Psychological assessment

Based on an idea by Damien Hirst

I met Damien Hirst in Glasgow in 1989. That same evening, I asked him to send me a love letter. A few months later, I received five fiery, passionate pages. As I started to read, I forgot that the author was a virtual stranger. I believed what was written at once. The following year Damien asked me to interview him for the catalogue of his show at the ICA. I wasn’t free, but I replied that in his love letter he had managed to invent shared memories and tell me things I wanted to hear, so I was sure that he could also imagine the questions I would ask him. He played the game: the catalogue included a fictive interview.

Twelve years later, it was my turn to ask Damien to interview me for the catalogue of my show at the Pompidou Center. In response he sent me three forms, T4-02, 02-4T and U4-M-E, which were to be filled in, respectively, by me, a friend, and someone from my family, and returned. He would give them to psychiatrists so that they could analyze my psychological profile.
Dear Sophie,

Do I love you? Of course I do. Your breath in the mornings, breathing your breath, the way that you curl your feet around mine when you sleep. Things like these are the things that I will miss most. Of all that I have missed, I think that you will miss doing that with someone else. Maybe not. Life is like that.

I suppose it is my own problem about wanting to possess you that create the feeling of loss or sadness. I know where you are and even if we don't have sex anymore, I know that everything we once shared cannot be touched by another. Life is the possibility. I am endless, I know.

I've been doing some thinking lately and I think that the things that we have done together are the things that we have done together. You cannot be taught by another soul, you cannot be. So, I hope that you will think of me as the love of your life, not the love of your life, but the love of your life. I am going to miss you.

Love,

[Handwritten note]

9. That same evening, I felt free. A few months later, I received a letter from the director, asking me to interview him for the exhibition at the Pompidou Center. I wasn't free, but I managed to invent shared experiences that he could not hear, so I was sure that I would ask him. He played a role in our relationship.

I asked Damien to interview me for the catalogue of my show at the Pompidou Center. In response, he sent me three forms, T4-02, 02-4T, and U4-M-E, which were to be filled in, respectively, by me, a friend, and someone from my family, and returned. He would give them to psychiatrists so that they could analyze my psychological profile.
# Psychological Assessment

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain or if the item seems distant. If you are not the patient, please base your answers only on behavior observed at first hand.

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</tr>
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<tbody>
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<td>☐</td>
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<td>Resilient, overtaking而不安能坚持</td>
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NOTE: Fill in above blank spaces if necessary.
Overall, do you think that this patient has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- No
- Yes, minor difficulties
- Yes, definite difficulties
- Yes, severe difficulties

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Do the difficulties upset or distress the patient?

| Not at all                                    | ✅ |
| Only a little                                |   |
| Quite a lot                                  |   |
| A great deal                                 |   |

Do the difficulties interfere with the patient’s everyday life in the following areas?

| Not at all                                    | ✅ |
| Only a little                                |   |
| Quite a lot                                  |   |
| A great deal                                 |   |

Do the difficulties put a burden on close friends or family?

| Not at all                                    | ✅ |
| Only a little                                |   |
| Quite a lot                                  |   |
| A great deal                                 |   |

Do you have any other comments or concerns?
Form U4-M-E
Psychological Assessment

It would help if you answered all items as best you can even if you are not absolutely certain or the item seems deat.
If you are not the patient, please give your answers only on the basis of behaviour observed at first hand.

Are you the patient? □ Yes □ No

If ‘No’, relationship to patient: mother

Name: SINDLER, Rachel
Age: 73
Sex: F
Marital Status: married
Occupation: retired

Past medical history (PMH)
Has the patient had any medical problems – diagnosed illnesses?

No

Drug history (DH)
Is the patient taking any medication at the moment?

usual medication, I suppose

Is the patient allergic to anything?

not as far as I know
children may be
Family history (FH) (continued)

What was the patient's parent's relationship like? How do they get along?

friendly

What was the atmosphere like at home when the patient was growing up?

a bit sloppy — two step fathers who liked her mother not too vigilant but never cruel, beating or screaming — altogether gay (as far as I think)

What are the members of the patient's family like? How would you describe them?

mother, intelligent, surrounded by friends. inclined to mix with intellectual and artistic people through the nature of her work (show biz, publishing and journalism). father well organized, very artistic and calm.

How does the patient get along with them? What are they doing in their lives?

gets along nicely.

