

BETHLEM PAPERS

On the Inside of Outsider Art



Structure by Mr X (photo Josip Lizatovic)

'On the Inside of Outsider Art', was an event that took place as part of the Bethlem Salon Series. The series brings together artists, academics and clinicians to discuss themes that offer a unique insight into art production on the site of the psychiatric hospital.

Recent major events in the mainstream artworld have demonstrated a resurgence of interest in 'outsider' art. The participants in the Salon approached the subject from a number of different perspectives, from art history and cultural theory to art and clinical practice.

Contributors to the Paper:

Sue Morgan, artist

David O'Flynn, consultant psychiatrist and Chair of the Adamson Trust

Michaela Ross, art co-ordinator, Bethlem Royal Hospital

SUE MORGAN

cartographer of mental illness

why am i here?

because i am mad, and i make stuff that can be seen
which makes me, i suppose, an outsider artist
but i don't think of myself as an artist
it is more that i make footnotes. footnotes to a blank text
the blank text is the stuff i don't understand, which is pretty much everything

am i an OUTSIDER artist?

well, maybe
it seems to me to be about intention.
when i started drawing in hospitals, it was primarily to try to record what was going on in my head
satan's babies were in my kidneys, they were crawling up my spinal cord, spewing out of my
eyeballs, and i thought i was infecting the entirety of humanity with evil
i was also depressed, apparently
so what i was doing was trying to express mental content
the aesthetic qualities were accidental
so if that is OUTSIDER stuff, i made that stuff
it wasn't secret, in fact i used to show the stuff to the consultant by way of explanation, because my
analytical skills were very compromised
but it was a monologue
and i found it helpful

would someone who looked at it have made any sense of it without the background of mental illness?

I doubt it
so, my response to the questions that are being raised here
first,

is this kind of stuff a counterpoint to the mainstream?

well, first off, i am not sure there is such a thing as mainstream, it's more like a unruly collection of
multidisciplinary narratives
but if there IS one big river, as it were, then this may lie on the banks,
perhaps, BECAUSE, for a professional artist the aesthetic is primary. that may not be the case here.
the aesthetic qualities may be accidental

BUT

IF, despite the differences, outsider art has aesthetic merit, THEN, PUT IT INTO THE RIVER!!! put it
in the mainstream

why?

because taxonomies are powerful structures
so i advocate the INCLUSION of outsider art in the maps of contemporary art

next point.

the importance of biography for context

that, it seems to me, is an historiographical issue. i was educated by an historian who thought intention was primary. that's pretty unfashionable now.

personally i think the more you know about someone, the more interesting the stuff is, whoever you are

and some facts are more helpful than others, in the context of work produced by the mentally ill.

am thinking here about materials, technical skills, the spaces where visual work is made, and opportunities for gathering knowledge

there is a lot of LACK, a lot of POVERTY, in the most general sense of the word

again, i will come back to that

finally, the clinical implications

basically, if it helps, then do it. make stuff.

it may be the thing that keeps you going amidst all the pathology.

hospitals, after all, are places where boredom and insidious inactivity is rampant

BUT there should be research into the neurological and psychological outcomes of producing visual work in this setting,

AND there should be finance for therapeutic SPACES for it, with ACCESS to adequate materials and sources of knowledge, with trained staff

AND, furthermore, there should be funding to provide for its continuation in the community as an aid to recovery and to assist in relapse prevention

in my opinion, the recent high profile of outsider art is pernicious if it not followed by financial and therapeutic support in the hospital and community environment

MOREOVER,

simply finding aesthetic qualities in the output of psychiatric patients and ignoring the terror and

STIGMA attached to mental illness is being ignorant and romantic

otherness, illness and suffering is NOT romantic. very few ELECT to be outsiders, untaught and to live in poverty and isolation

AND it is scandalous to think that we would lose our freshness and originality if we were taught technical skills, had access to better materials, and could work in a large white spaces!!

so, my conclusion:

if outsider art has aesthetic qualities, then put it in the mainstream, encourage it, promote it, and put your money where your mouth is!

