

In 2012 Steven Appleby was commissioned to create a series of works of art for a new facility at Royal Brompton & Harefield NHS Foundation Trust: **Royal Brompton Centre for Sleep.**

The work was funded by Royal Brompton & Harefield Hospitals Charity and managed by rb&hArts, the Trust's arts programme.

This book was created to celebrate the completion of this work.

*into Sleep*



Steven  
Appleby

into Sleep

# introduction

Anita Simonds,  
Consultant in Respiratory Medicine at Royal  
Brompton Hospital, & Professor of Respiratory & Sleep  
Medicine at Imperial College, London

Just as medicine is an art as well as a science, so we attempt to apply a scientific framework to sleep while recognising that the interpretation of complex sleep problems is mainly an art form.

Our aim in the sleep clinic and when performing sleep studies is to diagnose a range of sleep disorders. When the department started up in the 1980s we focussed on diagnosing breathing problems during sleep. That is still a large part of our work in adults and children, but as the service has grown we have become interested in areas such as people acting out their dreams, sleep walking or talking, having nightmares, or simply being unable to sleep. Over that period a great deal has been learnt about the physiology of sleep but, as Steven and Jayne discuss in this catalogue, much remains a mystery. Rapid eye movement (REM) sleep is the period when we dream, but dream-like reveries can occur as we fall asleep or wake-up. It is thought that one of the functions of REM sleep is to process memories and experiences learnt during the day, and that the non-REM sleep period facilitates energy conservation and body rest/restitution. But the duration, quality, and experience of sleep and

dreams varies hugely from person to person and at different times in our life. Art seems a very valid way – perhaps the only way – of representing and describing these experiences. Indeed long before sleep-disordered breathing was ‘discovered’ by physicians, Dickens gave a perfect account of sleep apnoea in Joe – ‘the fat boy’ in *Pickwick Papers* – and John Keats lyrically described the link between quiet breathing in sleep, health and ‘sweet dreams’ in his poem *Endymion*. And surely painting or visual imagery is the best way to express a hallucination, dream or nightmare? Art can also capture the vulnerability of sleep. It is the time when we are absolutely alone and defenceless. Time is elastic and daytime realities are distorted.

So when commissioning Royal Brompton Centre for Sleep, art as well as science was vital to the process. Steven Appleby was an obvious choice when we were selecting our official artist. Not only had he done a series of cartoons on the utter weirdness of sleep and snoring, he also offered to approach the project ‘from sideways and behind’ (!) and spent time in the department talking to staff and patients. We have found the results rewarding, funny and amazing. Not only do Steven’s large screen, paintings, and drawings offer an interpretation of sleep, they also offset the routine practicalities of sleep studies and clinics, and amuse both sleep centre users and staff. We now have to make sure the science and medicine match up to the art!

# conversation

between **Steven Appleby, Jayne Bullock**

(artist, writer and patient at Royal Brompton

Hospital), and **Victoria Hume** (Arts Manager for

Royal Brompton & Harefield NHS Foundation Trust)

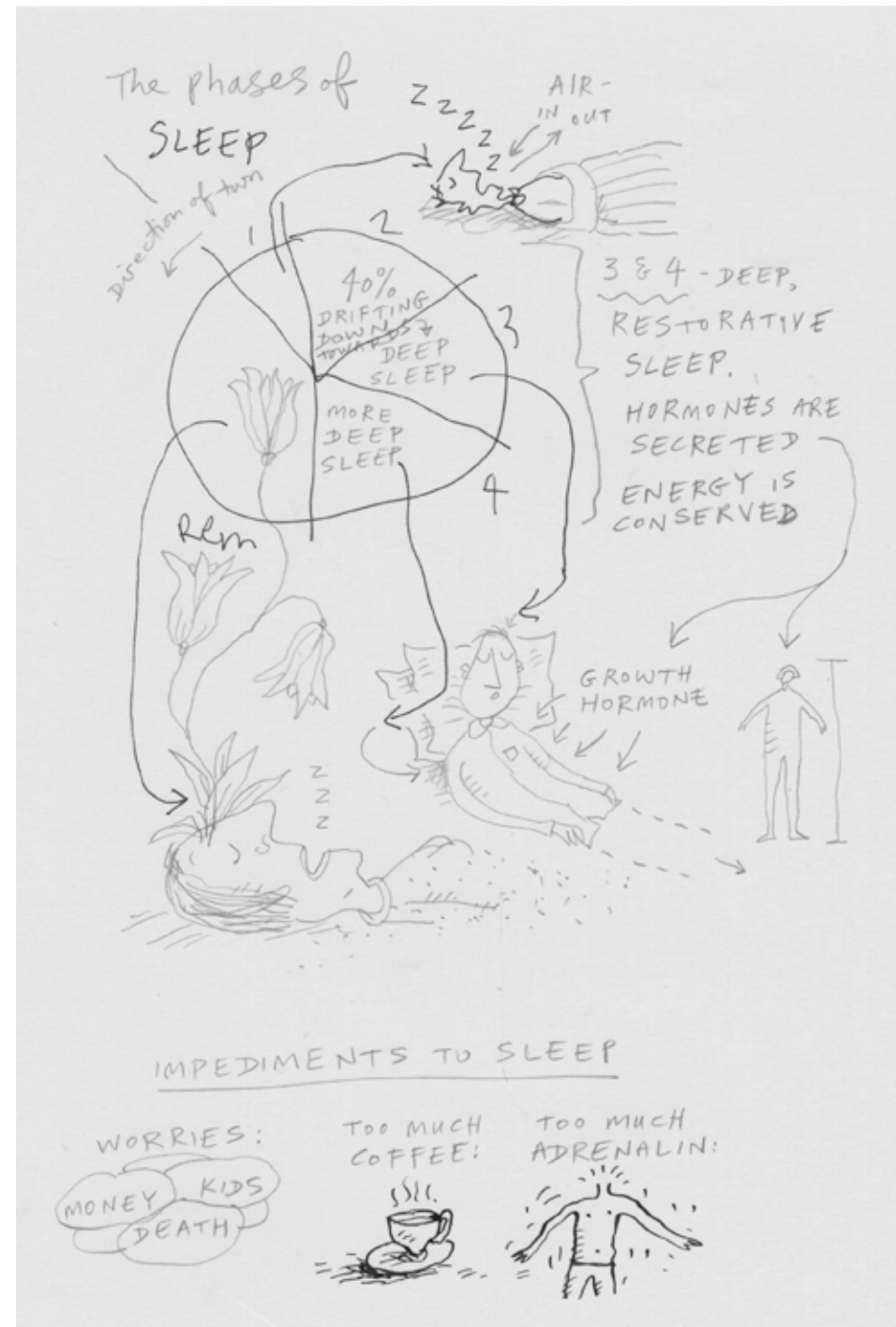
**J** – What drew you to this project?