Father, doctor, then senator.
For mother see below.

Any medical or mental illnesses, including drug and alcohol problems in the family?

none whatsoever
Personal history (PH) (continued)

Do you know how the mother was when she was pregnant with the patient? How was the birth? And how old was she?

I know her personally since I am "the -". Birth was very painful since it took about 15 hours. I was 24.

Any problems with the patient's development? (walking/talking)

Walked and talked very normally, perhaps just a little bit in advance.

What was life like for the patient, in general, as a child?

A little moody, but already concerned about everything.

How was it when the patient first wanted to go to school? Were they clingy/very anxious? Were they teased/bullied a lot?

No tears, no anxiety.

How was school for the patient - friends/teachers/academic work etc.?

Easy. I gather - no problems with my detached.

What did the patient do after school?

Always with friends, school work, television, reading.

What intimate relationship has the patient had? - describe them.

"the little girl" - best friend of the moment in conditionally.

Has the patient had any significant drug or alcohol experiences?

Not as far as I know - but parent don't know when it is not obvious.
Social history (SH)
Describe the patient’s current social circumstances.
After travelling all around the world, decided to make the best of her natural abilities and settle in the appropriate surrounding (large, light, quiet) home to dance. The flat organizes dinner and yes I forgot! She was for a time a very active milliner, before her...
Form T4-02
Psychological Assessment

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help if you answered all items as best you can even if you are not absolutely certain or the item seems daft. If you are not the patient, please give your answers only on the basis of behaviour observed at first hand.

Are you the patient? [ ] Yes [X] No
If No, relationship to patient: [ ] Spouse [ ] Parent [ ] Other

Name: [ ] Mr. [ ] Mrs. [ ] Miss [X] Mrs. Age: [X] 41
Sex: [ ] Male [X] Female
Marital Status: [ ] Single [ ] Married [X] Divorced [ ] Widowed
Occupation: [ ] Journalist

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Form U4-M-E
Psychological Assessment

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Are you the patient? □ Yes □ No
Name: [Name]
Age: [Age]
Sex: [Sex]
Mental Status: [Mental Status]
Occupation: [Occupation]

If "No", relationship to patient: [Relationship]

Past medical history (PMH)

Has the patient had any medical problems - diagnosed illnesses?

[Yes] / [No]: [Diagnosis]

Drug history (DH)

Is the patient taking any medications at the moment?

[Yes] / [No]: [Medications]

Is the patient allergic to anything?

[Yes] / [No]: [Allergies]

RESR/End
Family history (FH) (continued)

What was the patient's relationship like? How do they get along?

A distant and amicable relationship.

What was the atmosphere like at home when the patient was growing up?

?

What are the members of the patient's family like? How would you describe them?

Mother: at one light-hearted and dependent. Later, life, her trouble giving up left pleasures.
Father: very "protective" toward hard-working and tidy.

How does the patient get along with them? What are they doing in their leisure?

The patient respects both her mother for not being some of her father's qualities and her father for not being some of her mother's. But her relationship with both of them is rich (frequent volatility and exchanges despite many moments).

Any medical or mental illnesses, including drug and alcohol problems in the family?

A great deal of admiration for the father, very positive attitudes of submission for the character which that implies the same submissive attitude to strong male figures.

RES/Pa/Pa
Personal history (PH) (continued)

Do you know how the mother was when she was pregnant with the patient? How was the birth? And how old was she?

Any problems with the patient's development? (walking/talking)

What was it like for the patient, in general, as a child?

How was it when the patient first went to school? Were they clingy/anxious? Were they teased/bullied/a bully?

How was school for the patient—friends/teachers/academic work etc.?

What did the patient do after school?

What intimate relationships has the patient had?—describe them

Has the patient had any significant drug or alcohol experiences?

They tried to use drugs, but never got high.

RES: F10/ind
Social history (SH)

Describe the patient's current social circumstances.

Excellent social milieu. Potent and receptive money lot of friends.

Premorbid personality (PMP)

How would you describe the patient?

A very nice and typical feature - she's afraid of missing out on things. Things slip through her fingers. She likes to control both situations and time.

What does the patient enjoy doing? Likes and dislikes?

