

ATOL: Art Therapy OnLine

**Exhibition Review by Christopher Brown, Jon Martyn and
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**Mr A Moves in Mysterious Ways:
Selected Artists from the Adamson Collection
Peltz Gallery, Birkbeck School of Arts, 15th May to 25th July
2017**

The 'Mr A' of the exhibition title is, of course, Edward Adamson himself and taken from a picture done by Martin Birch in 1969 whilst he was a patient in Netherne Hospital where Adamson worked from 1946 to 1981. The exhibition comprises sixteen art works on paper, a number of painted flint stones, a series of ten projected images (all made in his studio) plus a short essay film 'Abandoned Goods' by Pia Borg and Edward Lawrenson, Fly Films 2014. The exhibition has been curated by Dr Heather Tilley (Birkbeck Wellcome Trust ISSF Fellow, Department of English and Humanities) and Dr Fiona Johnstone (Associate Research fellow, department of Art History), in association with Birkbeck's Centre for Medical Humanities.

On reflecting upon our experience of viewing the exhibition we wondered just what these 'mysterious ways' in which Adamson moved were. In this review we discuss the curators' intentions and think together about the wider issues provoked by the exhibition. The curators' exhibition statement says:

'By presenting these individuals as artists, rather than as un-named and undifferentiated psychiatric patients, and framing their objects as artworks, the exhibition aims to highlight the aesthetic, personal and

historical dimensions of the collection, whilst remaining sensitive to its medical and therapeutic contexts.'

We share the curators' interest and their sensitivity toward such an endeavour. We are aware that exhibiting artwork risks being a reductive act, where an exhibition can become an event made for the enjoyment of the spectator at the cost of the artist's integrity. Exhibitions undertaken without sensitivity risk reinforcing social division, and in this case strengthening distinctions between 'madness' and 'sanity'. We wonder about 'the aesthetic, personal and historical dimensions' revealed in the exhibition as well as what the conundrums were that were raised by the need to be 'sensitive to its medical and therapeutic contexts'. Above all, we question if it is possible to see the aesthetic as a stand-alone experience when the social, personal and political is inherent in any collection.

There are some snippets of biographical detail in the commentaries attached to each artist's works but we were left wanting to know more about their individual stories, as is commonly given at art exhibitions. The intention seems to be that we should take these pictures purely as art. This presents an important contradiction as they are brought together precisely because of the artists' incarceration in Netherne Hospital. This mirrors a paradox in Adamson's own exhibitions of his patients work that, according to Diane Waller, he was aware of (Waller 1991).

Perhaps, echoing the spirit of Adamson himself, this exhibition has sidestepped the social and political issues, just as he himself rejected analysis and the medical model. Adamson's own contradiction is that he continued to work within this medical model, in the confines of Netherne – rather than becoming engaged with any of the number of political approaches within psychiatry that challenged social hierarchies. It seems that Adamson's main interest was purely to meet the patients as artists – and with this, to offer a relationship that contrasted with the inhumane practices that were undertaken in the larger institution. We wondered why such an exhibition avoided

engagement with the social and political context, did this mirror Adamson's lack of interest in the wider context in which the art studio existed?

To offer context, the historical period covered by this exhibition, included the use of insulin-induced coma treatment, leucotomy, electro convulsive therapy (ECT) and the development of psychiatric medications, which were still in their infancy. It also included the establishment of the National Health Service (NHS) as the provider for mental health, and with the Mental Health Act in 1959, the beginnings of a rethinking of the asylum. In addition there were the challenges to social structures that were pioneered by the Therapeutic Community and Anti-Psychiatry movements.

The trauma of World War Two is hinted at in the exhibition as a precipitant for mental illness, yet the audience is not being asked to consider this in relation to the artwork; rather, the exhibition is presented as outside of this context, simply as a collection of interesting art. But what are we actually audience to in the collection?

'Adamson believed passionately in exhibiting the work made in the studio as the Adamson Collection. He saw this as educating the public about the creativity and humanity of those they had excluded in the asylums' (Adamson Collection Trust, 2015).

While this ambition has given opportunity for art therapy to be recognised (*Edwards, 2004*), *the question remains as to whether it did indeed challenge the medical establishment.* As with Adamson's exhibitions, this exhibition's sensitivity toward medical & therapeutic contexts, equates to a non-engagemnet with these thorny issues.

