

Saving Faces: Art and Medicine  
Panel Discussion, Thursday, February 16, 2006 7:00pm

Introduction by Barbara Simcoe

Thank you for being here. This evening's panel on the exhibition Saving Faces will begin with three brief presentations that will be individual responses to the paintings of Mark Gilbert. The comments of those of us on the panel may be theoretical, others anecdotal, but all will be in relationship to issues raised by Mark Gilbert's paintings. I will speak first. My name is Barbara Simcoe and I'm an Associate professor here at UNO. I teach painting and drawing. Karen Emenhiser will be the second speaker. She received her Masters in Humanities from the State University of New York at Buffalo. She resides in Sioux City, Iowa and currently teaches Art History at the Northeast Community College in South Sioux City, Nebraska. She will also teach a Continuing Ed class this spring on the Art of the Garden. Karen has done a great deal of curatorial research and writing. She was Associate Curator at the University of Buffalo Art Gallery for seven years and since living in the Midwest, she has done curatorial work for the Blanden Memorial Art Museum in Fort Dodge, Iowa and the Wilson Trailer Company for whose corporate art collection in Sioux City, she produced a catalog. Aaron Holz who is on the end will be the next speaker. Aaron is relatively new to Nebraska but not to the Midwest. He is from Minneapolis originally and received an undergrad Bachelor of Fine Arts degree from Moorhead State University in Minnesota. He then headed east for graduate school and received his MFA from the State University of New York in Albany in 2001. He is currently an Assistant Professor at the University of Nebraska-Lincoln and is in his second year there where he teaches painting and drawing. Two of his paintings can currently be seen here in Omaha at the Bemis Center for Contemporary Art in the Exhibition, "Cool and Collected" - Consummate Works from Local Collectors and we believe that that show is up through the end of this week. Last summer, he had a one-person show at Rare Gallery in New York City.

Mark Gilbert and his work is of course, the main focus and reason for our assembling this evening for this panel. I am sure most of you have seen the exhibition, "Saving Faces" and those who wish to see it again after the panel, will have an opportunity to do so. The Gallery will be open and there will also be opportunity for you to visit with Mark. Mark Gilbert is from Scotland. He went to the prestigious Glasgow School of Art in Glasgow from 1987-1991, graduating with honors in painting and drawing. He has had one-person exhibitions at the Bozart Gallery in Pfaff, England and the Royal Scottish Academy in Edinburgh. He has also participated in many group exhibitions and has been the recipient of a number of awards throughout his career. His work can be found in many private and public collections. In fact, he is going to return to the United States in several months for a commission that he has with the family to do their portrait on a family from Boston. The paintings in the exhibition, "Saving Faces" were produced during his residency at the Maxillo-Facial Surgical Department of the Royal London Hospital from 1999-2000.

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I am going to begin with a very few brief comments that are of an anecdotal nature. About fifteen years ago, I brought a portfolio of oil paintings on paper to New York City to show to gallery dealers and curators. When I go to New York, I always stay with a friend of mine in Brooklyn with whom I had gone to art school when I was in Texas. She was no longer a practicing artist, but has always maintained her interest in contemporary art. I had been so busy during my visit that she hadn't actually seen the work I had brought and before leaving for the airport, she asked to see it. So I spread the work out on the floor of her apartment living room. She looked at it but was very quiet, not saying anything. No comments at all. After several uncomfortable minutes, her husband returned home. I remember him standing in the hallway before the room where my work was spread out. He surveyed it and then pronounced, "Everyone in these pictures looks sick." My friend said nothing, which I interpreted to be agreement with her husband. More awkwardness followed during which I quietly packed up my pieces and then was off to La Guardia. The work you see up on the screen was one of those paintings and it is the one I always think of when I remember the comment my friend's husband made. People had responded in many ways to the work I was doing at that time with comments such as, these are really powerful. These are too political. They're not political enough. The photo referencing is too obvious. The surfaces and brushwork are seductive. These paintings are kind of disturbing, but never had anyone referred to the figures in my work as looking sick. His comment still troubles me a little whenever I remember it. It was such a visceral response, but even though his wording and tone were sort of unkind and on the harsh side, I did receive a strong response to my work and for that, in retrospect, I am grateful. For if nothing else, to respond to a work of art strongly, whether in favor of or in abhorrence of, is to always be preferred over indifference. When I began to think about comments I would make this evening, I remembered this painting and that experience and in thinking about it, I also thought about beauty because to me, I felt that in this work, as in most of the work I've done as an artist, I have always had this subversive intent to make something that is beautiful. Why subversive? Those of you in the audience who are well acquainted with modern and contemporary art, probably know what I mean without explaining. But many of you here tonight do not. So very, very briefly I will say what I mean by way of another short bit from personal history. As an undergrad painting student in the 70's, the subtext that was in the teaching we received and more importantly, in the serious critical writing and art that was getting the most attention, beauty was a non issue. It was something that was studied or discussed. If it were studied or discussed at all as if it were a dusty, neglected and antiquated museum piece, usually in a philosophy of art class. I remember a fellow painting student and I one time conspiratorially confessing to each other in hushed tones that what we really wanted to do was to create paintings that were beautiful. The task for me and for other serious artists who have been secretly interested in issues of beauty in artwork has been to do so through the back door. By finding, developing and creating a visual language to express unconventional beauty and also, maybe more importantly, by finding beauty in that which initially may be repelling but that

