



Essay

Art, power, and the asylum: Adamson, healing, and the Collection



Beth Elliott

The history of the Collection

Out of the crowded asylums of Europe in the early 1920s, the optimism of their creation lost, there emerged a new gaze on art. Not a school or an *avant-garde* movement, but rather a point of view that has extended the territory of what is art as much as Marcel Duchamp's gesture of putting a signed urinal in an art gallery (*Fountain*, 1917). In 1921, the psychiatrist Walter Morgenthaler wrote *A Psychiatric Patient as Artist* on the work of Swiss asylum patient Adolf Wölfli, and, in 1922, Hans Prinzhorn published *The Artistry of the Mentally Insane*, a study of "ten schizophrenic masters" (Prinzhorn was an art historian before he became a psychiatrist). Prinzhorn's book and Sigmund Freud's 1899 publication *The Interpretation of Dreams* were central texts for the Surrealists. The Surrealists compared the creations of asylum patients to those of children and non-European premodern creators using the problematic concept of the "primitive": artists who supposedly worked instinctively, accessing the unconscious without knowing what they made from it, denied autonomy, intent, and authorship.

In 1946, painter Jean Dubuffet used the term *art brut*—ie, uncooked or raw art—to describe the creations of asylum inmates, prisoners, and the homeless. Dubuffet collected these objects, in which he saw something authentic—uncontaminated by contact with the cultural mainstream. In the 1970s, art historian Roger Cardinal translated *art brut* into English as "outsider art". Cardinal's term has become a much broader category than *art brut*, one much discussed and questioned. As John Maizels, founder and editor of outsider art magazine *Raw Vision*, says, outsider artists are each "a movement of one". This is art signified by the location of creation (asylum, prison, art therapy space, street), the pathobiography of the creator (early life, diagnosis), their socioeconomic situation (institutionalised, marginalised, "outsider"), and the context in which their output is viewed (hospital, museum, gallery).

At around the time that Dubuffet defined *art brut*, psychiatrists Francis Reitman and Eric Cunningham Dax, based at Netherne Hospital in Surrey, UK, rekindled 1930s research on so-called psychopathological art: the analysis of art objects that presumed they revealed causative brain pathology. They employed the artist Edward Adamson to manage a research art studio. Dax left Netherne for Melbourne in 1951 and Reitman died in 1955; Adamson, meanwhile, carried on at Netherne until 1981 in a number of studios, working alone with hundreds of people, who over 30 years produced approximately 100 000 objects in multiple media, principally paper and paint. Apart from his studios, Adamson was more widely involved in the life of the hospital. For example, he designed costumes for plays

and pantomimes (some of his sketches are in the Edward Adamson Archive at the Wellcome Library).

Adamson exhibited his selections of patient-produced art objects from 1947, but did not name the creators. When he left Netherne in 1981, he took about 6000 objects with him to set up a gallery on the estate of his close friend Miriam Rothschild in Ashton, Northamptonshire. We now know that the rest of the collection was disposed of in skips shortly after his departure. Adamson's gallery and studios were demolished; their location is now a car park in Netherne-on-the Hill, the new village that incorporated the old asylum space and a few of its buildings. During the 1980s, Adamson began to slip from public view. Art therapy had engaged with post-Freudian psychoanalysis, and Adamson was increasingly seen as old fashioned. After his death, the collection was transferred to Lambeth Hospital, a southeast London mental health unit; some was displayed, but much was stored in suboptimal conditions.

Thus, by 2010, the Adamson Collection was largely forgotten and difficult to access. Then began the journey of rediscovery, a project beyond securing the physical integrity of the objects and archives—the exploration of a new gaze. Going through 2500 drawings and paintings with the UK outsider-art authority, Henry Boxer, one weekend in 2011, I was overwhelmed by the power of these pictures. The collection of paintings and drawings was moved to the Wellcome Collection, a museum and library exploring the connections between medicine, life, and art, between July, 2012, and March, 2017. Now known as the Adamson Collection/Wellcome Library, it contains about 2500 paintings and drawings, which are currently being catalogued. A further 2200 drawings by the sculptor Rolanda Polonsky have been temporarily relocated. The Adamson Collection: Sculptural Objects holds about 700 objects, including about 500 by Gwyneth Rowlands and Rolanda Polonsky; it is with the charity founded in 1978 to promote the collection and Adamson's work, the Adamson Collection Trust (ACT), and is being catalogued. Adamson also donated about 200 objects to the American Visionary Art Museum at its inauguration in 1995. The Wellcome Library holds both the Edward Adamson and the ACT archives.