**S** – Well, I love the idea of maps through sleep, and journeys through the night, and nighttime. It just had a lot of resonance for me. I saw the project as an opportunity to be more... experimental, really. I've had exhibitions and made paintings over the years, but it's not been a central thing; and I thought it would be great to spend a year doing that.

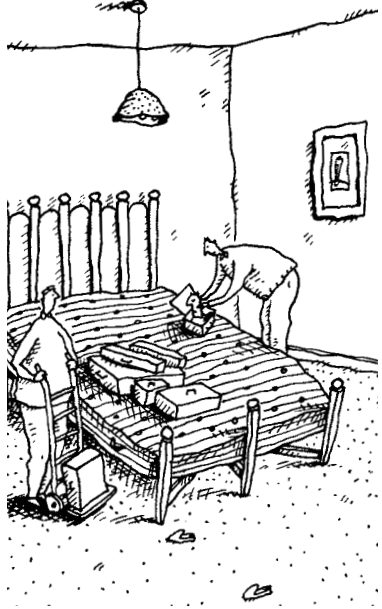
**J** – And you've touched on sleep before in some of your work?

**S** – Certainly things like snoring; and I've done cartoons about what happens in the night when people come and take away everything and store it and then put it back before you wake up again... all that strange stuff that could happen; I like thinking about strange, surreal stuff like that. Made-up stuff that contains some sort of truth.

**J** – How've you found working with non-artists – NHS technicians, specialists, who haven't perhaps worked with an artist before?



FIRSTLY, I FALL ASLEEP,  
AM DISMANTLED, AND MY  
PARTS PLACED IN BOXES  
LINED WITH VELVET. THE  
LIDS ARE THEN CLOSED.



**S** – Well, I didn't know what to ask them, so I just let them tell me about what they did – what their job was – and then tried to find some way of using that. And to be honest, I haven't directly used very many things in terms of... how things connect up, or physical stuff, or the science of it.

**J** – Why d'you think that is?

**S** – I think it's because sleep's kind of romantic and mysterious. The sleep department is dealing with that strange thing with dreams in it, and it's kind of like death but it's not – all

these different things which are interesting and strange... you go into a dream world like *Alice in Wonderland*. And even the difficulties of sleep: insomnia's a strange thing – you go into this night-time period that's different from normal reality; even the radio's different when you put it on... everything's strange about sleep, and I find all of that really interesting. Plus I didn't think the people coming in would necessarily



want drawings about the technical stuff – they can see that anyway. I am still planning to do some technical stuff, but the screen and the dream journey through sleep in the bedroom corridor [*into Sleep*], and the bedroom pictures [*Things to Dream About*] in particular are all... metaphorical about sleep and journeys and consciousness.

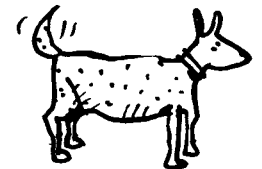


**J** – ...and they pose questions – they can take you away from what's happening.

**S** – Yes – hopefully they can be looked at over and over and over. That's the theory – be pleasing but also puzzling. Almost like dreams are. Particularly the bedroom pictures, which are of people sleeping, and things to dream about, like ways of moving, ways of travelling and – in the end I just really liked the colours, so I stopped adding more stuff.

**J** – Do you dream in colour?

**S** – I'm actually not sure. I've not been conscious of my dreams not being in colour, but when I try to imagine them, there's something



a bit odd – it seems like they might be a weird colour.

**J** – I don't remember if I do – I don't remember colour...

**V** – How do you remember dreams? As a sequence of events?

**J** – Not so much a sequence but maybe just – feelings I think – more feelings – and odd things; it's that...the oddness of dreams. Did you ever suffer from nightmares as a child?

**S** – Yes, I did. I do remember having dreams as a child; I hardly ever remember my dreams any more. Occasionally I do if I fall asleep in the chair, but if I go to bed I just sleep, and don't remember them. But as a child there was one where a face used to appear – looking at me – and every time I shut my eyes the face would be there. And I found that terrifying, and I couldn't sleep.