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on second look, has a dark beauty or a beauty that emerges because of the truthfulness of the image. It can happen when looking at one of Goya's late so-called black paintings. This is from his light period or when confronted with the amazing muscular and beautifully done brush work that creates the harsh raking light of a figure in one of Lucien Froid's paintings. Or when being confronted with the over-the-top grotesque textures of the skin of a figure in an Ivan Albright painting. Or in the disturbing subtext of Eric Fishial's early paintings about suburban male adolescence. Or here in the appalling massiveness of luxuriant flesh in Jenny Savol's paintings and finally in the visceral images of damaged human beings in these paintings of Mark Gilbert. When we had the courage to really look at that which is so difficult, we might be rewarded by finding an amazing and incredibly poignant beauty. And that concludes my comments and I'd like to turn the panel over to Karen Emenhiser. (applause)

Okay. Well, thank you. All right. Well as the only non-artist here, I have to come at this show through the work of others that I've seen and so I thought...I went through this exhibition and some of these images were really so strong that it just, you know, kind of takes you a moment. My God, this is amazing what I am looking at, you know, not just the more visceral ones, but especially the portraits, who, you know, who were just staring right back at me, you know, almost daring me to look at some deformity or...and it was very comfortable and I was trying to think, when was the last time I felt that strong a sense of challenge at an exhibition and it was one we did in Buffalo, it was originated. It was called "Hospice", a photographic inquiry and it was an exhibition put together by the National Hospice Foundation to acquaint the public with the work they do, which is basically helping people die and so the images of the show were all taken by five photographers, who were commissioned to work with people who accepted this idea and to basically document their last days. Some of these went on for a few days, some for months. This one is from one of the artists who, Jim Goldberg, his father was dying of cancer and he documented his last few months. This is Jim's son reaching out to him. This is Randy's birthday. Randy had AIDS and he very much wanted to live past...he didn't want to die on his birthday cause it would make his mother sad. And this is Sheila, a photograph from Jack Radcliffe. And we see Sheila very much engaging us. We feel very much that she is looking at us and we know from Jack's notes on this that she was mostly interested in participating in this project and having this photographer photograph her because she said, will this help teach people about AIDS? She wanted to get something across. You know, all these people had different reasons why they allowed this intrusion into this rather sensitive part... well very sensitive part of their lives and her gaze struck me as rather similar and kind of a feeling of discomfort almost as some of these in the exhibition, we see...this is Dudley and we see him kind of looking at us with that same sense of you know, just expectation, you know. You're looking at me. Accept me. I don't really know what was going through Dudley's mind, but we have to enter into this sort of exchange of gazes with him because he's looking straight at us and the portrait puts in position of you know, Mark's position as an artist or the previous

images position. As a photographer, we're engaged. That makes us kind of complicit and that makes just being...looking at someone who is so dissimilar from everyday. We don't really know how to act. I mean these are both death and deformity are things that we tend to want to look away from as a rule. It's just...you know, you kind of have to catch yourself sometimes. It's very common. And I started thinking well, you know, it's interesting why is that with image and so I immediately felt well, we can talk about ideal beauty. Ideal beauty in the Renaissance was formed on platonic ideals of cosmic forms, balance, harmony, clarity, a perfect structure. Not everyone had that same form that governed Western civilization. I just had this image of Lord Pekala, a Myan 8<sup>th</sup> century Myan ruler who came from a society that preferred to have one's head elongated and they would bind babies' heads with boards to elongate them and I haven't really confirmed this, but one source said that he actually had a latex bridge nose for his nose to emphasize the length of his nose because that was a standard of beauty in the Myan culture. In Michaelangelo's time, beauty and ugliness were diametrically opposed not only visually, but morally. And this sort of stemmed from medieval theories of a lower animal nature within man's soul that made it possible to conceive that malevolent forces could deform man's perfect corporeal image. So when Michaelangelo...this are just two little details out of the Last Judgement...the painting, the image that separates everything. Good is up here, bad is down here, good up here is perfection. It's beautiful, harmony, clarity and anything below is grotesque and definitely evil. At the same time though, you know, we can never paint with too broad a stroke in our history. At the same time, we have Leonardo, who does this study which has come down to us is called, "The Grotesque" and it's a very careful study and one gets the feeling from Leonardo DaVinci that there's this real sense of curiosity there and you know you can't really say, well, he's looking into his soul because you know, quite possibly not, but you see just with the care that he took to catch this individual as a person, that there was another mindset of work there. I love this image. This takes us into the 17<sup>th</sup> Century when humanism and the Counter of Lucien and the Counter of Reformation. A lot of things happened to make artists more aware of just this huge chasm between the incredible wealth of Spain for instance and the misery of people everywhere outside of the palaces. This is by Rybera. It is called "The Clubfoot Boy" and it's a portrait of a boy with a definitely deformed clubfoot and he is smiling. I mean he has just the most wonderful face, this toothy grin. He looks quite confident up there up there. We don't get the feeling really that we should feel sorry for this person. It's painted in such a way that we kind of look up to him the way Rybera designed the canvas. You're sort of looking up from this and he's carrying something that says Latin, Give me alms for the love of God and his whole attitude isn't so much one of a poor, pitiable creature, but and according to Rybera, this is what he wanted to get across. This was a person, every bit as deserving as any other person on the planet and this is just an example of several works like this in our history around this time. You start seeing artists really wanting to have a bit of a say in how these people are treated. Velasquez, an extraordinary artist. He painted for the Court of Spain and stunning, beautiful images, but he also painted lots of pictures of the dwarfs