We will now consider a second conundrum concerning the relationships Adamson had with his patients. We wondered why information about the artists, the treatment they endured and details of Adamson's relationship with them, are not referred to. We thought about whether the other artists were also interested in the 'mysterious ways' of Mr A? We wondered about the

powerfully invested feelings there must have been towards Adamson given the extent of his presence in the open studio. Certainly something of this sort is expressed in Martin Birch's drawings in which a trumpet is violently blown in Adamson's ear and the art department is presented as a car going over a cliff (Fig 1).



Figure 1 Martin Birch

Supporting the thought that Adamson, as the art therapist, must have had a significant impact on the work produced, Diane Waller in her history of art therapy, reports that the psychiatrist Dr Cunningham Dax, who set up the studio in the early 1950s, and was involved in analysing the work produced in the studio (though Adamson himself was under strict instructions not to, nor interfere with its production in any way), commented that 'when Adamson was absent, attendance at the studio declined and those who painted 'did poor work of little psychiatric value' (Dax 1953 in Waller 1991:55).

We were intrigued by both Thea Hart's and Mary Bishop's depictions of their relationship with the doctor, and wondered if this doctor represented a transference relationship between the artist and Adamson. Thea Hart paints

herself with a doctor in three different situations. In the first she is a child leading the doctor who appears to be a black man; in the second, made in the same year, she is naked and the doctor stands in the distance; and lastly nine years later, we see patient and doctor separated by a chasm and the patient walking away (Fig 2).



Figure 2 Thea Hart

With this selection the viewer is being invited to enter a story involving a powerful man and a captured child/woman who eventually walks free. This story is echoed in Mary Bishop's story about her relationship with her psychiatrist, depicted as being sadistic and controlling. But we also wondered about the erotic nature of these relationships, which raised questions for us as to how sexuality in relation to power were played out in the asylums of this time. It is interesting to note that of Adamson's collection the vast majority

were made by women and chosen by him from an archive of 100,000 (David O'Flynn, personal communication 2017). Does this suggest that more women attended the studio, and we might speculate as to why that was, or, that Adamson was more interested in the work made by women?



Figure 3 Mary Bishop

As well as the experience and fantasies of the patients to Mr A, we were also curious about the relationships between the artists/patients themselves. Several of the art works refer to the cruelty of the psychiatric treatment; however, this seems to be experienced on an individual level. All the art works suggest an isolated victimhood and this is something that Adamson comments on and suggests is related to the individual's psychiatric condition that leads to social isolation. For example, Adamson's notes on J.P. Sennitt's 'The Christmas Party' (Fig 4) observe that 'the characters are all isolated from each other'. This led us to wonder about the social nature of the Art Department.



Figure 4 J.P. Sennitt

There is a photo in Adamson's 'Art as Healing' of the art studio taken during the time of the experiment when Adamson took artwork to the psychiatrists for diagnostic analysis. In the photo the 'artists' sit in rows; there appears to be an attempt to prevent them having an influence on one another's work. Did this studio practice of rows continue after the experiment? How far was it now the culture of the studio? Interestingly, Diane Waller comments that the studio was set up in response to a visit by the psychiatrist Cunningham Dax to the art studio at Northfield, a therapeutic community set up for patients suffering from the mental scars of the second world war (Waller 1991). Northfield was where psychiatry first recognised the importance of patients' relationships with one another to their recovery. There seems to be no reflection of this in the Netherne studio as far as we are aware. In contrast,

our experience running art therapy studio groups is that the social nature of the situation is a key therapeutic factor. We are also aware of a developing interaction taking place between the art works.

We wondered if it was possible to see in the exhibition the effect on later art works of earlier ones, bearing in mind that they were done over a long time range and may not have had a direct relation to one another. What we did notice was the similarity of aesthetic and this did very much seem to belong to the period in which the art was made. Adamson's notes tell us that Ron Hampshire was mute on arrival at the hospital. In the exhibition slide show, 'Metamorphosis', he starts first unable to make a mark, begins to draw in a corner of the page, starts to fill the page, moves onto colour and lastly is able to make full landscape paintings. In a parallel story he begins to use his voice and to talk. We found it interesting that the work was shown as a development and that one with a full-page landscape, was used to illustrate him at his most 'well'. We thought of the contrast with modernist art in which the breaking down of the representational image to reveal the ways in which we see, is regarded as a 'higher' development than observational art. Another aspect of the aesthetic was the naive, or brave, depiction of people that was commonly seen in untutored art of this period. With the availability of reproduction, this aesthetic has changed, as has the type of paint used.

