Creative Activities of Schizophrenic Patients

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Creative Activities of Schizophrenic Patients:

Visual Art, Poetry, Wit

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I
Introduction and Historical Review

When the pain is so intense that it no longer has access to the level of consciousness, when the thoughts are so dispersed that they are no longer understood by fellow men, when the most vital contacts with the world are cut off, even then the spirit of man does not succumb, and the urge to create may persist. The search, the appeal, the anguish, the revolt, the wish, may all be there and can be recognized in the fog of the emotional storm of the schizophrenic patient and within the crumbling of his cognitive structure.

Of all the creative activities of the schizophrenic patient, painting is the one that has been studied the most, and we shall devote the bulk of this chapter to this subject. Because the literature on this topic is immense, we shall limit a review of it to the works that are the most significant in a historical frame of reference.

Max Simon (1876, 1888) is reputed to be the first psychiatrist to have made a systematic study of drawings of mental patients. He described five major types of art work, each related to a different syndrome. He also remarked on the similarity between the art of the insane and that of children and primitive people. In 1880 the Italian psychiatrist Cesare Lombroso wrote "On the Art of the Insane." He attempted to understand the conflicts of the patient, stressed again the similarity between psychotic and primitive art, and noticed the importance of sexual symbolism.

Fritz Mohr made the next important contribution. He devised drawing tests, which he used as diagnostic aids (1906). He also attempted to interpret the patients' artwork. For instance, he recognized expressions of obstructions of the will in catatonic patients. Hans Prinzhom utilized the previous approaches to psychotic art, which he called "the psychiatric," "the folk-lore," and "the psychoanalytic" (1922). He felt that the work has to be studied with an aesthetic approach and should be seen also as an expression of the whole personality. He felt that although the psychoanalytic approach may be useful in unraveling the patient's conflict, it is of little value in studying creativity *per se.* Other important works on the subject were

written by Schilder (1918), Morgenthaler (1921), and Pfeifer (1925).

Delgado (1922) found the artistic material of the psychotic patient very rich in sexual symbolism and useful for the psychological understanding of the patient. Pfister (1923) criticized Delgado and stated that sexual content is rare in the art of the psychotic.

Nolan D. C. Lewis (1925, 1928) was the first American author to make important contributions on this subject. He interpreted the symbolism of the visual productions in accordance with psychoanalytic principles. He gave particular importance to the "death wish" that is "so artfully concealed that the producer is not aware of its existence." He also stressed the recurrence of the "evil eye": the "all-seeing eye" of God, the male parent, or the analyst or a combination of all three as the central theme in many drawings of patients of both sexes, all ages, and all nationalities.

Karpov (1926) emphasized that some symptoms may appear in the artistic production before they occur at a clinical level. Vinchon (1926, 1950) also stressed that the psychological disturbance may appear in the artistic production before the onset of the psychosis.

The well-known French psychiatrist Henri Ey (1948) classified the artistic productions of the mentally ill into four categories: (1) aesthetic forms that have nothing to do with the mental disorder and are simply juxtaposed; (2) aesthetic forms modified by the illness; (3) aesthetic forms of pathologic projection; (4) aesthetic forms immanent in the delusional ideas.

Margaret Naumburg (1950) has done important work on schizophrenic art from the point of view of its meaning in psychotherapy. In her accurate reports about two schizophrenic girls, Naumburg demonstrated how the symbolic forms expressed their life history, their conflicts, and their solutions. In the course of therapy the patients abandoned gradually stereotypy and archaic forms and assumed an increasing freedom of expression. Naumburg feels that art therapy increases the patients' awareness of their conflicts and their ability to verbalize them.

Francis Reitman (1951, 1954) has made important studies of schizophrenic art. He believes that its peculiarities and special features depend primarily on the cognitive abnormalities of the patient. According tp him the similarities, emphasized by some authors,

between modern art and schizophrenic art are only apparent or superficial. He wrote that whereas the work of normal artists reveals a deliberate restructuring of reality into complex patterns or relations of form and color, the work of schizophrenics discloses a general lack of structure, a disintegration of perceptual relations, and a dissolution of concepts. Whereas in the painting of modern artists the radical alteration is one of reorganization, in the work of schizophrenics it is one of disorganization. Reitman feels that there is an interconnection between art and conceptual thinking, but he does not illustrate how the various alterations in cognition are responsible for the characteristics of psychotic art.