of the court and these were dwarfs who were kept to use the aristocracy. This is Diego Rodriguez deSilva. He was a scholar and Valasquez shows him with these huge books...it's just almost absurd in a way, but it's a very moving portrait of this very small person who has taken on this huge amount of work and was really rather accomplished. Francesco Lasko, a very different kind of relationship with the viewer, you know, kind of a little softer, a little more inquisitive. Sebastian DeMora, now he really looks at us with a sense of determination and this one, he's so matter of fact and it's just almost like, you know, I'm daring you to look down on me. There's just a real sense of engagement with this man. Valasquez wanted these portraits to be exhibited where the aristocracy would see them. He wanted them to remind the rulers of the people. It was very important to him and a little bit later on, quite a bit later on, 1864, I thought of Rodin that says, a Masque with a Broken Nose and Rodin did this and submitted it to the salon in Paris and they would not accept it because it was ugly. Rodin said, "Well there can be beauty in ugliness, you know, that's what I'm showing you where there is beauty and ugliness" and they wouldn't have any of it. They absolutely refused. But he felt very strongly about this and at the same time, we're seeing other artists, kind of looking at the face and taking it apart. These are words by Matisse. He did five portraits of a woman named Jeanette and in each one, she's just a little more rearranged. Instead of facial features, he's just exploring the idea of distortion and just moving mass around. It's not so much a face anymore as you know, sort of an object that he can play with masses with. Where Digliani did the faces with scarcely any...you know, they're just almost blank. There were all kinds of things being done with faces at this point. And I came across this amazing article. I had no idea but around 1936, a surgeon named Maxwell Maltz, published sort of a history of plastic surgery and in it, he brought up this old story about Renoir and he argued that Rodin was estheticizing and even worse, he was immortalizing this tragic condition of this man and not only was it a horrific art, but it was a horror because it was a treatable condition. At the time that Rodin was doing this sculpture, I didn't notice, but apparently they already had by 1865, they were doing flap operations for lost noses across Europe and they were repairing cleft lips and so this Maxwell Maltz looked at this statue of Rodin as you know, just the absolute opposite of what art should do. Art should not be immortalizing something that is both ugly and treatable and so there's a whole series around that time of works from ancient Greece on up. Cleopatra, you know, just all kinds of these images of people with a bit of a hump in the nose or something and they would go back and they fixed all these images throughout art history and here we have Rodin, you know, doing us a favor and Maltz's declaration at the time was that plastic surgeons at that time, saw themselves as correcting not only the damaged features of people, but a damaged artistic tradition. You know, that this was something very wrong that had been going on and in a way, you know...I don't really know what to do with all of these different things and it kind of makes sense...I mean art so far has brought us to understand and to kind of relate to people and you know, see people as fellow persons who..with feelings and everything. The portraits that you know, like this man, you cannot look at his

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portrait and not be taken in to a bit of his private drama and art has accomplished that for quite awhile. I think it's something we can really do and it's something that Mark achieves here really incredibly but you know, in addition to that, you know we have these amazing images of the process of actually fixing a problem. I mean we start to kind of get a feeling for two artists at work here. One, sculpting the human body. The other, you know, portraying it and you look at an image like this and it's just sort of miraculous still, especially to people like me with no medical knowledge, you know, that my God, someone could get in there and know what they are doing and produce a desirable outcome, you know, that is really more beneficial not only for the viewer but for the subject, which so far, hasn't benefited nearly as much. It's a remarkable composition. And I just wanted to kind of wrap up by just sort of posing the question, you know, where do we go from here? We've got, you know, an artist helping us understand. We've got a kind of artistry, putting a person back together, opening up new horizons for him and I just hope to hear more. (applause)

Good evening. I'm Aaron Holz. I'm going to make it real quick. I timed it. I think it goes six minutes, but then we're here. It's going to go ten. I'll do my best. This is my first daughter. Her name was Greta. She lived about nine months. She had a non-hereditary genetic anomaly. She had tetralogy of Falloux. She had a stenotic pulmonary valve in her heart, fused vertebrae, extra ribs, with seizing, needed an NG tube and O2. My wife and I had a crash course in being a nurse leaving ICU. I'm just curious. How many people are here as a medical, here for the medicine. Raise your hands. How many people are here as artists? And how many people are students who simply have to be here? Only one. Two. They're embarrassed. Greta was a wonderful little baby. It was very hard. It was unbelievably hard. This was actually a great moment when she got her G tube and we didn't have to put an NG tube down her nose where my wife and I had to worry if that was going into her lungs instead of her stomach and all of those things that make a normal, what I'm going to say, a "normal" infant, much easier. Greta was like scuba diving. You had to say, how long are we going? How much oxygen do we bring in the car, all of those things. This slide is for the artists because for the nine months that Greta was alive, you know, mail would come back and as an artist, you have slides coming back and it's a gallery scene, thank you, no thanks or whatever....you're always getting your slides back with a mild note of thanks but no thanks. And I have to admit, I never saw this picture. My wife showed it to me and during those nine months, this is all that really mattered. I mean we would have a feeding and if you've never worked a Medtronic infusion pump, it's a real pain in the ass, especially if you're not in medicine, but here we are. I could have cared less that I didn't get in that show. I didn't make this important thing. In that short period of time, my focus was on her. I'm also a portrait painter. I'm a different portrait painter. My paintings have been described as hybrids between op art and portraiture. I love the Flemish. I like tightness in the way I render. They're diminutive. They're small. Many of them are six inches. Some of them are eleven by fourteen. I wondered if I was