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to live in poverty and isolation.'**

MICHAELA ROSS

'theorising' Mr X

[H]is exclusion must enclose him; if he cannot and must not have another prison than the threshold itself, he is kept at the point of passage. He is put in the interior of the exterior, and inversely ...

[His] voyage is at once a rigorous division and an absolute Passage. In one sense, it simply develops, across a half-real, half-imaginary geography, [his] liminal position on the horizon of medieval concern - a position symbolized and made real at the same time by [his] privilege of being confined within the city gates.

Foucault, M. 'Madness and Civilization', 1964

This short introduction is a response to the Bethlem Salon '*On the Inside of Outsider Art*'. Within the psychiatric hospital, the pairing of 'inside' and 'outside' is a leitmotif, returned to again and again by both staff and patients. My aim with this text is to think through the binary from the perspective of art practice, writing both as an artist working with patients at the Bethlem Royal Hospital and as a collaborator with one patient in particular - *Mr X*. The introduction uses images from theory to provide an alternative perspective on art produced in the psychiatric hospital.

the hospital site

The psychiatric hospital is a multi-layered site and the Bethlem, with its long history, is singularly complex. It offers all kinds of possibilities for the artists who work here, allowing them to move in and through the hospital's landscapes, real and imaginary. The notions of inside and outside inform many of the daily behaviours of those onsite. While this division might be most visible in the secure units, in general boundaries are clearly marked and conformed to. There are spaces of confinement and areas that are out of bounds. The site's boundaries are however constantly tested and re-asserted. Barriers become more or less porous depending on changes in individual behaviour, treatment programmes and professional and legal status. Roles are not fixed: there are inpatients and outpatients; clinicians and non-clinical staff; current and ex-patients; staff who are now patients and patients who become staff. Each person has his or her own inner map, which may be revised but always bears the contours of previous experience; in this sense, Bethlem's topography is indeed, in Foucault's words, half-real and half-imaginary. The artist-patient is imprisoned at the point of passage and the threshold can never be forgotten – it is tested and re-made in the moment. Foucault's image of the 'Ship of Fools' caught within the curl of the wave, on the inside of the outside, always in motion - never at rest, offers a new way of thinking through the inside-outside paradigm and another way of understanding the art and the artist, not as fixed objects but as responsive to an ever-changing environment.

the subject

Some individuals, institutionalised for years, might be considered pre-eminent 'insiders', able to navigate the ebbs and flows of hospital life. Others are 'outsiders', never quite capable (or willing) to conform to what is expected of them. Both patients and staff can be insiders or outsiders. When art-making is mapped onto this already complex terrain the possible meanings of the terms 'insider' and 'outsider' are further complicated. While the psychiatric patient might generally be considered an outsider to societal norms, the artist-patient stands outside society in general and the art-world in particular.

panopticon

When attempting to theorise the artworks of *Mr X* - a producer of towers, vessels and vehicles - two images in particular come to mind: the *panopticon* and the *Stultifera Navis* ('Ship of Fools'), from Foucault's 'Madness and Civilization'. Both images offer new interpretive possibilities when thinking about art production on the hospital site.

The panopticon, Jeremy Bentham's response to the problem of prison architecture, speaks of the connection between space and power, regulation and self-regulation. Within his structure, the central tower houses the guard who is able, from this vantage point, to observe the occupant of each cell, isolated from his fellow inmates and back-lit by a window giving out onto the exterior wall of the prison. Famously (or infamously), Bentham's utilitarian model makes best use of human resources: regulation is achieved by 'the few observing the many'. The prisoner must only believe himself to be observed; he internalises the rules and inhabits them - puts them on his body, trying them on for size. Within the psychiatric hospital, the patient-artist is also watched and penalised for non-regulated behaviour, sometimes, for example, through the suspension of leave (the withholding of permission to go 'outside').

