

# Another language of the mind: drawing the field in a psychiatric hospital

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How does drawing influence an ethnographic encounter at the phenomenological level, in an open-door Swiss psychiatric hospital? How can we represent visually an environment that is organized around both psychological and material constraint and freedom? What does drawing (in) the field produce in a space organised around psychic suffering? This poster seeks to show how drawing is a relevant medium to create, nurture, and present encounters between people experiencing different psychic states.



Horse figurines, at the artistic center of the hospital. One of the horses is covered by a paper, inside which is written a poem by artists and patients\* called "dream away". At the time, a giant drawing of a horse created by a patient and an artist was also on the wall of the cafeteria/gallery of the artistic center, where these figurine horses would be found. Their design, the old closet on which they would be put, the semi-darkness around them and the melancholia they evoke remind me of my many evenings at the artistic center where I lived for more than a year.

\* Patient is a term used here. It is the term used and accepted on the field.

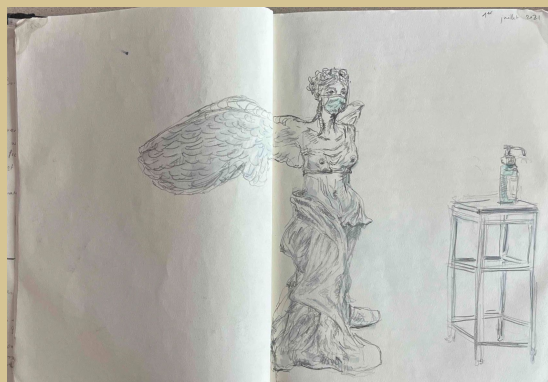
## Ethnographic drawing

Drawing has an evocative power; it is suggestive. It can be ambiguous, symbolic and its aesthetic can leave to multiple interpretations. It expresses without necessarily formulating clearly (Giordano 2020). Drawing is about presence: it is immediate and it takes some effort to deconstruct it. It is a form of communication that translates feelings through aesthetics. Its form is influenced by cultural codes. There is an impossibility to know, in some situations, why one is attracted to certain images: it is part of the practice not to describe or explain, but to evoke and show.

## Phenomenology of drawing in a heterotopic environment

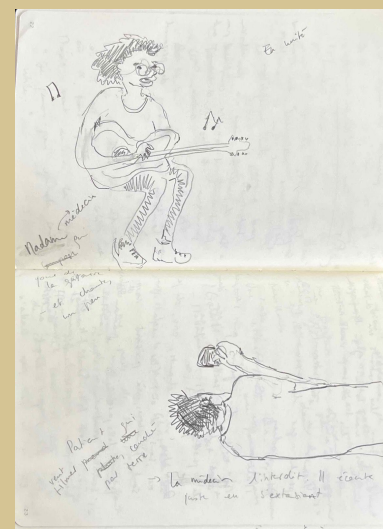
Drawing has a unique ability to convey how one feels, on the phenomenological level, when living in a specific environment. Considering the sociality of emotions (Ahmed, 2004), drawing helps the ethnographer to be attune to one own's sensibility, mood, concentration, and attention towards people, symbols, and spaces. The different spaces of the hospital can be described as territories, on the affective, political, and ideological levels, in which one can experience forms of deterritorialization and reterritorialization (Deleuze and Guattari, 1972). As such, the practice of drawing in a healthcare unit, during a psychiatric interview, or at the cafeteria of the artistic center is not welcomed nor understood in the same manner. This discrepancy reflects different modes of being and socializing in this heterotopic environment where existential freedom and constraint and constantly in tension.

A statue at the entrance of the theater of the hospital. It is a reference to Saint Dymphna, a Christian martyr. She is the Holy Patroness of the persons with psychic struggles, of the healthcare takers in mental health (and of the psychiatric hospitals, according to the version given at the hospital). The hospital's official annual celebration has been dedicated to her for the past twelve years, and the hospital chapel was renamed after her in 2018. She became a significant symbol within the institution. The drawing has been made in 2021, at the time of the pandemic. Disinfectant was offered at the entrance of the theater, and someone put on a mask to the statue; she kept it for several months.



## Silence in the drawing

The practice of drawing, both in the act and in its reception, is also imbued with silence. This silence, when care is also present, can create a shared space that exists beyond wordings and worldings (Leavitt, 2014). Evocation and ambiguity can be closer to social reality in a setting where uncertainty is emergent everywhere. It can also represent a form of ethics towards informants to leave it this way, without further explanation or simplification. Silence and ambiguity can be important for hope to emerge, and it may be necessary to leave room for uncertainty when psychic suffering enters the equation, in order to keep these persons and relationships "present".



Karina, a young psychiatrist, plays the guitar and sings within one of the healthcare units of the hospital while Johnny, a patient, gets on the floor and tries to film her, only to be told not to. This kind of playfulness is rarer within the units, where stress and distress are more common. Karina asked me to send her a picture of the drawing, and I later saw that she put it on social media. It provided a "fun" and sensitive view of her work, one to which she wanted to relate to. This was also a step in the way of our friendship.



Rose (left) and Martha (right), two patients, smoke a cigarette and discuss at the terrasse of the artistic center. They discuss their relationships with men, their stay at the hospital, how it is going, and when they think they might go back home. Rose was re-hospitalized several times after this event (2021). She often made references to the drawing – even during periods of crisis and heavy medication –, and asked me for new portraits. This object allowed us to bond in a positive way and to become closer.

## Performativity of of drawing in a psychiatric hospital

Invoking the imagination is important not only to translate one's experience on the field but also for ethical reasons. For anonymization purposes, and due to the sensitivity of the subject-matter, pictures of places and people are to be avoided; pictures of patients are not even legal. Drawing allows one to describe the field visually while the specific qualities of the medium – its evocative power, the subjectivity and emotionality it conveys and the craft it requires are valued and understood as less intrusive by interlocutors in relation to psychic suffering. Portraits can also lead to a form of recognition of the self, especially when one is in a period of reflection towards one's own life experience (Juan, 2022). They require a form of attention towards another that can be understood in itself a way of caring (Tronto 1993, Puig de la Bellacasa 2012). These objects thus can become active actors in the constitution of certain forms of relationality, in which 'existential care' plays a central role.

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