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doing myself a disservice but I just saw last week Francis Bacon's self-portrait, which is eleven by fourteen inches sold for five million pounds at auction. There's hope. So here are some of the images. I actually purposely make distortions in a figure, so this is my Buddy Lance and I work from 20 to 25 photographs and I'll actually cut and slice and nip and tuck until I get something that's not disfigured, not a caricature but not a photo real image of just that one moment that you see if you think about photo realism. One thing that was interesting for me with Greta is, I couldn't use my normal process and I felt like I really wanted to make something about her. And I don't sculpt my subjects normally and I actually took a caliper and I took measuring tools and I wanted everything to be exact and I actually measured the radius of her head. I measured every single part of her body. I had a whole chart of measurements and I wanted to sculpt it to make sure it was right. And I made multiple sculptures of her that are exact scale and this is not the way I paint. I usually paint from photographs. I let myself invent. I say, you're the artist. You get to invent. I think part of it was, she was imperfect. She was going to have a short life. I didn't feel that I had ...I wanted to preserve her. I also wanted her in what made her "disfigured" to be correct. So when I made this portrait and this portrait was in a show called, "Hot Shops" that Tugboat Gallery put on here in Omaha, a great show. I actually had everything perfect and I remember bringing this around to the gallery. It was Frederick's Frizzer and Chelsea and Andrea, who is the director there, looked at it and she said, "Oh, that's weird. That's disturbing" and she didn't know it was my daughter and she didn't know that this was a nasal canula and I have to admit, that it didn't offend me because I knew it was weird and disturbing to someone who hadn't seen an infant in a nasal canula with oxygen. All my wife and I had to do was go to Sam's Club to go buy groceries and have people say, oh honey, look at the baby with oxygen, you know. And this is up in Schenectady, so that's how they said it.

My point was in making those images of Greta is that they were radically different from the way I normally did portraits and that should have been really obvious. The first thing I thought about with this show was I thought about how art and medicine have always been together from Da Vinci's studies of the heart to Rembrandt to an autopsy and for me personally, seeing watercolors of the Civil War, issues of shrapnel and how they were going to deal with it as doctors and medics and what they could and couldn't do. I think it's interesting. When I came and saw this show last Friday, I was really profoundly moved by Mark, what he did and I wanted...aah simpatico, you know, you and me, a painter and Barb and I did the same thing. We kind of really were talking about painting and how great it is. And we talked about how, he comes from a...now he's a Scotsman. He's not a Brit, but he lives in London, so I'm going to say he's a UK artist. How many UK artists were...well I think of the lineage and I would include everyone Barb had included and I would include Stanley Spencer, but I would also put in Mark Quinn and Damien Hurst. And I think I want to make a difference and if I had the images, it would be more clear. But I think half of the British, Scottish, artists, who work in this deal with macabre and surreal in ways

that are indifferent to the subject and the other half have empathy. And one of the things that I was profoundly taken by in seeing this show over there, was that Mark's work, I felt, had empathy towards his sitter, towards the subject matter. Damien Hurst doesn't and if you saw his latest show at the Goshen Gallery for the artist groups, it was an apathetic look at meth users, at monkeys being tested in labs. The other person who I want to talk about and I will try to find a way into one of the slides, is Mark Quinn and Mark Quinn kind of made himself on the map by doing a self portrait of himself in blood, frozen blood cast in his face. It couldn't be more real. He recently did this. Now you're going to correct me cause this is your home town. Alice and Lap are pregnant, eight month's pregnant. It's on the fourth flint of Trafalgar Square. This from Nebraska, what the press said about this, and from what we could pick up, that artists dismissed it as being obviously politically correct to have a woman pregnant who was born limbless. At the same time, the civilians in the world who aren't artists, were offended by it, to say that this was no witness, was a way of kind of...it was a demoralization of a place that was about generals and historical people, not to mention the fact that one of the bronze generals on one of these flints actually had a crippling injury through war, but that that was okay. I think Mark Quinn has empathy towards Alice and Lapper because they're friends because I know what her reaction was to the piece because of what she says and I think if I was to say and we're talking about Mark Gilbert as being more like Hurst or more like Quinn, who are his colleagues, that he's more like Mark Quinn, that he has empathy towards his subject matter. In this piece, there's empathy towards the subject matter and it was a piece for which he was profoundly moved and grateful. I had another image which would make a point here, but I'll say it to you. And that is, one of the other interesting things that happened this year was the first partial face transplant happened in France. Who are the doctors? What was it? How do I say it? Partial and originally in this...in what happened, they wanted to protect the person who received the faceplant from view, from the media and partly, they wanted to do this out of respect for the family who gave the face from the consenting family and partly, maybe for her identity and I think one thing that Mark's, but one of the things that's interesting about the paintings is, I think the time it takes to paint, that the materiality of it changes the way that you look at it and if he had done photographs of before and after, that the photograph is essentially pornographic, that it's not empathetic because you look at the details. I wanted to show you the image cause she now has identified herself, the person who received the partial face transplant. You can look at it on my laptop later if you're really interested. Had I put it up here, I know you would do this immediately. You would look along the face of the scarline. You would compare the skin of this part of the transplant to this part because everybody I showed it to, did that and it became all about the pornography of detail and every time I've looked at any one of these portraits in this show, I don't think that. I look at the viewer's eyes as she had said. I look at the painting. I don't look for the specificity of what a photograph would do. I'll conclude and I'll say this. We live in an interesting age where illness and disability become subjective terms where a deaf couple can purposefully choose a fifth generation deaf sperm donor to