**J** – What sort of face was it? Was it a man's or a woman's?

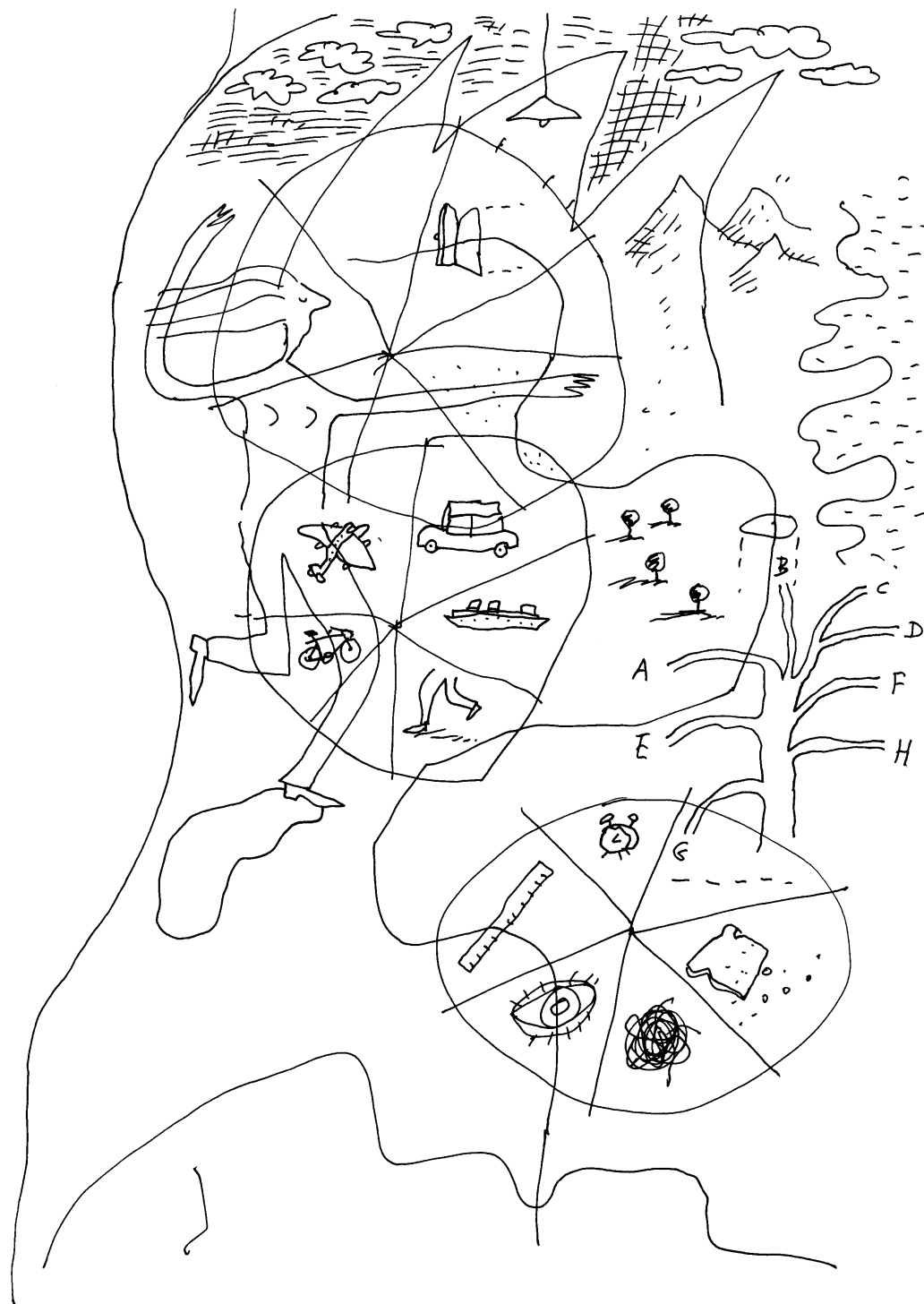
**S** – I think it was a man's...

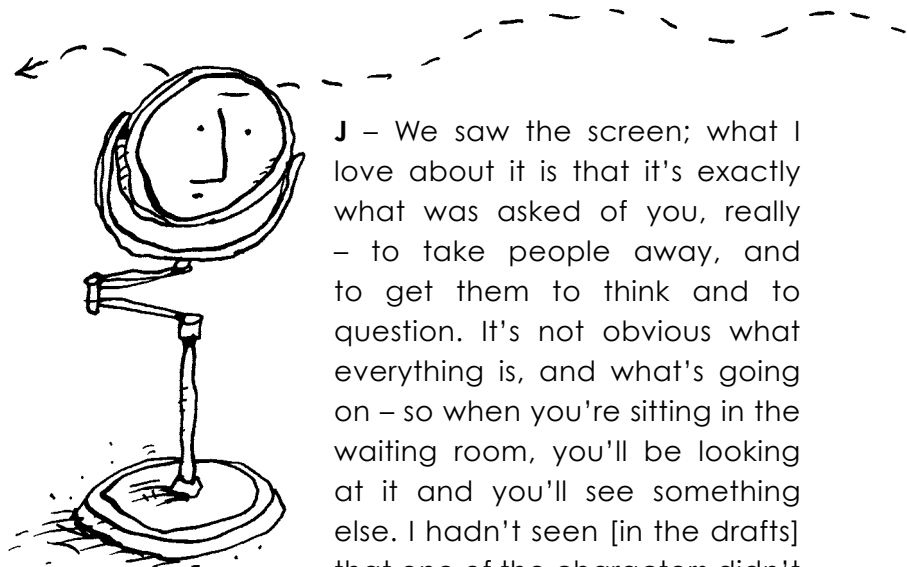
**J** – Really close to you?

**S** – Yes, close to me and watching me every time I shut my eyes. It was as if I'd be back in the dream each time I went back to sleep. I used to think that I probably had it, I don't know, four or five times a year?

**V** – Jayne, I was going to ask you about your impressions of some of Steven's work?

Early drawing for glass screen →





**J** – We saw the screen; what I love about it is that it's exactly what was asked of you, really – to take people away, and to get them to think and to question. It's not obvious what everything is, and what's going on – so when you're sitting in the waiting room, you'll be looking at it and you'll see something else. I hadn't seen [in the drafts] that one of the characters didn't

have a head. So it's a little bit of a surprise when your eyes go up the body and you see... So I love all that and I love the sort of links you can make to, say, *Alice in Wonderland*. I love – we talked about this before – the mirror. You've included a mirror as one of the images, and I think you explained a little bit about that?