Drawing on the "multidimensional gaze" advanced by the Dax Centre in Melbourne, and Gilles Deleuze's assertion that, of course, art can be created in art therapy, I suggest that objects such as those Adamson collected can be, simultaneously, artifacts of mental health and art therapy history, documents of therapeutic experiences, and works of art. In *Abandoned Goods*, a filmic essay on the Adamson Collection, director of the Halle St Pierre, Martine Lusardy,

For the Adamson Collection Trust see <http://www.adamsoncollectiontrust.org/>

For the Adamson Collection Trust policy on its artworks see <https://wellcomecollection.org/articles/beyond-art-therapy?image=2>

For the Wellcome Library see <https://wellcomelibrary.org/>

says that, in shifting from a clinical gaze to an aesthetic gaze, the creator's place is restored in society as they become artists not patients. The film, directed by Pia Borg and Edward Lawrenson, captures the moment when the first drawings in the collection, JJ Beegan's creations made on toilet paper with the char from matches, are wrapped by Wellcome conservators to move from Lambeth Hospital to the Wellcome Library. Later they are shown being installed at the 2013–14 Paris show *Raw Vision: 25 ans d'Art Brut*, and celebrated as a rare new discovery of an *art-brut* master. Mental hospital to library to art gallery: identity transforms as the context in which the object is viewed changes—as Duchamp showed us a century ago with *Fountain*.

As Adamson wrote the name of the creator and the date on the back of most of the drawings and paintings, I could tentatively identify the collection as the work of about 200 creators. In exhibitions, articles, and his 1984 book, *Art as Healing*, Adamson had only named the two trained artists who had work in the collection: William Kurelek and Rolanda Polonsky. The other creators had pseudonyms or no name. In my 2011 article for *Raw Vision*, the artists were named for the first time, and again at the first Adamson exhibition since his death, *Art in the Asylum* (2013), and in the credits of *Abandoned Goods*. Framing the asylum inmate creators as artists with names rejects the denial of their identity and humanity, and the repetition of the injustice of their detention and exclusion. There should be no shame associated with living with psychosis. The naming of artists is not in a context of diagnosis; their creations seen as the product of their confinement in an asylum.

This renewed gaze was first presented publicly in 2013 at the Wellcome as *Outsider Art Under Analysis* during the exhibition *Souzou: Outsider Art from Japan*. Only 7 years after my *Raw Vision* essay, the Collection was recognised as a major collection of asylum and outsider art. These artists are not forgotten, and the memory of their decades wasted at Netherne should remind us of the so many people who suffer today in mental asylums globally, abandoned in the margins of the community.

Asylum art collections share questions about ownership, and about naming creators and their capacity and consent to be named or to have their work shown. ACT published our position, and welcomed its interrogation in public engagement workshops at the Wellcome Reading Room, London, UK. ACT had received the legal opinion that these objects were “abandoned chattels” and “copyright orphans”: we chose to see ourselves as caretakers not owners, and committed to securing the collection for the public, not the art market.

Public consultation about the Collection

Much of the Adamson Collection is now held at the Wellcome Collection. In managing these artworks, we at the Wellcome were aware of ethical questions around three



main issues: ownership, naming, and terminology. The ACT applied its own policy regarding these questions. We felt it was worth re-examining them, and broadening out the consultation to the general public.

To address these issues, we hosted three public discussions in July, 2017, which involved a total of more than a hundred members of the public, ranging from past and present mental health service users and art therapists to artists and librarians. Each discussion was framed by three or four different invited contributors. Lively, impassioned, and often confrontational, the consultations witnessed often complex and conflicting opinions from which occasional consensus emerged. They confirmed some of the practices taking place at the Wellcome Collection, while highlighting a number of others that are in need of re-evaluation.