Mr X's tower-structures, however, can be understood as a different kind of vantage point, unrelated to the surveillance of the patient-prisoner. *Mr X* builds the tower for himself, both to attract outside attention but also as a place which he himself can occupy, not to hide as such, but to position himself differently. He invites others to take his place within the tower, tipping the panopticon formula of observer-and-observed on its head. Inside the tower, at least to some extent, we are protected from surveillance and perhaps also from the internalised, self-regulatory gaze. *Mr X* insists that others share the experience, so that each person can experiment with different ways of being. This directly contradicts the ordering function of the panopticon where the patient-inmate is separated from his peers, is sorted and made into a specimen. *Mr X's* tower represents an alternative way of making oneself visible while denying the usual forms of scrutiny. It suggests the possibility of another way of being 'inside' – if not exactly a privileged position, at least a challenge to the established hierarchies of viewer and viewed.

stultifera navis

Confined on the ship, from which there is no escape, [he] is delivered to the river with its thousand arms, the sea with its thousand roads, to that great uncertainty external to everything. He is a prisoner in the midst of what is freest, the openest of routes: bound fast at the infinite crossroads. He is the Passenger par excellence: that is, the prisoner of the passage.

Foucault, M. 'Madness and Civilization', 1964

Vehicles figure strongly in *Mr X's* work. Each structure is more complex than its predecessor, with an accrual of 'features' and refinements. Rather than a means of transport, the vehicles are another way of making visible – an escape, perhaps, from certain ways of being seen and an opportunity to be seen differently. On one occasion when a vehicle is making a tour of the hospital grounds, a small child runs after it, caught up in the excitement but unable to give the object a name. He is reduced to repeating a single word - 'THIS'. The response points to an important function of the vehicle – to induce awe. The child's struggle to categorise this object, encountered for the first time, is particularly significant in this environment where artworks and individuals are categorised and judged according to established norms. *Mr X's* vehicle is not simply a deviation from the norm, however. It exists instead outside current categories, forcing a reevaluation of the entire system. To pursue the 'Ship of Fools' analogy further, *Mr X* could be seen as the pilot who knows the true course but whose expertise is dismissed by the mob. He is prisoner of the passage, his knowledge a product of the situation in which he finds himself.

the fold

The outside is not a fixed limit but a moving matter animated by peristaltic movements, folds and foldings that together make up an inside: they are not something other than the outside, but precisely the inside of the outside.

Deleuze, G., 'Foucault', 1986

Deleuze moves us on even further from the simple opposition between inside and outside, noting and expanding upon some of the ambiguities within Foucault's topography of the prison/asylum. Thinking of an image that can contain Foucault's apparently contradictory notion of the 'interior of the exterior', he presents us with the 'fold'. The fold for Deleuze is both object and action; what he calls 'the forces of the outside' (the multiple operations of power), are folded inside in a continuously-repeated process. To fold is to master – oneself and one's circumstances. *Mr X's* structures are the result of a thousand pressure points through which power is exercised over him; he is told when and how he can make, the scale, the materials and the tools he can use. His folding/making is a form of resistance to a singular system, to the immediate conditions in which he finds himself. *Mr X*, and the artist-patient more generally, is thus related 'transversally' to others on the outside and inside of the hospital who are engaged in the same struggle with an immediate – almost intimate - relationship to the operations of power.



'Confined on the ship, from which there is no escape, [he] is delivered to the river with its thousand arms, the sea with its thousand roads, to that great uncertainty external to everything.'

DAVID O'FLYNN

Edward Adamson – art as healing

Introduction

Edward Adamson (1911-1996) was a British artist, the pioneer of art as therapy, and creator of the Adamson Collection. From the early 1940s, Adamson was working with Adrian Hill (the artist who coined the phrase 'art therapy' in 1942) and a small group of Jungian analysts who were interested in Carl Jung's ideas around art and recovery. These included Irene Champernowne, who founded a Jungian art community at Withymead in 1942, Rita Simon and Susan Bach. Between 1946 and 1981 he worked at Netherne Hospital, a long-stay asylum in Surrey, near London. During this time he pioneered the therapeutic art studio and developed an approach to art therapy. He founded the Adamson Collection, and from his retirement to his death in 1996, toured extensively nationally and internationally with the collection.