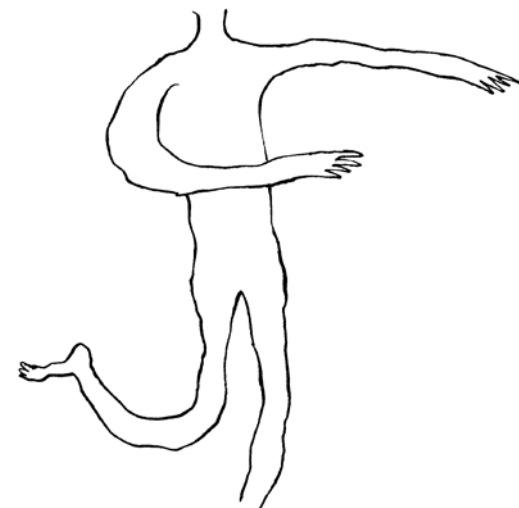
**S** – Well, I think I was probably thinking about *Alice*, but it's also to do with when you look in a mirror and everything's backwards, and it's another world – like sleep's another world – and it just felt right for a sort of journey into sleep. And that screen is kind of a map, I think...

**J** – Can you talk us through how you developed it? How you get to that final point?

**S** – Well, when I'm doing cartoons my notebooks are full of writing – I write down the ideas, and

they're little scripts; but this was done the opposite way round, with drawings rather than writing. And again, with the cartoons, once I've written the little script, I know that it'll take me about two hours to draw it, and two hours to colour it; I know exactly what I'm doing. What's lovely about all of this work is that

I don't really know what I'm doing – and so whilst there are ideas in it (the reason the man's got no head is partly so that it can be a woman as well, or it could be you or me – but it's also sort of lost without a head – lots of things),



what was really important to me was with all of this work – which is completely different from the illustration jobs and the comic strips – I've been instinctive and intuitive, as well as thinking about it; so somehow balancing what I've been told about sleep, and the information I've read and my ideas about it, but coming up with symbols that just felt right, ultimately. So things like the upside-down plughole just felt right for sleep.



I'd originally imagined the screen having loads more drawings in it, so that you could come back time after time and find new things – I mean hopefully you can still do

that a bit – but it just seemed like it would be too busy and wouldn't work as a big piece if it was too full of stuff. Also, I've found sometimes that if something is full of detail, you actually can't look at it – you can't get a handle on it at all.

There are obviously things in it like breathing in and out through the night, and the sleep department is about breathing, and snoring, so that's referenced with the speech bubble, which could be the noise of snoring, or it could be sleep-talking or it could just be air – I like to try to keep it open like that. And I put things in like the dental splint...



**J** – Why did you put that in?

**S** – Well, on one level because I felt there should be something that referenced the work [of the

sleep department] more directly – and maybe there should have been more than just that one thing – but on the other hand I didn't want it to be so specifically about the department that it couldn't be looked at in any other context.

**J** – And what about the man on his knees, barking like a dog?



**S** – Well, some things came directly out of older drawings I'd done, and that man is one of them. I thought it would be really nice to use collage and pick things out of my own work from the past:

thoughts I once had, which have been in my head, then have gone out onto paper, into the world, and then gone back in again... And the man going woof woof – I was looking through drawings till I found something that felt right, and he felt right, and that plughole is another one, and there's a knotted tangle of string – they were from a cartoon in *The Guardian*. And the rocket stuck in the ground is from *Captain Star*, which is probably my most surreal, intuitive comic strip.



And then there are references to *Alice in Wonderland*, things like growing tall, and the



rabbit and the rabbit-hole, but that's also a hole into a brain... And there are people flying in this drawing, which is kind of the *Peter Pan* flying 'towards that star and straight on till morning' or whatever it was, which I always liked as an idea...

**J** – It's interesting that you recycle your own images and ideas...

**S** – Sometimes I am consciously aware that something is recycling, and other times I've thought 'oh, surely I must have done the same thing

twice by now', you know, because I'd have the same idea again – having forgotten that I'd already had it! But it doesn't seem to happen...

**J** – What's the difference between your other work and this project?

**S** – At one end of the spectrum are the illustration jobs, where I have to do whatever's suitable for a project; then in the middle somewhere are my cartoons, where I have to bear in mind what's appropriate for, say, *The Guardian's* family section; then there's doing paintings for myself, where I can do whatever the hell I like. I know that the work for Royal Brompton should... solve the problems for the sleep centre, so I've got to bear that in mind... (Continues after colour section)

Colour design for glass screen →





*Map of Visible Dreams - ceramic printed glass screen*











*Things to Dream About - people*  
 Collage, ink, watercolour, metallic paste & painted glass