We thought about the aesthetic style of our own professional time period and wondered what a slice in time of the present aesthetic style in art therapy might look like. This led us to ask the question, who is collecting now? Is it even possible under current practice protocols?

We wondered about the unconscious motivations that led Adamson to collect – what was his desire? We acknowledged our own desires, as art therapists with histories that have at times included relatively free access to patients' artworks, in wanting to show to others such exquisite objects and our vicarious pleasure in 'owning' them. In owning them, or having access to them, we might also be presenting them as positive representations of ourselves – our aesthetic taste, our abilities as art therapists to midwife such

work, and so on. We wondered if exhibiting artwork made in our therapeutic relationships would satisfy our own desire for our work, undertaken in privacy, to be acknowledged? Perhaps Adamson felt something similar. We wondered if exhibiting such artwork would have a damaging effect upon the therapeutic relationships – a conundrum that has been thought about since the beginnings of art therapy.

This led us to think further about desire. What is the clients' desire in this context, are they wishing others to hear/see their story or to see them as artists? What is the desire of the art therapist/curator and what of the gallery owner? What was the desire of the curators in this exhibition, what did they want us to see? For all of us involved: artists, patients, viewers, curators, gallery owners, there is conscious and unconscious desire. As viewers, what did we desire out of coming to this exhibition? For each of us perhaps there was a different desire.

We thought about the motivations of a 'collector'. According to the Concise Oxford Dictionary to collect is: 'To systematically seek and acquire'. A good example of a collector is Henry Wellcome (1853-1936) an American pharmacist who worked in Victorian England. He 'was fascinated by the art and science of healing throughout the ages...by the time he died he owned more objects than many of Europe's most famous museums' (Wellcome, 2017). In 2015, his charitable foundation the Wellcome Collection Trust signed a binding contract with the Adamson Collection Trust to protect the future of over 4000 pieces of work from the Adamson Collection. This public exhibition is the first to take place since that acquisition.

In contrast to a collector like Henry Wellcome, Adamson was both a participant and co-creator of his collection. This is in keeping with the practice of art therapists working in asylums, who routinely stored all the artwork for long periods, thus it is unlikely that Adamson's collection was a systematic process of acquisition, more the collection was the full body of artworks made in his studio.

We appreciated the opportunity to meet a snapshot of the aesthetic that lived within the life of Adamson's therapeutic art studio. It is important to say that we enjoyed meeting the artworks as an entity within themselves. If the exhibition aimed to show the power of this artwork alone, it was a valuable experience.

As art therapists, we find it untenable to look at art works as purely aesthetic objects. This exhibition helped us to recognise that such objects will, to us, always be more than the aesthetic. We see art objects that have been made in therapy that is now over, as relics of the therapeutic relationship, of the historical setting and of the artist's life and experience. In this style of display, these relics of a past event are implied, but also unreachable to the spectator. We appreciated the way these objects were curated, as the mysteries around the unreachable and unknowable provoked a rich discussion around whether an exhibition of this type would ever be able to achieve such ambitions.

We certainly believe that such exhibitions need to engage with the insensitivity, injustice and brutality of our medical, social and political history. At the same time we wonder if, when these historical and political realities are explored, they become a distraction from the aesthetic aspects of the artwork.

Apparently, Adamson 'was not at home with art therapy's move towards psychoanalysis in the 1970's' (Adamson Collection Trust 2015) and this helps us understand, perhaps, some of the conundrums that are provoked by this collection, the disregard for transference phenomena and the minimal personal, political and historical context referenced. The exhibition has provoked in us an interest in his 'mysterious ways' and we believe that art therapy approaches that solely focus on the aesthetic, without the theoretical underpinning that art therapy has developed since Adamson's pioneering work, will always provoke mystery.

References

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