The collection has recently been rediscovered, and the core paintings and drawings are being conserved at the Wellcome Library in collaboration with the Adamson Collection Trust. Recently his philosophy and practice have been re-examined in the Edward Adamson Festival 2014.

Brief biography

Edward Adamson was born in Sale, near Manchester. His father was successful in manufacturing, and the family moved to Tunbridge Wells during his childhood. He had only one brother. Having attended art school at Bromley and Beckenham art college, at his parents' insistence, he trained as a chiropodist, though there is little evidence he practiced until the War. After his chiropody training he worked in Fleet Street at an advertising agency (and started collecting his colleagues' work, examples of which are in the Edward Adamson archive at the Wellcome Library). He continued painting, exhibiting in London and Paris.

During World War 2, Adamson was a conscientious objector. He worked in the UK as an army chiropodist.

From 1946 on, he dedicated his life to working with people with mental health problems, who were compelled to live in the long stay asylum, and exhibiting their work as a means to counter stigma and discrimination.

Insert pictures 1 and 2 (*On the left is an official photograph of Netherne, and on the right a painting by an unknown artist of the hospital. The dustbins in the foreground refer to Broadwood Villa, a satellite building to the asylum. The picture is dominated by the dustbins and the fence. This artist painted a number of pictures of Netherne*).

Netherne Hospital years

Netherne was one of the series of mental hospitals built around London, and was opened in 1905. The asylums had a 'bad war' and had been starved of resources and staff. Netherne Hospital was seen as a pioneering asylum at the time, under the direction of Eric Cunningham Dax,

who was working with the psychiatrists Francis Reitman and later Rudolph Freudenberg. Under Dax, Netherne pioneered a range of interventions, including occupational therapy, the art studio, insulin coma therapy, ECT and lobotomy. There was an optimism, with the successful closure of the TB sanatoria following the introduction of antibiotics, that the same would happen for mental illness, mental disorder and the asylums.

Between 1946 and 1950, Adamson was employed by Dax to run an art studio as a research project. After Dax emigrated to Australia in 1950, Adamson spent his career subverting the research studio to be an open access, free expression studio, and worked singlehandedly with hundreds of people until his retirement.

'Objects Found in Asylums as Art'?

There is a long and complex history of the relationship between creativity, art and mental health (well documented by Susan Hogan in 'Healing Arts'). A modern view of this might start in 1921 and 1922 when Walter Morgenthaler in his study of Adolf Wolffi, and Hanz Prinzhorn in his study of 'ten schizophrenic masters', described objects made by people living in asylums as objects of art. Previously, broadly, these objects had been viewed as clinical material, and evidence of the pathology of the creator. These works were often produced in secret and with salvaged and found materials. They were often destroyed when found.

Morgenthaler, and more so Prinzhorn, as his book 'The Artistry of the Mentally Ill' was translated and available in French, had a significant impact on the surrealists and also the German expressionists. The surrealists found in asylum art a freedom of expression with, in their view, a lack of conscious attention as they found in the work of children and of non-European pre-modern art. Problematically through this celebration of the 'primitive' and its 'automatic' creation nature of this art, they denied the creator artistic intention, agency and authorship, and the evaluation as art rested on their intellectual perspective.

Psycho-pathological art

In the late 1930s, the psychiatrists Eric Guttman, Walter Maclay and Francis Reitman, carried out research at the Maudsley Hospital in London, into art and psychosis. They primarily used the hallucinogen mescaline to create a psychosis that they believed to be a model for schizophrenia. They gave mescaline to both artists and patients. The Bethlem Museum of the Mind has a number of these mescaline paintings from that period.