*Things to Dream About - places*





*Things to Dream About - things*



*Things to Dream About - creatures*



*Things to Dream About - experiences*



*Things to Dream About - love*

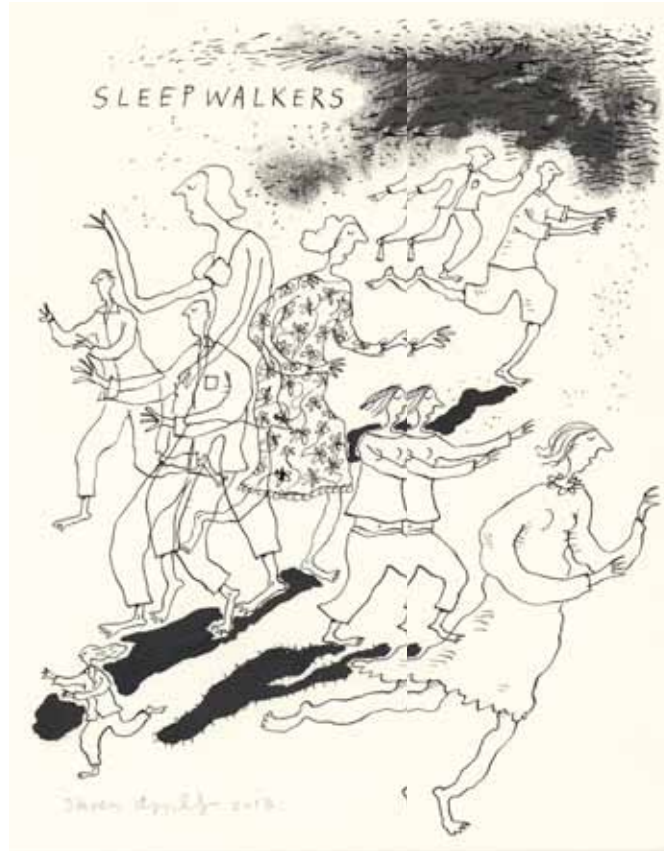


*Things to Dream About - nature*

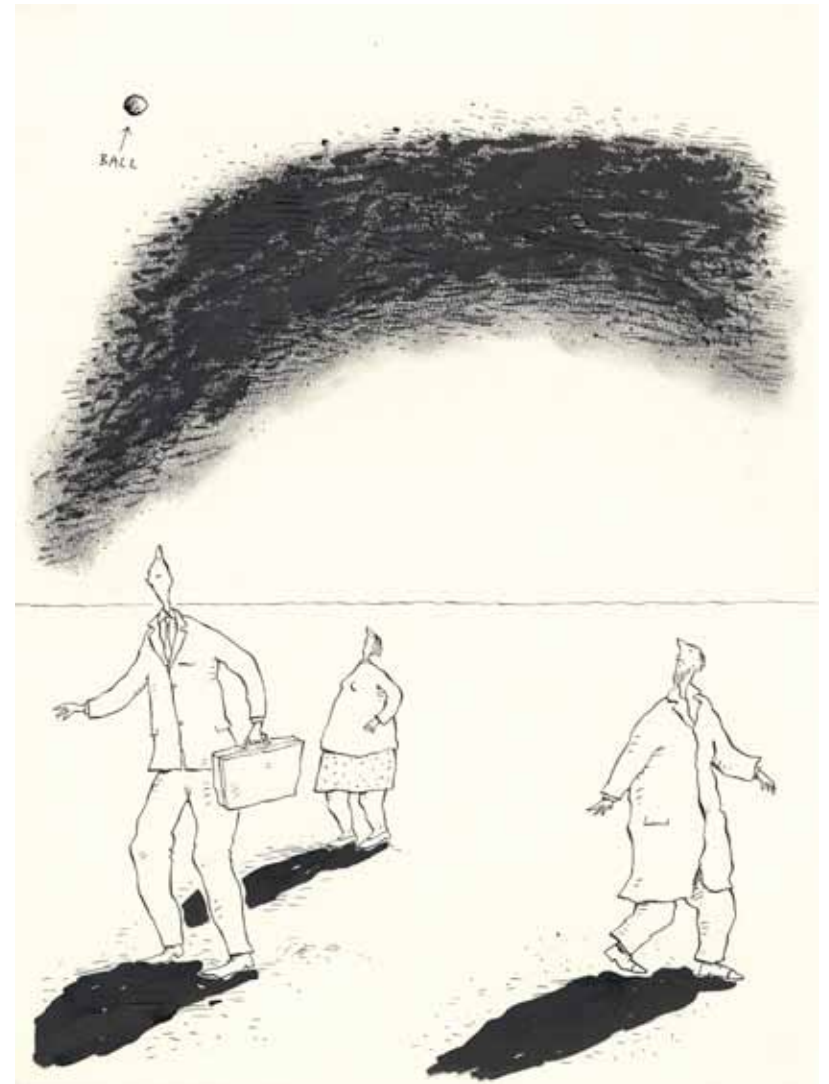
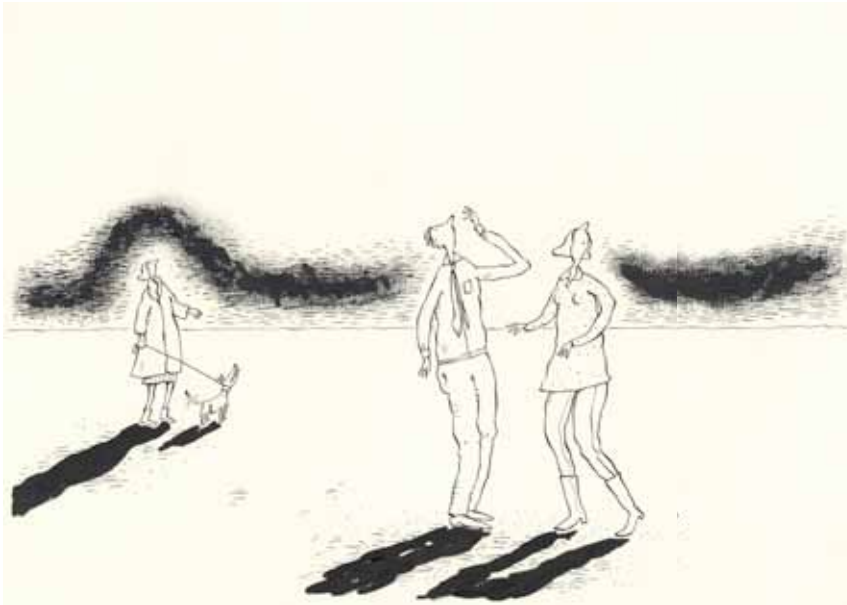


