

I FELT THAT

CURATED BY JOSEPHINE BAILEY

30 JUNE – 3 JULY 2022

An interview with Ruth Batham



Q: Why did you apply for this project?

A: The urge to apply for I Felt That was very strong: The timing was excellent for my practice. I had been resolving a series about crowds but in the background, 8 months after having my first daughter, I had been researching, thinking, drawing away...gathering my thoughts about what the earth-shattering experience of being pregnant, giving birth and living with severe Postnatal Depression during a pandemic meant. Personal conversations around pain and choice in child-birth were colliding with further research into History of Medicine and gender bias. One factor, among many complicated reasons, for struggling after giving birth was the culture of silence around labour and the new born days. The call out impressed me - I agree with hearing lived experiences of those who suffer with gendered illness and pain. I feel strongly that by listening to others more progress can be made in understanding and improving diagnosis and treatment. The multidisciplinary aspect of the project really appealed and I have learnt a lot from working towards a physical show and the publication.

Q: Your work is incredibly rooted in research, and it has been a joy to share that and view your sketchbooks etc. What aspect of your research has been most impactful for your final work?

A: Thank you. Often my sketchbooks never leave the studio but this project is a community of trust and by sharing them, I was able to show more than what I can put into words.

Articulating pain is incredibly difficult and complex: Art feels like an appropriate way for me to explore the topic.

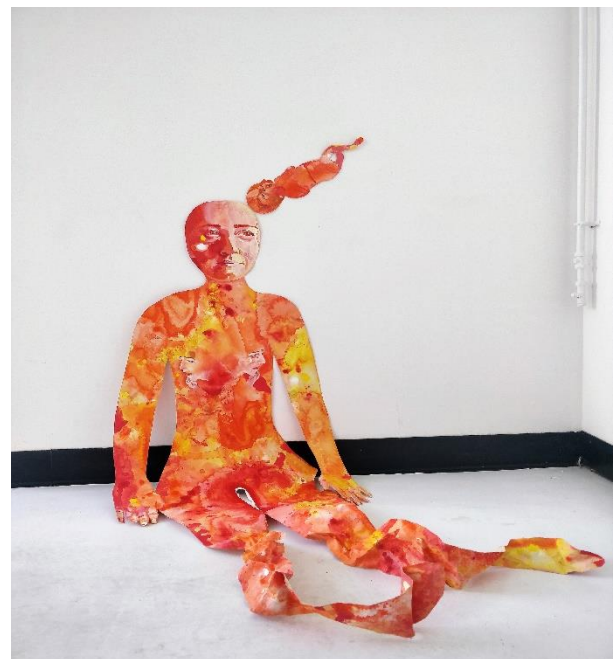
My research has ranged from wider issues such as the representation of motherhood in historical and contemporary art to more specific incidences of gendered mis-diagnosis. I highly recommend reading *Invisible Women* by Caroline Criado Perez who explains The Yentl Syndrome eloquently. Research into other female artists has informed my work -Loie Hollowell in particular, for her understanding and writing on painting and pain. I Felt That has provided the opportunity to read material in the scientific realm such as: journal articles about gendered pain (such as 'The Girl Who Cried Pain: D Hoffmann & A Tarzian) and Maternal Mental Health (for example: RCOG 2017 report; RCM publication into Specialist Mental Health Midwives; LSE's case for increasing access to treatment 2022).

Each part of my research is relevant to my final work. The process feels like growing a tree - some parts are pruned out but it all contributes to developing the whole structure. Luisa-Maria's lecture, from the London Drawing Group, encouraged me to bring in more History of Medicine references. Two pivotal aspects of my research have been accessing The Wellcome Collection and looking back to notes I kept from an exhibition 'Under The Skin' at the Royal College of Physicians (RCP). Anna Blundy and Jaipreet Viridi are two excellent writers you can find in the Wellcome Collection's resources. The RCP has collated detailed resources, images and text, from their 2019 show on their website. I have always had a fascination with anatomical drawings - Jacques Gautier d'Agoty, a French anatomist and print-maker is my all-time favourite. Research into anatomical drawings, 1530s 'fugitive sheets', volvelles and lift-the-flaps led me to use paper as the medium for this project.

Q: Can you talk us through your final piece, its origins and creative process?