The first discussion focused on questions of ownership, copyright, and access. David O'Flynn (chair of the ACT), Niall Boyce (Editor of *The Lancet Psychiatry*), and Dan O'Connor (bioethicist and head of Humanities and Social Science at Wellcome) were joined by a public audience of 40 people. The general consensus in the room was that the maker, and not the institution, should own any artwork produced in a health-care setting. As almost all of the artworks' makers are untraceable owing to an absence of hospital records, a consensus was reached that the Wellcome Collection and ACT should be seen as “rescuers” and “guardians” of this collection of “orphaned” works, in lieu of the owners. Participants generally agreed with the Wellcome Collection's practice, in which decisions to reproduce or digitise artworks are made on a case-by-case basis. Our take-down policy pledges to respect the wishes of makers or their families who may come forward in future regarding the reproduction of artwork.

The question of how accessible this artwork should be was a contentious one, which remained unresolved after much debate. Participants broadly agreed that the collection is a



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valuable research resource, offering a unique insight into the private and personal experiences of asylum patients during the mid-20th century. Niall Boyce echoed the sentiments of many by stressing its value as a counter to the dominant medical narrative in which patients are defined by their diagnoses. Moreover, the Adamson Collection gives a historical voice to a usually unheard group of people.

However, some public participants expressed concern that most artists hadn't consented to the publication of their work. Others argued that these artworks are an extension of individuals' medical records and inseparable from the clinical context in which they were made. Consequently, the artworks should not be displayed and neither should the personal data of their makers.

Equally strong opposing views were expressed by a number of participants. David O'Flynn felt that "locking the art away [replicated] locking the people away". One contributor asked, "If we don't show it, are we repressing their need for external expression and appreciation of their pain"? Several participants also argued that this artwork should be made digitally accessible because of its potential to improve public knowledge and understanding of issues relating to mental health. Another contributor asked, "How can surviving makers or their families be made aware of this artwork if it isn't displayed"?

The potential parameters of access gradually emerged as numerous participants highlighted certain risks involved in making artwork digitally accessible. Fear of decontextualising the artwork meant that there was almost unanimous resistance to making images available for commercial use. Wellcome Collection is currently making digitised Adamson artworks available online. In lieu of a copyright holder (the maker or their family), users are not granted any specific licence, but instead asked to refer to "the original creator". A consensus was reached that, however it is made accessible, sensitively contextualising artwork is key to making it "less vulnerable to narrow reading". This should involve an ongoing reflective process as, in the words of one participant, "ethics are never static".

The second discussion focused on the issues of naming and attribution. Val Huet (CEO of the British Association of Art Therapists), Fiona Johnstone (curator of *Mr A Moves in Mysterious Ways: Selected artists from the Adamson Collection*), Michael Barham (drama therapist and former director of the Adamson Centre for Professional Practice), and Marie-France Mutti (artist and former mental health service user) were joined by 30 participants from the public.

There was unanimous consensus among participants that makers of art should, wherever possible, decide if they want their name to be made public. In the absence of information from or about makers and their families, the naming question became a contentious one. Fiona Johnstone argued that it was essential to "get away from thinking about the collection as works by a generic mass of psychiatric patients", but rather as "individuals with their own personal histories and distinctive visual styles". Many participants echoed this view, including Val Huet, who asked "Why is it called the Adamson Collection, when these are not Adamson's artworks?"

Michael Barham reflected the views of many present in arguing that "not to name the creators is to deny them their human-ness and individuality all over again". Michael argued that naming helps to establish a connection both with the artworks and the creator, and is considered by many to be an important step towards redressing the "historical denial of identity, agency, and recognition perpetrated by the asylum system". Fiona Johnstone quoted the scholar Richard Sandell, arguing that in a museum or library context, "anonymity can be construed as dehumanising". Marie-France Mutti focused on the artworks' personal impact, asking, "Does the fact that a person's art has the power to help another override the questions of naming?"

There was agreement among many participants that naming artists is the only realistic way of making family members aware of their work. This approach requires sensitivity as some participants anticipated "fear and shame" from family members uncomfortable with the mental health context in which artworks were produced. The potential complexity of familial consent was highlighted by the case of the late Gwyneth Rowlands,

who produced hundreds of hand-painted pebbles and flints while at Netherne. Her work has been displayed and she has been named with her family's consent; however, recent research by Fiona Johnstone revealed a letter to an Adamson associate in which Rowlands requested not to be named "for my sake and the sake of my family". ACT and Wellcome Collection have since reviewed this issue and, considering Rowlands' name is already in the public domain with her family's consent, decided against removing attribution.