She has a remarkable ability to blur reality to her will. Time, all of which force her into a new-order quest; a search for "always going one better."" found identical lover acquired over the years. In the 20s, mature. At times defensive and preoccupied, but she is a good listener, and will hear our concerns that she's a bit from her own.
# Form T4-02
## Psychological Assessment

For each item, please mark the box for "Not True," "Somewhat True," or "Certainly True." It would help if you answered all items as best you can even if you are not absolutely certain or the item seems distasteful. If you are not the patient, please give your answer only on the basis of behavior observed at first hand.

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<td>Mental Status</td>
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<tr>
<td>Overly sexual in social situations</td>
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RES/PT/And
Overall, do you think that this patient has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
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If you have answered 'Yes', please answer the following questions about these difficulties:

How long have the difficulties been present?

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<tr>
<th></th>
<th>Less than a month</th>
<th>1-6 months</th>
<th>6-12 months</th>
<th>Over a year</th>
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Do the difficulties upset or distress the patient?

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<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
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Do the difficulties interfere with the patient's everyday life in the following areas?

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<th>Quite a lot</th>
<th>A great deal</th>
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Do the difficulties put a burden on close friends or family?

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<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
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Do you have any other comments or concerns?

---

Friend/Family/Patient

RES/F12/21x
Form 02-4T
Psychological Assessment

This form is to be completed by the patient only.

Name: [Blank]
Age: 50
Sex: F
Marital Status: Single
Occupation: [Blank]

Past medical history (PMH)
Have you had any medical problems - diagnosed illnesses?
No

Drug history (DH)
Are you taking any medication at the moment?
For cholesterol

Are you allergic to anything?
[Blank]

Family history (FH)

Draw a family tree:

Father: [Blank]  Mother: [Blank]
Birth year: [Blank]

Who is in your family? What are their ages? What is their relationship to you?

[Handwritten notes: 'My mother, born in 1928. My father, born in 1920. [information about family connections and interactions]']
Family history (FH) (continued)

What was your parents relationship like? How do they get along?

They were divorced when I was born (can we?)
They are still friendly if distant today.

What was the atmosphere like at home when you were growing up?

I grew up with my mother. The atmosphere at home was happy, cheerful when everything was okay, and sober when things were not good. I was independent, a home, and lonely.

What are the members of your family like? How would you describe them?

Father: a doctor and collector of contemporary art — a man with original tastes — distant but loving. Hard working, serious (at times too serious, not only tough). At a party you want to dance and he enounces on a conversation about contemporary art.
Mother: very funny, desperate, light, lovable, loving.

How do you get along with them? What are they doing in their lives?

Mother: retired doctor. Art Gallery working on an catalogues of paintings.
Father: used to work in politics.

Any medical or mental illnesses, including drug and alcohol problems in the family?

No. Not such as to be a problem.
Draw a picture of yourself without using a mirror. (Do not spend longer than 5 minutes.)

In pencil,

only solution is five minutes, with no mirror. Check my profile on the page. The result will thus have a look even if it seems, with reality.
Personal history (PH) (continued)

Do you know how your mother was when she was pregnant with you? How was the birth? And how old was she?

Happy, pesty to, not really obsessed by motherhood. The delivery took 15 hours. She was 25.

Any problems with your development? (walking/laughing)

Not. That I know of.

What are your first memories? What was it like for you as a child?

Before 12. Uncommunicative, solitary. I was the only child and played alone. My mother gave me a bicycle for my third birthday, and that same day my cousin pushed me out of a window (half a floor up). I was 3. I spent a whole afternoon running after someone else.

How was it when you first went to school? Were you clingy, very anxious? Were you teased, bullied, butted?

I don't remember anything in particular.

How was school—friends, teachers, academic work, etc.?

Easy. When I was about 12, I fell in love with my biology teacher. So, I decided to become a writer with the sole purpose of dedicating a book to him. They were forming my love for writing. A few years later, I did dedicate my first book to her.

What did you do after school?

After 12, desensitizing and meeting lots of boys. Before 15, reading and walking in the public cemetery on Thursday afternoons, skipping school.

What intimate relationships have you had?—describe them.

Afraid of sex until I was 17. What happened after that is too long for such a small space.

Have you had any significant drug or alcohol experiences?

When I was 19, an intern year (with drugs).
Social history (SH)

Describe your current social circumstances

Artist

Premorbid personality (PMP)

How would you describe yourself? How would others describe you?