A: (Non) textbook bodies developed from research into historical medical educational tools alongside my own personal experience of giving birth, the newborn days and having Postnatal Depression. When thinking about the gender pain gap, the miscommunication between patient and healthcare professional stood out as a key issue to me. I thought back to the lack of representation of female bodies when medicine was being formed. Female bodies were the deviation from the male norm. They were absent from textbooks. Or they were there in suggestive contrapposto pose.

Medical textbooks often still default to the male body. The lack of funding for female health conditions today is still shocking. Women's health is still misunderstood and under-represented especially for black women. Women, especially pregnant women, are excluded from medical trials. There is a lack of proper resources for



Ruth Batham, (Non) Textbook Bodies 32022, Acrylic on Paper, 180x55cm

midwifery in the NHS exacerbated by Covid. I felt the sharp end of this when I gave birth to my daughter and in the following days. I want to point out I later received excellent care from the perinatal team when I was referred to them for extra support. Without that specialist care, I would have continued struggling. Specialist maternal mental health care is a postcode lottery in England.

I wanted to place my body back into the canon.

From exploring artists like Loie Hollowell, who use life-size imagery, it felt important to be true to size. I experimented with different versions of my body on paper. I liked the delicacy of the paper with paint. Using previously-honed techniques of working quickly with acrylic and water and then leaving the paper for a long time to dry became the base of my work. I explored how to make the paper feel more vulnerable, tests into wax and other materials didn't quite work but soaking the painted paper gave it more of a weak feeling. The thin paper cut out is a nod to the body slices I saw at the BodyWorlds exhibition years ago - so beautiful and powerful and Ralph Segal's Bodyscope from 1948.

It felt important for my daughter to be with me but not attached to me. Separation after birth. The huge shock of her no longer being in me. What my body went through to make that happen. The absolute smallness of her. How I couldn't comprehend how tiny she was. How this played a part in the struggle to breastfeed. I used her red book to find her measurements. A painful, cathartic experience to reread the hastily scribbled notes piecing together the newborn fog.

I want her and me to be taking up space. I find this hard but after recovering from being so unwell and putting what happened back together I know a salient part of healing was hearing from other moms in a similar experience. Retrospectively, I discovered so many useful resources, to list just a few: Melodies for Mums singing group with SHAPER research study; @my_first_year_too documenting real life stories; Pandemic Baby an illustrated book by Pia Bramley; participating in UCL's Institute of Global Health report into the impact of Covid on maternity services.

Once me and her were on paper, I thought about how we should interact together. In my studio, I set up different scenarios including in the studio kitchen, toilets and shower. It can feel claustrophobic caring for a newborn. Especially in a lock-down. I wanted to explore the sense of always being together in every waking and sleeping part of the day. The crumpled figure alludes to the transient time of becoming a new mom. The precariousness of the body. The raw unpredictability of the early days. The messiness of the paint hinting at how we feel - not a neat colour-coded diagrammatic body. A real, complex mess of a person trying to work through trauma.

Q: How have you found the workshops and lectures over the past three months - do you feel they've impacted your practice in the long term?

A: Both the workshops and lectures have been so beneficial to my practice. The workshops have shown me the power of talking, listening and making in a community of incredible artists. I want to thank them all for being so generous. I hope that lines of communication last long after the exhibition is taken down. I am not sure I'm brave enough to share this work

alone. The care and consideration of the other artists I've worked with has propelled my work further than I would go on my own. The opportunity to participate in weekly workshops before the show really appealed to me. I've been impressed by the thoroughness and depth in working collaboratively in each session. The work goes beyond making the exhibition and has laid foundations to continue researching maternal mental health.

Luisa-Maria's lecture especially made me realise that History of Medicine is an integral part of my practice. I studied Human Sciences at UCL yet I don't think I'd valued how much of these multidisciplinary subjects weave into my art practice. I aim to make them more visible in the future. The cross-overs of Art and Science have always fascinated me and I think there is more scope to pursue them in my practice. It was eye-opening to see how much of the History of Medicine I'd encountered had not been through a feminine lens. The impact of this critique will inform my work going forward.

Q: How do you want people to view your work in relation to this project? Is there a specific way of interacting and experiencing your work that feels most authentic to you?

A: I want people to view and take from the work what is meaningful to them. Each person has different backgrounds, life experiences and core values so each reading will be unique. There is power in a group presentation of gendered pain because there are so many dimensions to the complexity of pain. I feel really privileged to be one of the voices amplified by Josephine.