help improve their chances of conceiving a deaf child, where hereditary genetic illness can be detected early through chromosomal testing and parents can choose to make a decision. I think it's a time where art and medicine are intersecting in unbelievable ways and for everybody here and all of us will be in the gallery later, it's a real privilege to have Mark Gilbert here and to have his paintings here and have that be part of this conversation. So thank you.

MARK GILBERT

Thank you very much, and for those of you that saw Iain Hutchison speak a couple of weeks ago...I wasn't much of a public speaker before I met him, and got a few tips from him. So if any of you saw him then, you'll maybe have some idea of what kind of guy he is. So I just want to say, I'll probably be going over odds and ends that he also went over. So I apologize for that. Okay. I'm going to just pass through these (images). It's just putting the work here in Omaha into context. I'm certainly not here to talk about my career. I'm here very much to talk and to expand and to explain what the patients felt about the work, how they reacted to the paintings, what contrasted for me as an artist with the work I had done in my normal studio practice, and then I will also be talking about the roots and objectives and the initial ideas that Iain Hutchison had to create this project. These are just examples. For those of you that don't know, I went to Glasgow and left there in 1991 and was lucky enough to carry on doing my painting practice for the best part of seven years, working very much in a very narrow way from life, never using photographs, working from life, from models. These are large paintings, larger than life-size. Even the drawings would be much larger than life-size and they would be quite laborious. A drawing like that would take maybe 30, 40 sittings with me constantly changing and altering. Each session, I would erase the image that I had and then just start working on top of it again. Ask my mother! The thing was because I was working in such a laborious way, working from life, building of the painting layer upon layer, using the environment of the studio as a way of creating space and environment. These paintings are much thicker than they actually look. At this time I only had a small group of models. Maybe I had half a dozen models. I had my mum, my dad. I had an unemployed flat mate and I had girlfriends, and because they would take up to six months to do, then sometimes, you had to be optimistic about the relationship. So sometimes you got your fingers burned. And then I went to Spain. I felt I had painted myself into a corner. I was getting bored with my work and wanted to do something completely fresh and different and I went to Spain for a year. And I ended up doing Spanish landscapes, which I didn't necessarily enjoy although I enjoyed being in Spain. I thought it was a terrific experience, but I wasn't necessarily pleased with the work that I did, but what I did do is get me a studio that I had been working in for the previous seven years. I had at least managed to take myself away from the comfortable and start to test myself again. And it was just at this point, just at the point when I was really starting to think, 'okay, well I've managed to get myself out of the studio. What do I do now?'..... that I

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bumped into Iain Hutchison who I had actually known for a few years on a social level. He had had this idea for a long, long time.....to bring an artist into work with his patients. He knew my work. His wife had bought work from me. I had even painted his mother-in-law..... she was 86 and that took about six months. She had to come up to me three times a week for about six months and she hates that painting. She can't stand it. That brings me on to something else. The relationship I had with what the models and what they felt and what I felt about the paintings. The paintings on the whole very rarely were commissions. I didn't enjoy doing commissions because I realized that at best, the people who I had painted were at best ambivalent about the way that I had rendered them. Sometimes, they genuinely hated them like Iain's mother-in-law, like many other people, too many unfortunately far too many....but the thing was they were done from my own exhibitions. If I was going to assess whether a painting was successful or otherwise, the last person I would necessarily listen to in that respect would be the model. I had always hoped that the model would like the paintings. I didn't take any pleasure from upsetting them. I had my mother in tears because she thought that I had added so many pounds on to her and these were all things that I was aware of..... that it takes a certain amount of courage, a great deal of courage sometimes, even at the best of times to have your portrait painted. But as I say, I'd insulate myself from the views of the models. When it came to commissions you couldn't necessarily do that..... you wanted to get paid at the end of it, but on the whole, if it was going to be for my own exhibitions, I'd insulate myself from what they felt. So when Iain Hutchison asked me to paint his patients.....I was aware of what he did. I had known that he was a facial surgeon but not much more. I hadn't seen any visuals. I hadn't met any of his patients in all the years that I had known him. So when he said he wanted me to paint his patients before and after surgery, I was immediately excited. I realized it was going to be a challenge, and yet at the same time, as we waited for six months to get the ethical approval, I got more and more nervous....black clouds came over my head and I just thought, what am I doing? During the time we were waiting for the ethical clearance, he had shown me transparencies. That was as close as it got to his department really, I remember putting them on a carousel and going through them one by one, I was virtually under the table and actually had to ask somebody else to come in and look at them with me. Then I had massive anxieties. Iain wanted the paintings to happen to show like in the case of Mazeda here, that people with facial disfigurement or have been through facial operations, carry on leading fulfilled and active lives regardless of how they look and regardless of the experiences that they've been through. He also wanted to show, in what was hopefully going to be an accessible way, what's possible and also what isn't possible with modern facial surgery. I can vouch for the fact I saw some of the most amazing things I could have ever hoped to have seen, that the work that they are able to do sometimes is miraculous and yet at the same time, it doesn't always work. They can't do everything. And he wanted to raise the awareness of facial surgery, to raise awareness when it comes to facial disease and facial cancer