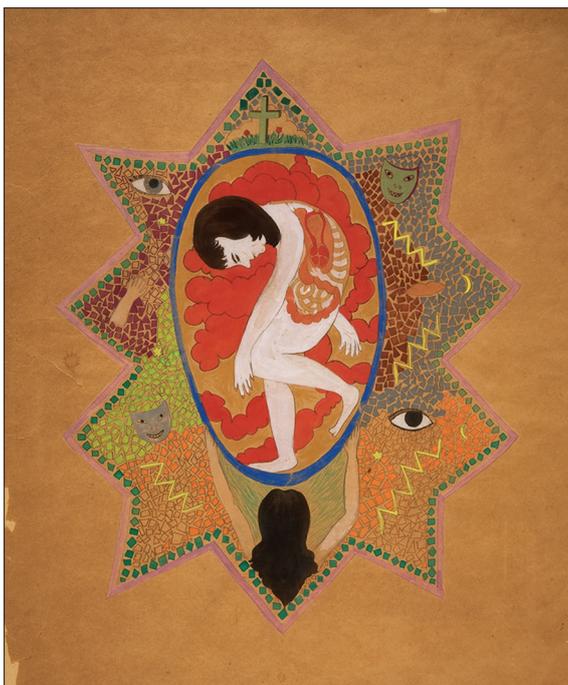
This discussion made it clear that there are no easy answers when it comes to publishing the names of those we know little or nothing about. Much of the Adamson Collection was arranged according to the makers' names when held by ACT. This practice continued, informed by ACT's naming policy, when the collection was transferred to Wellcome, and when cataloguing using makers' names began. In response to the complex and conflicting views expressed in this discussion, it's clear that the Wellcome Collection needs to consider the implications of this approach.

The third and final discussion explored terminology, at the centre of which was whether this should be described as a collection of artworks or medical records. Beth Elliott (director of Bethlem Gallery), Marc Steene (director of Outside In), and Lamis Bayar (from The Dragon Café) were joined by 40 public participants.

A strong sense emerged during this discussion that using one uniform set of descriptive terms related to either art or medicine would be insufficient to fully describe the breadth of perspectives and interests this collection evokes. Beth Elliott echoed the views of many participants present in eschewing medicalised terminology as this "narrows our reading of the work, framing the creator as an ill person, a case study". Although an art frame has its challenges, Elliott argued, "it is still the preferred space that facilitates reflection, subversion, ambiguity, empathy, value, and crucially agency for the individual". At the same time, a number of participants felt that the institutional context of this collection was "inherent to the work, how it was made, and the frame of mind of the maker".

We may never know the makers' intentions. The Adamson Collection will always have a degree of ambiguity, and it was for this reason that a consensus emerged in favour of avoiding "concrete categorisation". This doesn't mean that terms such as outsider art or *art brut* are redundant, just that one or two fixed terms only are insufficient. For Marc Steene, outsider art is a troubling term, which continues to be a "collectivising of difference"—a definition that "highlights the need to find new ways of describing art on a broader setting".

At the heart of this is the language used to describe the work, which participants felt had the potential to elevate or denigrate its status, and broaden or narrow its interpretation. A consensus emerged around the need to balance artistic and medical perspectives (among others)



to form a broader descriptive frame. Lamis Bayar asked why art produced in health-care settings could not occupy the nuanced descriptive space between artistic and medical interpretations. In doing so, a space may be created for the broader appeal and recognition of what one participant described as "Just Art. Art by people who stayed in Netherne Hospital". A review of catalogue terminology is currently underway.

The diverse and strongly held opinions expressed in these consultations have been incredibly valuable in encouraging Wellcome to review its approach to issues of ownership, naming, and terminology. It is clear that the Wellcome Collection must now openly state the reasons and thought processes behind any decisions that are made for this and other similar collections in the future.

David O'Flynn, Solomon Szekir-Papasavva, Chloe Trainor

Edward Adamson (1911–96) was a British artist, instrumental in the post-war reiteration of art and mental health. He was the first artist to be employed by the National Health Service in 1948, pioneering the art studio and art therapy with his collaborator John Timlin (born 1930). In the 1960s, Adamson was the first chair of the British Association of Art Therapists, and started the first art therapy training course in the UK. In the past 8 years, his work at Netherne long-stay mental hospital has been rediscovered and re-evaluated. A body of artworks created in Adamson's studios by those compelled to live at Netherne, the Adamson Collection, has emerged as one of Britain's important collections of asylum art.