, but a centre; an oasis, where anyone who felt the need, could come and paint in a supportive atmosphere which reflected Adamson's unique mode of caring. In this way art could actively intervene to reduce the appalling number of tragedies and breakdowns which are such a drain on the resources of the modern world. The educational system could seize a wonderful initiative to prevent a good deal of the rising generation from ever needing community care in later life.

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## Art Therapy and Beyond

Everyone experiences periods of emotional turbulence at some time. The problems can range from loneliness to pressure at work; from difficulties in human relationships to a major, debilitating crisis. In these uncertain days of the erosion of individuality and the increased use of tranquillising drugs, many of us are unaware that there is a vigorous, creative, healing instinct deep within each of us. This force is in danger of being ignored, or even suppressed, in our present day society.

*Art as Healing* tells how many people, undergoing a critical period of stress in their lives, were sustained by art. Edward Adamson gives us what is essentially an artist's view of therapy and healing outside the accepted medical tradition. By creating an atmosphere of receptive encouragement in his studio workshop, he helped those who were placed in his care to recover through the release of their creative powers.

Over 100 illustrations of paintings and sculpture bear eloquent witness to the success of, not so much a method, as a wider philosophy of caring which can allow Nature's calm balance to be restored. This approach is not burdened with dogma: its most persuasive argument is that it works! Many illustrations express suffering and alienation, but they often also document and facilitate an inner process of rebirth and reintegration. Series of paintings by people who at the time were otherwise unable to communicate show this clearly.

The value of this kind of artistic self-expression is not confined to psychiatric medicine: examples illustrate its preventive powers in education and its benefits in convalescence. With the help of this simple remedial creativity, many of us may be able to find our way through the darker passages in our lives which might otherwise have led to illness and suffering.

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