about the causes. Many people I know, before I started working on this, said they didn't know there was such a thing as facial cancer or head and neck cancer, so to raise all these. He also had a hunch or he had a kind of nebulous idea that the paintings and the act of being painted, would be seen as cathartic or beneficial for the people sitting, that somehow they might end up coming to terms with how they looked or coming to terms with the treatment. I thought that he was being incredibly naive. I thought he was being hugely naive. I thought I could be like a bull in a china shop. In many ways, I felt I was going to be the last thing you would ever want in a facial surgery department and yet, Iain's enthusiasm put these anxieties into perspective. The anticipation of the challenge of it kept me going as we waited. Only for the worries to raise themselves again as we got the go ahead. I remember the first operation. This is just a drawing I did in the first operation...before I ever met any of the patients ...I went into the operation theater and this was a drawing that I did. I made notes and initially I would do these drawings and take photographs for the operation pictures, so again, I was working in a different way from before. I was using photographs in a way I hadn't done before because there was no way I was going to be able to set up an easel and oil paints in the operating theater. I was gowned and scrubbed and watched from a position almost as close as Iain, without actually touching the patient. Initially I wanted to learn all about the treatment. I wanted to learn all about the techniques. But I wasn't necessarily enhancing the paintings doing this... I would study at night almost like a medical student. I would be looking at all these textbooks and doing some diagrammatical drawings. I realized that what I wanted to do was to be able to just see, to absorb the information. Any painting an artist does, even if its photo-realist is a series of choices that that artist has chosen to make in the attempt to represent what's in front of him and so you hope those choices that you make are informed by the relationship or the feelings or the character. I felt it was much more important for me to be able to watch the operations and just absorb the whole incredible situation I was being given the privilege to be able to witness. If I could just take that and then somehow be able to give people a sense of the feelings I had there as well as being able to kind of describe vividly, the actual things that were happening. I hoped that the portraits would be informed by the relationship I built up with the patients and the relationship was very different and in total contrast in many ways to the relationship I would have with the sitters I had worked with before.

Instead of insulating myself from the views of the sitters, I would actively seek their opinion. Some of you may have seen Iain Hutchison's speech. He talks about the ethical clearance and one of the big sticking points was what happens to the pictures if the patients don't like them. The ethics Prof. had asked- "What do you suggest and he said if they don't like them, we need to destroy them". At this point in his presentations, Iain shouts when he's giving a talk, some of you might remember, "Ha, you're the book burner." To me think that's a bit strong really and I also think it's a wee bit strong because from my perspective, if any of the patients did not feel upset or had wanted to pull out,

then I would have destroyed the pictures. What was amazing was I did not have to do that once. And every time I made an arbitrary request, there was never ever a negative answer. And so this was an amazing thing that showed the anxieties I had initially at the beginning were starting to prove groundless. This was partly because I was actively seeking their opinion all the time. I actively wanted to find out about how they felt about the pictures. I wanted to find out about them. Then as time went on I wanted to find out how they felt about the treatment. They then wanted to find out from me you know how I felt about their operation. They wanted to hear more information, as much information about what my view of it was. I was in the privileged situation of speaking to these people, with them taking you in trust during the most traumatic moments of their lives and that is always something that I'll never forget.....Some of you don't know. See the little girl with the large tumor, that was facial cancer. Dudley there, who I haven't spoken about, that was a shotgun injury, but then I was also working with people with congenital facial disfigurements like Rhonda here. There's an asymmetry there. One part of her face was growing while the other part had stopped, and she also had underdeveloped cheekbones, so her operation was to extend her cheekbones and then also to straighten and realign her jaw and that's what she looked like afterwards, but it wasn't just cosmetic. Although she did look better. You know, the face was more symmetrical. But the first patient I met was Henry De Lotbiniere and he was a saving grace, thinking back to the anxieties I had. He was a barrister living in West London and he was one of the most amazing people I have ever met. He had had fifteen gigantic operations over as many years and these early pictures are actually taken from Iain Hutchison's medical records. So these show him after his first operation and these are further on, where you can see, he has now lost his eye and the tumor started to grow on the left hand side again. You can see there where he had basically lost half his forehead, the skin is just basically draped over half his forehead. A wee bit more obvious there and then the operations which you've already seen and then what you have is a full length portrait which brought you up to date to when I was working with him and he used to sit for me. I don't know how many sittings he had. He sat at the beginning for a whole series of drawings and then also for his portrait. And it was actually his idea for himself to be painted in his robes. I asked him if I could do a full length portrait. He said "you could do me in the wig and gowns" and he kind of thought it was a joke, but I thought it would be great. I avoid narrative in my work. I try and make the pictures as succinct and as economical as possible. I try and avoid spoon feeding my audience. You try and leave it so that there is ambiguity and you leave space for the audience to then make up their own minds. Yet, a picture like this, I think, manages to succeed and say all Iain was hoping for. It was collaboration between me, the patients and Iain Hutchison and so I think what we managed to succeed here. We managed to show that somebody who looked the way that Henry did, who had been through what Henry had had to go through, who had only half a tongue, yet was still performing in court. He was still playing cricket. He was still windsurfing. He went to the top English public school, which was