Dax (1953) did interesting experimental studies of psychiatric art. He compared the representations of ancient Egyptian gods to the composite figures of schizophrenics. He gave particular importance to the meaning of the eye in the paintings of patients. He thought that it is not sufficient to interpret the eye in association with guilt feelings or an “eye of conscience” or “the eye of God” or an “all-seeing eye.” He compared the importance of the schizophrenic eye symbolism to that of the ancient Egyptians. In ancient Egypt the eye had five main symbolic meanings: (1) the eyes of the sun and the moon; (2) the

sacred eye; (3) the eye of sacrifice; (4) the eye of immortality; (5) the evil eye.

A very important book on psychopathological art was written by Volmat (1955). Not only does this author give an accurate account of the literature, but he also reports on the international exposition of psychopathological art that took place in Paris in 1950 on the occasion of the first world congress of psychiatry. Volmat's book contains reproductions of 169 works and analyzes the main points of view of the various authors who did research on this subject. Volmat concluded that in his artwork the patient expresses himself and his illness totally.

II
General Remarks about Schizophrenic Art

According to some statistics reported by Volmat, only 29 percent of psychiatric patients paint spontaneously. It is impossible to ascertain the observation reported by some authors that schizophrenics paint more frequently than normal persons. Whether this is true or not, it is certain that the habit of painting noted in many schizophrenics contrasts with their general inactivity and lack of

involvement with the things of the world. Many hypotheses have been proposed to explain the phenomenon. Some people believe that the boredom of years spent in hospitals triggers off even a modest talent that has remained dormant for many years. This hypothesis does not explain why schizophrenics would not relieve boredom in other ways. Another hypothesis explains the habit as a search for what the patient has lost in life. Psychological loss and emptiness would promote in the patient the urge to compensate or restore. But again, why to restore in this way? It seems to me that the most important reason resides in the nature of the schizophrenic process itself. On one side, the regression makes primary process cognition reappear with renewed availability of unused forms On the other side, we have the rekindling of fantasies and motivational impulses, never realized in life, now searching an actualization on paper or on canvas, just as in the majority of patients they find actualization in delusions and hallucinations.

The motivational impulses may be wishes that were never fulfilled or even expressed because of their primitive, shameful content. They may be fantasies that were repressed because they were unrealizable and frustrating. However, in my opinion, attributing to the schizophrenic a primitive, infantile, or purely sexual motivation is

a common mistake. Whereas sexual expression has recently reached a degree of frequency never reached before in the visual art of normal people of the Western culture, schizophrenic art seems more and more concerned with different aims. It would be equally incorrect to say that schizophrenic art ignores sex. What counts is not only the specific nature of the motivation, but how the motivation is artistically realized and how pathology appears through the realization. In the last two decades several psychiatrists have noted that there are changes in a large number of art works of schizophrenics. In addition to those rigid, schematic, and stereotyped works, which used to be reported in textbooks of psychiatry, we see now an increasing number of confused, irregular, freedom-seeking products. Whether these changes are the result of drug therapy, psychotherapy, art therapy, a difference in the climate of hospital life, or a combination of all these factors is difficult to ascertain.

From a broad point of view we can make the following generalization: schizophrenic art is the result of a struggle between motivational impulses and the specific schizophrenic cognitive media available to the patient. The sudden availability of primary process forms and the disinhibitions of wishes and aspirations become

substitutes for the technique, skill, and commitment that many patients never had before they became ill.

The artwork has another practical purpose for the patient. The schizophrenic experiences the world in fleeting, fugitive ways that are not only different from the ones he perceived prior to the psychosis, but also from those perceived at different stages of the illness. His world tends to be in constant and turbulent metamorphosis. Like many symptoms of the schizophrenic, painting is an effort to adjust to the new vision of reality, to crystallize it, to arrest it, or to delay further changes. This is one of the reasons why many paintings done by regressed schizophrenics show not only metamorphosis, but also an extreme static quality.