Well-balanced woman - steady, methodical, always organized, always worried at the thought of missing out on things. Someone who has had good luck. Difficult temperament, but loyal to friends. As far as my strengths are concerned, they are my business.

I love my friends, my family, my home, my work, my community, my city, my social life.

What are your moral religious beliefs?

I don't like conversations about astrology or cooking (especially my own meals). Country to us, or say it's a special event.

Describe your fantasy life

I'm an open singer.
I'm a poet.
I'm a novelist.
I'm a painter.
I'm a sculptor.
I'm a dancer.
I'm a musician.
I'm a musician.
I'm a dancer.
I'm a poet.
I'm a novelist.
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22nd of June 2003

Psychological portrait of Sophie Calle. Based on reading and interpreting the (somewhat conflicting) psychological assessment forms.

Sophie is an intriguing and complex character. She likes to explore and to be controversial. She is highly motivated and loves her work. She is staunchly independent and is not afraid to say what she thinks. She is gregarious, popular and usually considerate, although somewhat impatient. She has a public 'face' which is supremely confident, independent and somewhat exhibitionist. Deep down she is more sensitive and vulnerable that it might seem from first impressions and at times she can be emotional and slightly needy. She is not hugely successful in love. She loves and values her friends and does not like to be let down – she gets hurt quite easily. She is popular, likes to have fun and flirts. She hates to miss out on anything. She is witty, somewhat playful (as a control mechanism) and has a dry, rather 'left field' sense of humour. She loves company and being the centre of attention when it suits her although at times she also values her own space. She is bright (although not traditionally academic) and does not suffer fools gladly. She likes extremes and is highly adventurous but at the same time does not like to be out of control. She is both very good and very bad. But she knows the limits and overall is fairly well balanced.
MEDICAL REPORT
Sophie Calle
Date of report: 23.06.03

1.0 Introduction

1.1 Sophie Calle is a 50 year old single French woman. She works as an artist and currently lives alone in Paris. She has no children.

1.2 I have been instructed by Damien Hirst to provide a psychiatric report on Sophie Calle. I have been asked for my opinion on her background and mental state at the time of publication of her most recent book.

1.3 I have prepared this report on the basis of information provided in the form of transcribed interviews with Sophie Calle, her mother, Rachel Sindler and her friend, Cathy. I was also given the results of the psychological assessment inventory T4-02 which appears to have been fabricated by the instructing party.

1.4 I am a qualified medical practitioner fully registered with the General Medical Council and am a member of the Royal College of Psychiatrists. I am also approved by the Secretary of State under Section 12(2) Mental Health Act 1983. I have nine years' experience working as a psychiatrist.

2.0 Family History

2.1 Sophie is the only child of her mother, Rahel Sindler and her father, Robert Calle. She has one maternal half brother, Antoine.

2.2 Her mother is 75 years of age. She is of Russian and Polish origin. She works intermittently as a press agent. Sophie describes her mother as someone who avoids serious conversation and she consequently hates working, preferring to spend her time socialising. She also reports that her mother is funny and convivial. She also eludes to her disposition as "not really mother-like".

2.3 Her father is 83 years of age. He is of French and Belgium origin. He is a doctor and collector of Pop Art. She describes him as "serious and lacking in frivolity", in contrast to her mother. She gives an example of her father's response to her; at a party; when she wants to dance, he starts talking about conceptual art. He is "original in his interests and cultivated with lots of taste". She concludes that he is "distant but tender".

2.4 In summarising the quality of her relationship with her parents she simply states "I love them". Regarding her parents' relationship, they divorced when Sophie was 1 year old and are described as having a "friendly but distant relationship". She is unaware of any medical or psychiatric disorders in the family.
3.0 Personal History

3.1 Sophie was born in France. She is unaware of any birth or developmental problems. Her first memory is at 3 years when her godfather gave her a tricycle and her cousin pushed her from a first floor window. At 5 years she can recall spending a day running after some older children who were trying to "get rid" of her, shouting "wait for me, wait for me, wait for me!". She reports her early childhood as quite solitary, reading alone and not talking to anyone. Her mother corroborates this, saying that she was "shy, lonesome and moody" until the age of 10. As a child she was already developing a curiosity for life.

3.2 There is no evidence of an attachment disorder on first attending school. She reports her school years as "easy" and "nothing special".

3.3 After graduating from high school Sophie took a seven year break to travel around the world. During this time she worked as a barmaid, dancer and dog trainer. She completed her first artwork shortly after her return.