Eaton, which is where the Royal Family all go, which is also where James Bond went to. He was an incredibly good looking man and he could have been a James Bond character. He had that kind of suaveness. He had that kind of smoothness. He had the sense of humor. He had the joie de vivre. He had that kind of relaxation of spirit that you rarely see in people and he could have been this James Bond character and he wanted to be James Bond and it really, really pissed him off that baddies not just in James Bond movies, but baddies in lots of movies, they tend to have a facial scar. The scar will be allegedly enhancing the negative attributes. That's another thing that we were doing. Everybody's guilty of to a greater or lesser degree of making snap judgments about people and it's been shown in research that the vast majority of people are capable of making negative.....giving negative attributes to people with facial disfigurement and it's been proven in research..... people with facial disfigurement are regarded as less attractive, less trustworthy, less clever, less intelligent, more prone to violence, all these things. This research was going on in the hospital while I was working there. Henry, and others like him, were having to deal with this all the time and yet he was just the most amazing character, he was somebody who never had a bad word to say about anything, least of all his situation and his treatment and his cancer and always left you with a smile on your face whenever you left the room.

The ways the paintings affected the patients in ways that we could have never ever preconceived is illustrated with Chris here. Chris was beaten up by nine lads with baseball bats. His skull was crushed almost within an inch of his life down here. He went through an operation where they had to cut from ear to ear and peel his face off to get access to the bones. This is him just after his operation where they put titanium plates on to reconstruct the fractures. A painting like this could be the most permanent, tangible reminder to Chris of the most awful traumatic moment of his life. And so even if he liked the painting, it's always going to be there. I felt Chris would also be unsure about exhibiting it. It would be this awful reminder and when I painted a second portrait, which has taken about six months later, that's what he looks like. He looks pretty normal. But thinks he looks pretty depressed and so he doesn't like that one as much. Yet he's got full sized reproduction of this one, the first one hanging in his living room. And what he said was it gave him a sense of achievement looking at that painting. He would get depressed. He'd still get depressed from time to time and yet when he looked at that painting, he thought what have I got to be depressed about? That was the lowest moment of my life and I've gotten over it. Like others he would also use it as a means of engagement. He would have it hanging in his living room and making it difficult to avoid. It meant that people would come in. Maybe people coming in for the first time and ask what is that, who is that? He would then say it's him. The dialogue would start and he could then speak about it. As he said, every time he got to speak about it, it got easier. So he was using the painting as a means of engagement and that's what many of the patients said. Many of the patients, like Roland here, carry pictures of their operations and not just of the paintings but the photographs

that I had taken in the operating theater, about with them. If anybody looks at him and asks why he looks strange, he feels compelled to then go up to them, he pulls out these photographs and explains vividly, this is what happened. I had facial cancer. They removed, you know, most of this side of my cheek bone, my upper pallet and I've now got a thing they call an obturator. It's a kind of artificial piece of silicone that's bulking out his cheek and many of the patients do this. Many of the patients carry the pictures about with them all the time and so again using it as this means of engagement as a way of creating a dialogue and it makes it easier for them and it kind of gives a focal point for both people involved in the dialogue and then I'll just give another illustration of the amazing ways the patients reacted and then I'll also wrap up.

Roland as well, he went through the operation. He thought the operation was easy. You know, it's a dreadful operation, that dreadful large tumor and yet he found the operation incredibly easy and he got over it very easily. What he couldn't take was the process of radiotherapy they had to go over, that he had to take afterwards every day for six weeks. His head would have to be put into this plastic mask, which had an attachment to the back which had bolted his head onto a table, so he really felt the claustrophobia, the isolation, because he's been hit with radiation..... the nurses go into a separate room, so he's left there on his own in the darkness, smelling his own flesh burning, but it was more the claustrophobia that got to him and he was telling me about this all the time when he was sitting for a whole series of drawings after I had done those initial paintings and yet ...the day that I thought that he was coming over for the last time, he turned up with the mask. He turned up with the mask that I had heard so much about and basically said if you're going to tell my story, I want you to paint the mask as well and even when he put the mask on, he was still scared. It still made him anxious and yet he loves this painting. It's his favorite painting. And now he's got the mask and his granddaughter plays with it as a toy back home. It was just another one of these things that we could have never have preconceived. I'll just say the patients were all excited and got benefit ...at the very least they enjoyed it. The prospect that the pictures were going on exhibition was another big part of it for them and for the others, it was just something else that they thought was enjoyable. Oh, I just wanted to say, while I'm here, I just wanted to be able to say thank you to everybody that's helped with the exhibition here and to Virginia, to Debra, to Barbara, to Wanda and to everybody else, then to Bill and to lots of other people I've met. I've met tons or people this week and I can't remember everybody's name right now, but it really has been an absolutely amazing experience and the work that has been done here and the work that continues to be done as a result of this, is something I know is very special to me, will be very special to Iain Hutchison and I'm sure the patients will be just as chuffed when they hear about it, so thank you very much.

(Applause)

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Those of you who want to stay for two or three questions. Do you think we can do that? I think so.