I struggle to know how to interact and experience the final work when I am so close to it. In the making of it I've experienced a range of emotional responses and broadened my understanding of the gender pain gap. I've had deep sadness when reflecting on my experience of Postnatal Depression, the impact it had on those around me and being part of a wider system of medical care. I have also experienced anger, which is an unusual feeling for me. One I hope fuels more work expressing feelings of pain from a female view point. I've been curious about what it is to be human for a long time. Paint feels like a good medium to explore the human condition because it is ambiguous and inventive. Painting allows me to explore non-verbal communication, sensory processing and information sifting. I see painting as a way to filter thoughts and to have agency to make decisions. I want to be an active observer in the work I make. Everything I have read, listened to, drawn, written, experimented with, painted over the past few months is authentic to me. Honesty is important and also moves people's understanding of female conditions forward. I just hope something of it can resonate with other viewers.

Q: Your colour palette is always routed in red and oranges, even before this project when you mainly focused on crowds and group scenes. It's a beautifully warm palette, but why do you think this has become so integral to your visual language?

A: Decision-making about my palette began a while ago. There were lots of small factors which then led me to feel right in using a narrower palette of warm red-oranges, hot pinks and soft or vivid yellows. I spend time researching colour theory and in essence, I work a lot

with Henry Miller's quote: 'There is no colour which is good by itself.' As an Art Student coming across Bacon's Three Studies ... Crucifixion triptych, I can remember feeling the vibration of the orange. Combing the Hair by Degas in the National Gallery is one of my stand out paintings from Art History. I love to go, stand in front of it and soak up the stunning colours of reds to oranges to pinks. There's such a range of associations with these colours; they can have intensity, warmth, power. It's a palette that seems to say everything I want it to.

In 2019, I participated in the Turps Off-Site Programme which gave me the space to question and reflect on all parts of my practice. This enabled me to focus on my palette which supported me with other formal aspects of my painting. I am totally drawn in by painters who use limited palettes, in particular: Karolina Albricht, Paul Klee and the late paintings of Dorothea Tanning and Sargy Mann.

Since 2020, I've mainly worked with acrylic paint because I have been in temporary studios and have been conscious of using solvents at home. Acrylics have opened up new ways of working for me and I'm enjoying seeing what they can do. Layering up, with yellows in particular, gives the work such a vibrancy that I hope draws people in. For this project, it felt right to continue with the warm palette. Red is often associated with female pain, pinks and yellows fit with newborns. Bodily fluids, cells, tissues and organs are represented in reds, whites, oranges.

Q: We've spoken a lot about visibility and invisibility in terms of language, curation and representation - how do you define this in relation to your own work?

A: The tension between visibility and invisibility is exciting to explore in paint. It is so pertinent to a conversation about the gender pain gap and played a large role in my experience of Postnatal Depression.

Language is crucial. Language favoured towards the male bias continues to affect contemporary culture and our everyday lives. Tracing the Greek word for womb to Hysteria and beyond in Luisa-Maria's lecture was eye-opening! I feel so much anger and sadness when I hear the term baby blues. So belittling. So patronising. For something that is such a seismic shift in how you feel as a human.

Curation makes me think particularly about the lack of female artists shown, let alone the lack of art about motherhood. Before I began I Felt That, I had been searching out female art and listening with intrigue to podcasts such as Woman Up! which document the distinct invisibility of female gendered experience in art. I am so grateful to Josephine and other curators for providing platforms for female artists to have their voice heard and for addressing the bias.

Representation is everything. This is something I've been learning recently. When women are not visible; not part of key decision-making; not listened to about female specific conditions; not depicted in everyday information; not included in major studies then how can they be represented? How can they be diagnosed and treated appropriately? Being open about my own experience feels like a small way of adding to the representation of female pain.

Q: Finally, how do you feel your practice may shift (if at all) after this project?

A: I touched upon this when talking about the impact of the workshops and lectures so I'll keep this one brief! Being part of I Felt That has felt like the beginning of something which I can take much further. My practice has always aimed to make connections and share stories about the human experience. I think I have more confidence now to address difficult topics, like the gender pay gap, in my work. My practice has been drawing in personal experiences about motherhood and with the support of this project I now have the basis of wider research to ground my own experiences in.