After the War, Francis Reitman moved to Netherne Hospital as research director, and he and Dax founded the studio which Adamson worked in. They held a psychopathological or pathophysiological view of art and psychosis. Fundamentally they were of the view that the art

created by people with psychosis reflected their brain pathology. So those who to the research studio was given quasi experimental conditions, including the patients having identical easels, chairs, painting material and media. Adamson was instructed to not intervene or guide the creation, apart from brief technical advice. Their main experiments were with free expression, and some 20,000 works were created during the research period. They also had trials with different kinds of music, and pre and post lobotomy.

The main outcomes from the research studio were Dax's 1950s book 'Experiments in Schizophrenic Art' and Reitman's 1953 book 'Psychotic Art'. Probably 20 objects from the research studio were shown at the influential exhibition 'Psychopathological Art' at the Sainte-Anne Hospital in Paris in 1950.

The art studio

While Dax and Reitman approached the study from a pathophysiological perspective, Adamson was already in collaboration with Adrian Hill and the visionary Jungian analysts, Champernowne, Simon and Bach. It seems likely he was aware of the impact on surrealism and German expressionism of asylum art. He seems to have come to the studio with the embryonic ideas that would develop during his career.

He developed the notion of an open access free expression art studio as a creative and therapeutic space. He continued the non-interventionist approach that Dax had given the research project. He was anti-interpretation and anti-philosophy.

'The art they are producing, that is the thing that is getting them better. The mere fact that they put their brush to paper and try and paint'. (Edward Adamson, 1987)

Adamson worked alone with hundreds of people during his career. By 1970 he had five studios and a gallery for the evolving Adamson Collection. His belief, it was the act, the gesture of making art to which, in his terms, healed.

'How not to influence, distort or impinge its self expression was the artist's or therapist's primary concern'. (David O'Flynn, 2011)

In 1984, he and his collaborator John Timlin published their book 'Art as Healing', which includes images of about 160 objects in the collection and discussions about Adamson's technique and view.

His work - the Netherne art studio, the Adamson Collection, the Adamson Collection galleries at Netherne Hospital from 1956 to 1981, and Ashton Wold, 1983 to 1997, and 'Art as Healing', were instrumental in the development of British art therapy. He was a founder member of the British association of art therapists in 1969, and briefly its first chair. However, his non-interventionist working practice, and his abhorrence of psychological interpretations, meant by the 1970s he was increasingly estranged from art therapy, which was becoming oriented to analytical psychology and psychoanalysis.

'I want the creators to interpret their pictures to me, because you can read all sorts of things into a picture which are not true. It is the easiest thing in the world to tell a false story.'

(Edward Adamson, 1987)

In contemporary practice, there has arisen a separation between the group art studio, often lead by artists and occupational therapists, and the one-to-one Art Therapy sessions run by primarily artists who have trained to be therapists, and work with interpretation, and view the art material as clinical material, allowing access to the patient's unconscious. Both stands were wholly influenced by Adamson's work. The recent Edward Adamson festival sought to explore the divergence and discuss a bringing together.

The Adamson Collection

The Adamson Collection is the "other half" of Adamson's work. He collected almost all the objects made in the Netherne studios from 1946 to 1981. By 1970 there were approximately 60,000 objects in the collection, and by his retirement in 1981, 100,000. These included painting, drawings, ceramics, sculptures with flint, stone and bone and larger sculptures.

In 1981 he moved about 6,000 objects to Miriam Rothchild Estate at Ashton Wold. In 1981 he opened a gallery there. When he and his collaborator John Timlin returned to Netherne the remaining collection had disappeared. Recently during preparation of the Adamson film "Abandoned Good", a former staff member of Netherne reported having see the collection being put into skips shortly after Adamson retired.

The studios rapidly converted to a bowling alley and later demolished.

In 1997, the year after Adamson's death, the collection was moved to Lambeth Hospital, now part of South London and Maudsley NHS Foundation Trust. The work was stored, and only about 300 paintings exhibited at Lambeth Hospital and two and three Community Mental Health team bases in the borough of Lambeth. When the new wing at St Thomas' Hospital was opened as the Adamson Centre for Mental Health, a number of works were exhibited there.