*Things to Dream About - home*

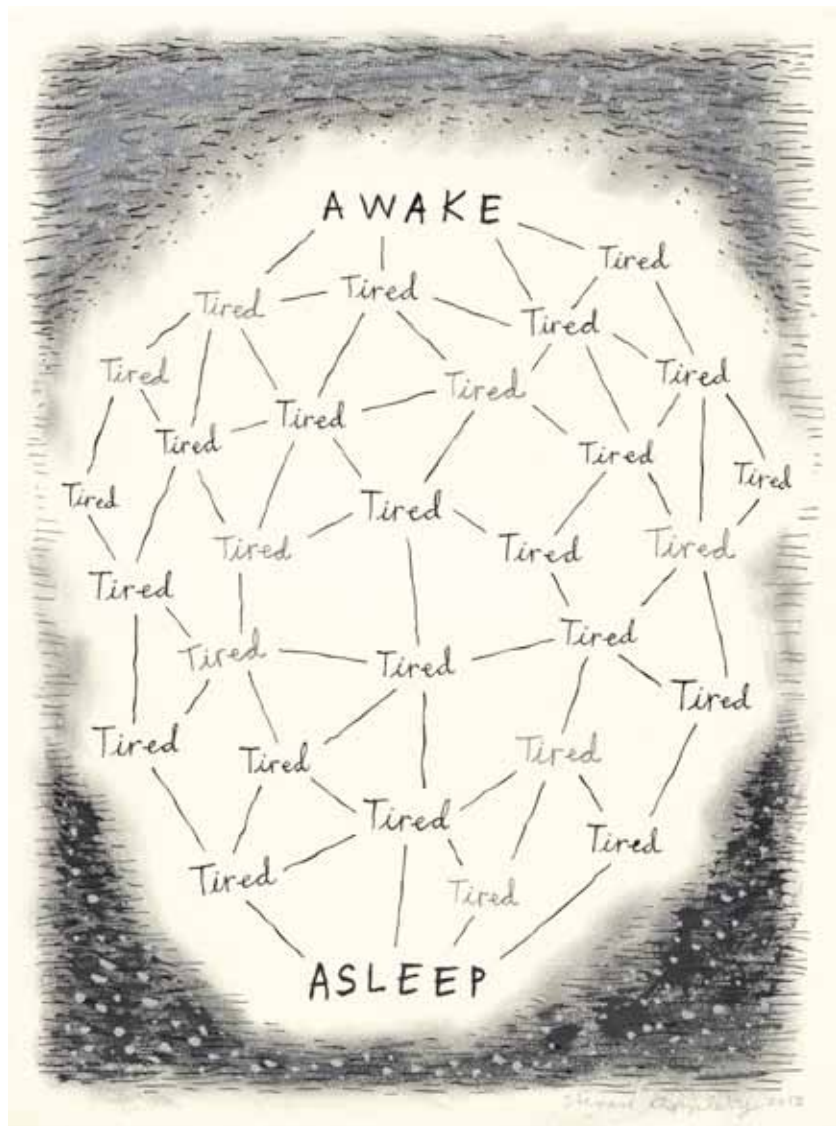




*Sleepwalkers* triptych  
Indian ink, pencil, graphite crayon & silver paint



*Watchers* triptych  
Indian ink & graphite crayon



*Tiredness map*  
Indian ink, pencil, graphite crayon & silver paint



*Night & Day wall painting*  
Emulsion paint

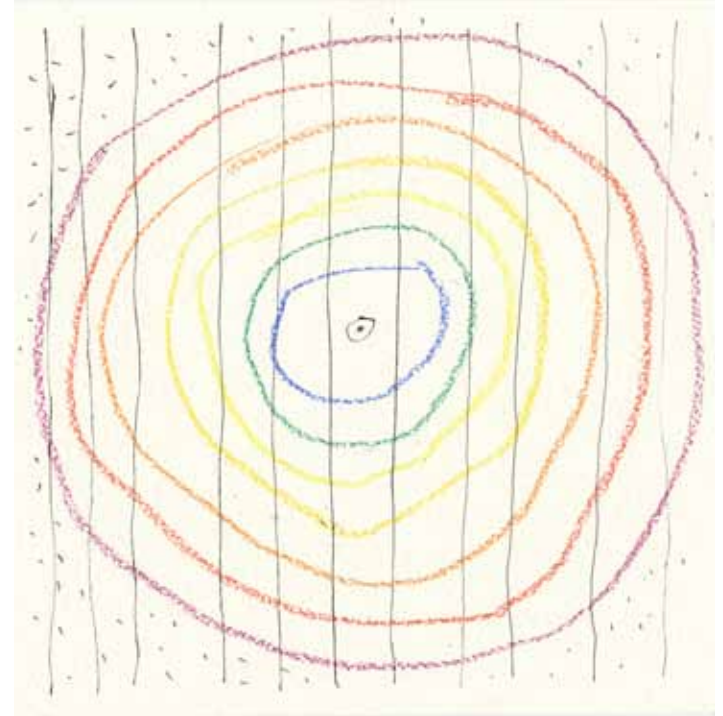








*into Sleep - drawing 5*



*into Sleep - drawing 19*



*into Sleep* - drawing 14



*into Sleep* - drawing 16



*into Sleep* - drawing 27



*into Sleep* - drawing 13



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*into Sleep* - 30 drawings on paper →  
Indian ink, pencil, graphite crayon,  
metallic paste, watercolour & silver paint

↑ *into Sleep* - drawing 29



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...I feel [this work] should be more personal and special – it's certainly not an illustration job.