3.4 She experimented with recreational drugs at 20 for about a year but there is no evidence of any harmful use or dependence.

4.0 Psychosexual History

4.1 Sophie reports a "fear of masculine sexual attributes at the beginning". At 13 she fell in love with her female science teacher. She then wrote and dedicated a book about this love to her. She soon lost her fear of men and has had many intimate heterosexual relationships since. She describes a desire to be in a couple meanwhile appearing to be single. She does however portray herself as overtly sexual in social situations. Her mother also states that she is flirtatious.

5.0 Social History

5.1 She explained her current social circumstances as "artist".

6.0 Past Medical/Psychiatric History

6.1 Nil of note.

7.0 Drug History

7.1 She is not currently taking any medication.

8.0 Premorbid Personality

8.1 Sophie describes herself as someone who is balanced despite appearances. She feels that she is original and never boring. She believes that others would describe her as a difficult but loyal friend. In contrast to her early years, as an adult she is highly sociable, with a fear of missing out on something that drives her to seek the company of others.

8.2 She lists her likes as: breakfast in bed, bullfights, eating with friends, total abandonment of control, drinking and dancing. She enjoys the company of writers and journalists, single people and people who "resist".

8.3 She dislikes children, talking about food whilst eating, sport, the countryside, being dropped by cowardly men without explanation, missing out and spending time with couples and people with children.
8.4 Her fantasy life consists of being an opera singer by day, a man in bed and dying on a daily basis. Her funerals are dramatic and she generally comes back to life at the end.

8.5 Her mother describes Sophie as someone who loves life and intends to get the best out of it without hurting those around her. Sophie's friend, Cathy states that she is in a "permanent search for something better".

9.0 Summary and Opinion

9.1 Sophie Calle is a fifty year old French artist. She spent her early childhood as a shy, solitary, thoughtful individual. She was brought up by her frivolous, sociable mother. Her father has contrasting personality traits being serious and distant. Her parents seem to share unconventionality and they encourage unique thought and actions. Sophie feels love for both parents although it is difficult to elucidate feelings of closeness from the information provided. There is a somewhat remote quality to her descriptions of them.

9.2 Sophie displays a number of histrionic personality traits. She describes herself as outwardly confident, lively and sociable. She craves novelty and excitement and appears to search relentlessly for new experiences. She becomes bored readily and can be impulsive in areas of her life other than her work. She enjoys being the centre of attention and is overly sexual in social situations. She also enjoys a colourful, almost theatrical fantasy life.

9.3 It is difficult to make a more comprehensive assessment of Sophie's personality as I was not able to interview her. I would also need further collateral information. However, I could postulate that her inherent need to dramatise herself as a larger than life character may have fuelled her artistic passion. It is not unusual for these personality traits to be present in artists and they can also be socially advantageous.

9.4 Her first experience of love with her female teacher compelled her to creativity in the form of the written word. She has since enjoyed multiple intimate relationships with further artistic consequences. In fact Cathy comments that her relationships do not demand explanation as they are well documented in her work.

9.5 She clearly has an intense aversion to children and to others openly enjoying their own children. It is difficult on the basis of the information that I have been provided with to make any conclusions about this other than to note it as a pervasive theme.

9.6 Finally, I believe that the facts I have stated in this report are true to the best of my knowledge and the opinions I have expressed are correct.

Dr Lorna Richards  MBChB MRCPsych
8.4 Her fantasy life consists of being
Her funerals are dramatic and... 

8.5 Her mother describes Sophie as
hurting those around her. Sophie
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9.0 Summary and Opinion

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9.6 Finally, I believe that the facts
the opinions I have expressed are correct.

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Dear Sophie,

I don't think the two assessments were taken out
the address of the doctor
to protect the innocent. I'm
not telling you if they are
real or made up. See if you
or wait it out

I think the whole thing would
be better than an interview an
with your curiosity and my medici-
ment we can't lose. Good luck
miss you.

[Signature]

Dr Lorna Richards  MBChB MRCPsych
Dear Sophie,

Here are the two assessments we've taken out. The address of the doctor to contact the innocent I'm not telling you if they are real or made up. See if you can work it out.

I think the whole thing was better than an interview as with your curiosity and my medicine we can't lose, good luck.

I miss you!

[Signature]

25-06-03