What did you do to see these people day after day after day, you know...you already answered the question, but I did want to say, how moving it is to see some of this stuff.

As a physician, you've put together a face. I mean you look at pieces and you just put pieces together and they can move that as some pattern. As an artist,...

Mark: I tell you, one of the things I never touched on that may be contrasted...when I'm doing the portraits for my own purposes and these medical images..... If you think back to a painting of a bowl of oranges or a flower, you're taking something maybe relatively mundane. You're not going to look twice at a bowl of oranges, but when you see it sumptuously painted by Manet, you then turn it into something special. You know, the painter chooses to then depict it in such a way that makes it extraordinary ... to make you look at something in a different way or to keep on looking, to be able to examine, to be able to kind of ask yourself questions and a lot of art does that. I was doing of my mom and nobody is going to look twice at her in the street and yet people will stop and look at her when she's maybe hanging in the gallery and so that kind of dynamic is what I usually deal with, but with these medical pictures it was almost like you had to do justice to them. So Iain Hutchison was giving me the access to, in many ways, probably, visually as powerful and highly charged subject matter as any artist could ever hope to deal with and so in that respect, it changed the dynamic and was slightly disconcerting. You know, you're kind of aware that this is incredibly powerful and this is a big challenge and then it was kind of... it felt like you had to do justice to what you were doing, not trying to make it more special.

Q: Having had that powerful experience, what's next?

Mark: Well I've had a lot of conversation about that this week one way or another and right now, I'm teaching in a public school in London. I hope it's not going to be much longer and I'll be able to get back to painting. I'm doing that to kind of get some money together and get back to my studio work. It's been kind of difficult, coming from this work, having finished it; there was a kind of crash. There was so much...it was such an intense piece of work. It was all consuming. It was amazing what happened with it afterwards when it went on exhibition and it was in the National Portrait in London. Just everything was on such a level and then there was a ..... there is a bit of a crash. You don't know what you're going to do next. Emotionally, you feel pretty down and I don't feel down just now but I mean I certainly feel that I've got to start to get my hands dirty again and start working again, but I don't know what it will be. You know, I hope it's going to be different. I hope it's going to contrast, but I hope it's going

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to be something as powerful...I miss having the challenge. I went back to doing some portraits afterwards, a different sort of portrait bigger than these, more magnified and there was a strange thing. I enjoyed doing them. But there was a strong void, I didn't have that strong subject matter and I think to create that kind of subject matter and powerful context to work in is something very difficult for me to be able to do by myself, but I somehow want to try and do it.

Q: Have your more recent portraits changed because you had to change your methods. You mentioned that the early ones were six months, layers of paint. Obviously you had that length of time with the layers of paint.

Mark: It changed. But I had to change – work faster. I always kind of thought that less is more. And yet I was painting in a very laborious way. I wanted to try and do the paintings with much more economy, so that meant I applied the paint in a different way, and then I tried to get their essence, get rid of anything I thought was extraneous or irrelevant and just focus on what was important. And it was easier to do with the flat backgrounds...and there was no significance behind the flat background. It was just colors I kind of wanted to work on that day. I mean that was a kind of an aesthetic decision... but yet I wanted to do them much more economically, not just because of limited ...initially I was only going to be working with Iain for six months. That's what I thought it was going to be when I started and actually after that, Iain would always just extend it by another two months just to keep me on my toes, I think. That process kept happening for about three years and so that was the way it kind of worked. So on a personal level, it was a blessing as well because it kind of gave me the kick on the backside that I needed to be able to make those changes.

Q: In reference to the exhibit that took place here, are there any other places in the world that this exhibit is going on?

Mark: It toured Britain, so it did about ten venues in Britain. It culminated in National Portrait Gallery. It went to Stockholm for six months and it's been in Amsterdam and then it's been to Boston, Yale and then here and then it's going to Toronto and I've think we've got definitely three more venues, but it's not me that's organizing it anymore and I think it's Pittsburgh next, then Philadelphia.

When Iain Hutchison was here, he talked about that initially when you and he talked about the paintings, he had asked you to just paint the faces and then you did things like painting the of Mazeeda and that sort of stuff and what a wonderful experience that was. Could you tell about how that worked for you, how you sort of started agreeing by starting the faces and then it evolved into something else.

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Mark: I don't remember him telling me that. I know he keeps saying that and...I mean I remember that it started off with small pictures because I didn't know...I had no idea how I was going to work. I didn't know how I was going to do them at all, so it started off very small and very tentative and then I started doing the heads, the square heads that you see... and then Mazeeda turned up one day because she was going to have her portrait painted. Then her parents had put her in this amazing dress which actually I've seen before, I think it is a kind of a muslin dress and because I've seen lots of kids wearing the exact same dress, and she looked incredible in it, and I just kind of thought, well I'm not going to miss out on this, but it did give me the chance to play about with things like the composition and I enjoyed from the painter's point of view, being able to have that kind of asymmetry to have the space to accentuate the scale and age and size of the person I was dealing with. I always wanted to do big works, but galleries always wanted small works because the larger ones are harder to sell, and so in an ideal world, I'd be doing nothing but big paintings and so..., you can get the most amazing miniatures, that can be absolutely fantastic, but I do love, you know, the large full figure. And you can get across much more of the character, you know, like with Henry and his gowns and so on.