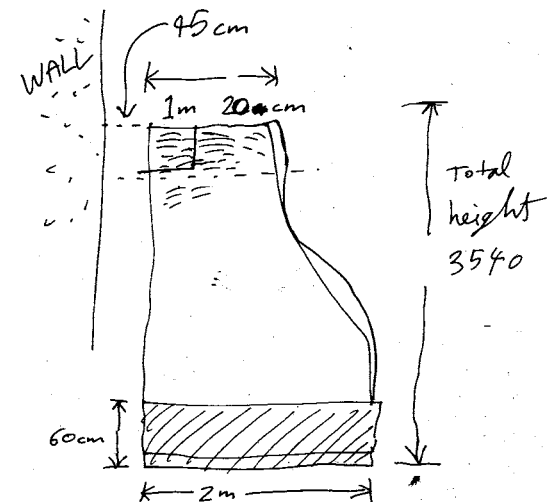
**J** – What I like about it from what you're saying is that although you've had to please a brief, you've also made it personal, which makes it more universal somehow.

**S** – Well, although there was a brief, part of the brief was that Royal Brompton wanted my work – so I had to do my work, not what I thought they wanted.



**V** – I wanted to ask a question about working at scale [the screen is 3.5m high and 2.5m wide]...

**S** – That was terrifying, the thing about scale. It won't be the next time, because I loved how it turned out, but all that worry about whether I'd scanned the drawings at a high enough resolution, and when they blew up that big it might look terrible... Occasionally I've projected things and then stood on a stepladder and painted them in, but I don't think ever quite that big



and I've certainly never done something smaller and had it blown up that big and I had a tiny worry that it might stick off the edge at one point because I'd got the proportions slightly wrong...

**J** – Why did you choose that colour?

**S** – We looked at a few different colours. A kind of blue-y colour seemed immediately appropriate and seemed a night-time-y, dusky kind of colour, and it was also similar to one of the colours that you've got in the décor of the building. But it didn't work – it was a bit cold. It was a question of finding a colour that worked with the picture on the screen and also the building.

**J** – By the time you'd got it commissioned had you decided it was going to be curved?

**V** – We had lots of discussions with Andrew [of Andrew Moor Associates, who manufactured the screen] – who gave us the options for making something that big, which are a bit limited.

**S** – Actually, the fact that Andrew loved the curve – he said it was something he hadn't done before – helped sell the curve; that he liked it and thought it was really exciting...

It's basically a dreaming head, and that's [the drawings above the head] all the dream. And the circles, on one level, are the phases of sleep that Mary [Professor Mary Morrell] and Anita [Professor Anita Simonds] told me about – where you go into stage one, two, three and four, and

then into REM sleep; and then the cycle goes round and round through the night: you go back to stage one, and so on...

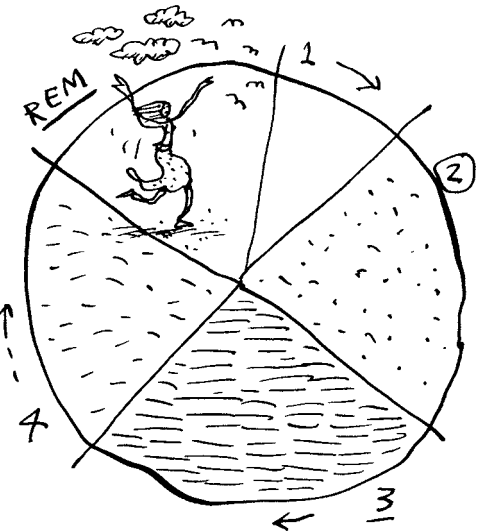
**V** – What about the bedroom corridor pictures?

**S** – They are sort of the same thing in a sense, going through early stages of sleep and dreaming sleep, and then –

**J** – And then white noise...

**S** – Yeah, basically, white noise and stirring around and starting to wake – maybe some slightly nightmarish things, although I was quite careful [not to get too dark] – and the lady floating is definitely floating and not falling – I wanted them to be ambiguous. But it was interesting to me that when we were selecting the final ones, the piece couldn't have too many that were figurative, because it needed to be quite abstract, and as soon as we put too many figurative ones in it kind of lost the right feel...

**J** – Yeah, because the feel of a dream isn't – it's actually mostly non-figurative – it would be patches, which is what you've done here, it's the cycle that you're talking about isn't it? So you



## HOW TO TELL WHEN A TREE IS ASLEEP

fig a ~



OAK AWAKE

fig b ~



OAK ASLEEP

*Trees do Everything in Slow Motion*  
Indian ink

have to have the neutral ones as well.

**S** – We talked about rows of pictures tightly hung, like a storyboard, which is pretty much what it is – we also talked about white frames. And then I went to MOMA [in New York] and they had that in one of the rooms, and I thought 'Yeah, what we're talking about will work really well'.

**J** – What have you found the most difficult part of this project?

**S** – I'm actually finding the most difficult thing is the wall-paintings. I have a very clear idea of what I think they should achieve – I'm imagining them having some sort of technical/medical/scientific element to them but at the same time linking somehow to the other work. It's just finding the balance; I don't want to do something that's about how you wear masks, which could be in a technical brochure – I want it to be a bit more philosophical and left-field and thought-provoking, but I'd like it to contain much more rigorous information as well.

It could be one of those diagrammatic things that spiders across the wall with quite a lot of words, arrows, dotted lines and little drawings.

**J** – Why on the wall?

**S** – Because there's something about... it feels like it's part of



the building, I think... whereas if I drew it on canvases, which I could do – or it could be drawn on paper and blown up onto vinyl, or printed onto wallpaper and stuck – then you've always got this thing stuck on; but having it painted on, it feels part of the structure somehow.

Another thing is that I definitely want this work to be – not one piece of work exactly – but all part of a whole, so that if I do the right number of pieces of work, and it all adds together properly, then hopefully the viewer can take stuff from one piece to another even though some of the pieces are quite different.