The approximately 300 paintings on exhibition were mainly ones that had been chosen to be framed by Adamson. The rest of the works were stored in poor conservation conditions, and in 2012 the paintings and drawings were moved to the Wellcome Library.

The current collection can be seen in 4 parts:

1. Paintings and drawings: The collection holds about 2,500 paintings and drawings, mainly done with poster paint on wall paper backing paper, by approximately a 180 artists. This includes two works by the Canadian painter, William Kurelek.
2. Approximately 500 small sculptures: A collection of ceramics, and works with flint, stone and bone. These are mainly held in a small display room in Lambeth Hospital. This collection includes the works on flint by Gwyneth Rowlands, pictured below.

3. The Rolanda Polonska Oeuvre: Rolanda Polonska was a trained artist and sculptor who spent 35 years at Netherne Hospital. When Edward met her she was cleaning the floors. He had to seek permission from the hospital authorities to allow her to have a hammer and chisel. The collection holds her masterpiece, The Stations of the Cross, a 14 pieces in the original plaster of Paris casts. There are approximately 20 other sculptures, small to medium size, including small studies of the stations. The Adamson Collection Trust also has 2,500 drawings by her, many of them in preparation for the Stations. The future of this sculpture collection is unclear, but we are hoping for a collaboration between the Adamson Collection Trust and the Bethlem Museum of the Mind.

4. The American Visionary Arts Museum: In his later life Edward was increasingly distanced from Art Therapy. He was more interested in the area of outsider art, the art of the untrained and the excluded. He worked closely with Rebecca Hoffberger as she opened the American Visionary Art Museum in Baltimore. He gave the museum a number of key works in 1995, including Kurelek's "Where Am I, Why Am I, Who Am I?" and the standing wooden sculpture "Recovery" by an unknown man who committed suicide shortly afterwards. In 1998 John Timlin, Adamson's collaborator and partner, donated Adamson's private library to ABAM.

Early exhibitions by Adamson

Adamson exhibited from the work done in the studio as early as 1946 in a group show in Kingston Town Hall. He passionately believed that showing the work by people who the public has excluded in the Asylums and showing it as art would change the public perception of those compelled to live in asylums.

He was involved in the three major exhibitions bringing art therapy and asylum art to the British public in the 1950's and 1960's: "Aspects of Schizophrenic Art" at the Institute of Contemporary Arts in 1955: "Art as Communication" at the Institute of Contemporary Arts in 1964: and "Art and Mental Health" at the Commonwealth Institute in 1958.

Dax took about 20 objects to the influential show "Psychopathic Art" at the Hospital Sainte-Anne in Paris. This has been described as the most important event in asylum art since the publication of Prinzhorn's 1921 book "The Artistry of the Mentally Ill". There were 2000 objects from 35 countries. Sainte-Anne's archives remain closed.

Current questions for the collection:

Creators and objects:

There remains debate about the work made by the excluded and untrained, work often made for personal reasons as opposed to being made as art. The people went to Adamson's studio as it must have been a small place of hope and creativity in asylums where life was hard. They in a sense painted to survive. The Adamson Collection Trust has chosen to call the people who made the objects "creators" and the paintings, drawings and sculptures they made, "objects". Creators and objects avoids imposing meaning.

Complexity of the objects: Transformation of meaning.

The collection is currently viewed with a multidisciplinary gaze (Dax Centre 2000, "Framing Marginalised Art"). The objects were made for healing, either spontaneously or in Adamson's studio. Now they are important historical records and artifacts of British art therapy, British psychiatry and the asylums. Since its re-discovery the collection has been identified as one of the most important British collections of asylum art. Furthermore the objects are increasingly recognised as art by the outsider art world.