**J** – Do you like talking about your art? Do you mind us asking you questions about the process? Do you find it annoying?

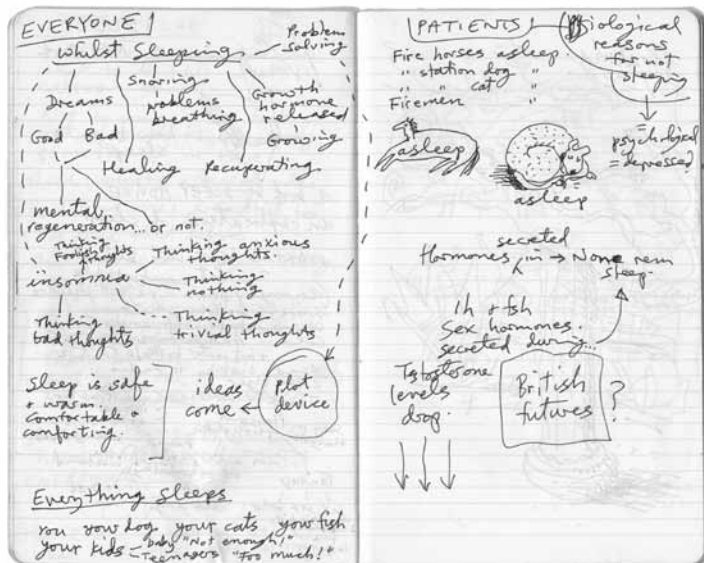
**S** – No, I don't find it annoying at all, and I have thought about it all, as I was saying, so even if I can't remember why I did something there would have been a reason.

**J** – D'you think it's helpful to your future art?

**S** – Well, I have wondered sometimes about whether if you analyse something too much it loses any magic or power or whatever – it stops it working. So maybe if eventually you get to the root of how your own creativity works, then it disappears. I worry about things like that! But at the same time I'm really interested in how creativity works. One of the things I do is leave



Unfinished sketch



everything to the last possible minute – I mean, I'll think about it on the tube or on the train, or I'll go somewhere, or I'll lie in bed before I fall asleep and I'll think about things and make notes; but I leave committing myself to the final thing as late as possible. I've always done that and I'll think 'God, how much work could I have got done if I'd been doing work all the time and then selecting, rather than waiting?' But I think it's to do with hoping that the optimum circumstances happen for the idea to...

**J** – It's like you're cooking something and getting it to the right consistency...

**S** – Yeah, exactly.

Write dreams here

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## Royal Brompton Centre for Sleep

Sleep is vital to our health and quality of life, yet up to one in four individuals in the UK has a sleep disorder. For many this means excessive tiredness during the day, which can affect concentration, work and family life. Importantly, some disorders in which sleep is disrupted by breathing irregularities (apnoeas) are associated with an increased risk of heart disease and stroke, and affect work performance and memory.

We have been assessing and caring for patients with sleep disorders for over 20 years at Royal Brompton Hospital. Our service is one of the largest in Europe, and our specialist team of academic sleep clinicians, physiologists, sleep technicians, polysomnographers and nurses care for individuals with problems related to everything from sleep apnoea to circadian disorders (disruption of the body clock).

The new centre offers a full range of diagnostic studies and treatments to both NHS and private patients.

The sleep team also has highly specialist facilities for diagnosing sleep disorders in patients with conditions such as chronic obstructive pulmonary disease (COPD), cystic fibrosis,

**SLEEP TALKING -**

*And ANOTHER  
thing...*





curvature of the spine and neuromuscular disorders like muscular dystrophy or motor neurone disease. Pioneering nocturnal ventilation therapy at Royal Brompton has revolutionised outcomes in these conditions and

considerably extended life-expectancy and the quality of life of those affected.

The new centre has been innovatively designed with 'night' and 'day' sections, each associated with a particular mood and purpose. Sleep studies are carried out in the night section in comfortable but high-specification sleep laboratory rooms. In the day section are our outpatient services, meeting area, education suite and consultation rooms.

## *history of the building*

Royal Brompton Centre for Sleep has been built into the ground floor of the old 'Brompton Fire Station'.

The fire station was built in 1892 at a cost of some £7,694, replacing a station that had stood on the

same site since 1867. The complement was one station officer, nine firemen, two coachmen, two pairs of horses (hired from Dawe & Co. at £67.10s a year), one horsed escape ladder, one steam engine (pump), one manual escape ladder (housed outside against the wall), one hose cart.



The station boasts an impressive look-out tower scanning the south west of London, as well as the eccentric decorations and angular outlines typical of the architect Robert Pearsall, who from 1879 took charge of the elevations of all new London fire stations.

The hoses were dried in a shaft which dropped from the fifth storey to the basement. The ground floor opening into this flue is still visible in the reception area.

The fire station remained active until 1965, when it was replaced by Chelsea Fire Station at 264 King's Road.

*With thanks to Jayne Bullock, Mary Geaney,  
The London Fire Brigade Museum and  
Professor Anita Simonds*

rb&h Arts

**rb&hArts** uses charitable funds to bring all forms of the arts to Royal Brompton & Harefield NHS Foundation Trust in an innovative programme designed to improve the wellbeing of patients, staff and the diverse communities we serve.

We manage exhibitions, a growing collection of visual art, a live music programme, and a huge variety of workshops and residencies across the two hospitals which make up this specialist Trust.

Our work is supported by Royal Brompton & Harefield Hospitals Charity:

*'Our mission is to do everything we can to provide much needed facilities and equipment and fund vital research to ensure that Royal Brompton and Harefield Hospitals maintain their position as a world-class specialist centre for the diagnosis and treatment of heart and lung disease, improving the lives of thousands of people every year.'*

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