This transformation of meaning is well demonstrated by the work of a creator we know as "J J Beegan" [6]. We know about J J Beegan is from Adamson's book "Art as Healing". J J Beegan gave his drawings on toilet paper and hospital library fly leaves to Adamson on one of Adamson's first visits to Netherne in 1946. He was living in a locked ward and was incontinent. These drawings were exhibited by Adamson - particularly three he had mounted. These drawings were recently rediscovered and were shown at the Halle Saint-Pierre Museum in Paris at the "Raw Vision" retrospective, September 2013 to August 2014. They were heralded as new masterpieces of outsider art. They were transported from London to Paris in 2 boxes, and kept flat at all times to reduce traction on the drawings. Currently we know of 9 pieces of paper containing 14 drawings by J J Beegan - with another 3 images in other healing of works now lost. This probably represents his total output that has survived.

Naming the creators:

The Adamson Collection Trust is moving towards a position of naming the creators. Edward wrote the name of the creator and the date of creation on the back of most paintings and drawings. We have no authority for most of our artists or their families to reveal their identity. Netherne records have disappeared. It is impractical, almost impossible to trace relatives or copyright holders.

1. identity:

We at the Adamson Collection Trust is the view these peoples' identity was denied in their life times, with them being compelled to live in asylums. Denying their identity again is repeating this process. ACT when formed by work on holocaust victim writings

2. Copyright orphans:

Currently as it is not practical to trace copyright holders, it is important to name the creators when the work is shown so anybody with a claim could approach ACT

3. "Compelled to Live": ACT uses the phrase "Compelled to Live" at Netherne as some of the artists may well have not had what we might identify now as a mental disorder. "Compelled to Live" does not directly disclose any medical information about the creator, only that they were resident in Netherne between 1946 and 1981.

4. Adamson was an artist, not a clinician. He saw the work as a creative, but also a clinical process. He wrote "*I am somewhere inbetween the patient's and the clinical staff*" ("Social Context of Art" 1970). However, he did discuss the pictures with Psychiatrists

5. ACT has been moving towards celebrating individual artists in the collection as well as celebrating Edward Adamson.

Ownership and consent:

The majority of the work in the collection have been identified by a high court judge as "abandoned goods". Generally collections of asylum art hold that the hospital provided the materials on which the objects were made. The collection, the work of for example William Kurelek, and Rolanda Polanska's Stations go of the Cross were expressively donated by the artist. Latterly ACT have made contact with the families of Mary Bishop and Gwyneth Rowlands who have kindly donated the work to the collection.

It has been well documented by Hogan that people gave consent for the work to be kept in the early research project, 1946 to 1950. Adamson in interviews reports that people asked him to keep the work in the studio, and they were not able to have personal possessions on the wards. However, when interviewed some of the creators later reported to an art therapy researcher, Romley that they would have liked to keep some of their work.

ACT is of the view we care-take the Adamson Collection. The charity is clear the work should not be sold and enter the art market. The intention is to donate the drawings and pictures to the Wellcome Library who have the resources and the facilities to maintain the collection.

Similarly it is not clear that people gave permission for their works to be shown as part of the Adamson Collection. There are complex questions around capacity, consent, confidentiality.

Summary:

The Adamson Collection is a unique collection of asylum art. Adamson's studio was one of the first internationally facilitating move from objects being found to studio production in places where materials were available and artistic guidance was there. Out of his work, Adamson made an immense contribution to the development of art therapy. The Adamson Collection has a strong representation of the work of women, which can be indirect presented in this field. The work was encouraged and collected by an artist rather than an art therapist. Adamson's work remains a crucible of both art therapy and of the therapeutic arts studio. His collection is now recognised as one of Britain's most important collections of asylum art. After years of obscurity, it is now being celebrated nationally and internationally and increasingly available for the public to view.

Between February and July 2014 we had the Edward Adamson Festival, with three exhibitions, two major events and producing three films. The films for the opening and closing events of the Adamson Festival, and the full film of the panel "Adamson's Work and Practice Now" are available at: TBC

In August 2014 the film on the Adamson Collection "Abandoned Goods" by Pia Borg and Edward Lawrenson won the "Golden Leopard" for best international short film at the Locarno Film Festival.

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gallery



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