In typical cases, which do not recover, we see the following sequence of phases:

1. The eruption of the conflict and the supremacy of the wish prevail without sufficient correction by the secondary process. The correction is insufficient to make the work acceptable to other people. During the first phase it is often difficult to distinguish artwork of schizophrenics from that of nonschizophrenics. It

depends on evaluating whether the correction of the secondary process was sufficient or insufficient, and this evaluation may be arbitrary.

2. A gradual disintegration of the mechanisms of the secondary process and obvious emergence of those of the primary process, reflecting paleologic ideation, take place.

3. A crystallization of primary process mechanisms occurs in more rigid and stereotyped forms.

4. A disintegration of primary process mechanisms also occurs.

In patients who recover, the process does not go beyond the second phase. Eventually secondary process mechanisms succeed in repressing or, hopefully, in integrating or solving the conflict.

The principle of active concretization, discussed in Chapter 15, occurs also in fine art and in schizophrenic art. In fine art a concrete representation may stand for the abstract—a flower may stand for the beautiful, the portrait of a smiling girl may stand for youth and happiness. In art of normal people it is through the medium of the primary process that the abstract concept emerges. In psychopathological art, as in dreams of normal people and in delusional thinking, the consciousness of the abstract rapidly

decreases and may be completely lost. What remains is the concrete representation.

The principle of Von Domarus, which we have described in Chapter 16, is applied quite often in schizophrenic artwork. In many cases it is applied only partially; that is, some partial identity among the subjects is based upon an identification of a part, generally identity of a form, detail, visual appearance, shape. In these cases we have no total identification; instead, *fusion* or *condensation* of two or more subjects is quite characteristic. Other mechanisms of primary process cognition deal with mannerisms, stereotypes, repetition of forms, and so forth. Many of these mechanisms are also used in normal art, but whereas in normal art they are harmoniously matched by the secondary process, in schizophrenic art they remain incongruous.

III
Content and Conflict

In some artworks what strikes the observer most is not the presence of regressive forms but an unusual content or the manner in which the conflict is represented. These works are generally done by patients at the beginning of the illness or, if they had been ill for a long

time, by those who had not undergone advanced regression. In some of these patients, nontypical schizophrenic features were also present, like psychopathic, depressive, or involutional features.

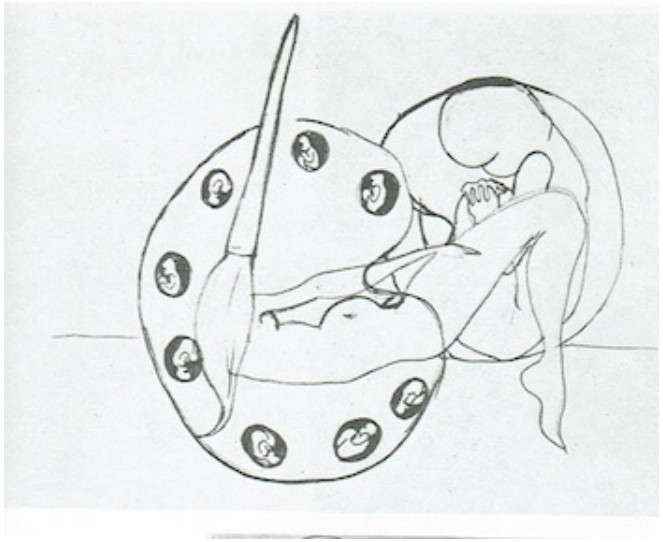

Figure 3

Figure 3 is a drawing made by Pauline, who was in the first stage of schizophrenia and whose work showed what I consider the first phase of artistic pathology. Pauline is aware of the major conflicts in her life, although she is not aware that the inability to solve them makes her frail, reactivates an ancient anxiety, and precipitates her illness. Pregnancy is obviously the theme. The abdomen of the woman

protrudes and the fetus is represented in various positions. Worth noticing is the fact that the head of the woman does not appear; it seems to be covered or perhaps replaced by an elongated object that may stand for the right arm, for the head, for a torch, or for a brush. The similarity to a brush leads me to the second picture (Figure 4), which actually was made by the patient one day before the first one.

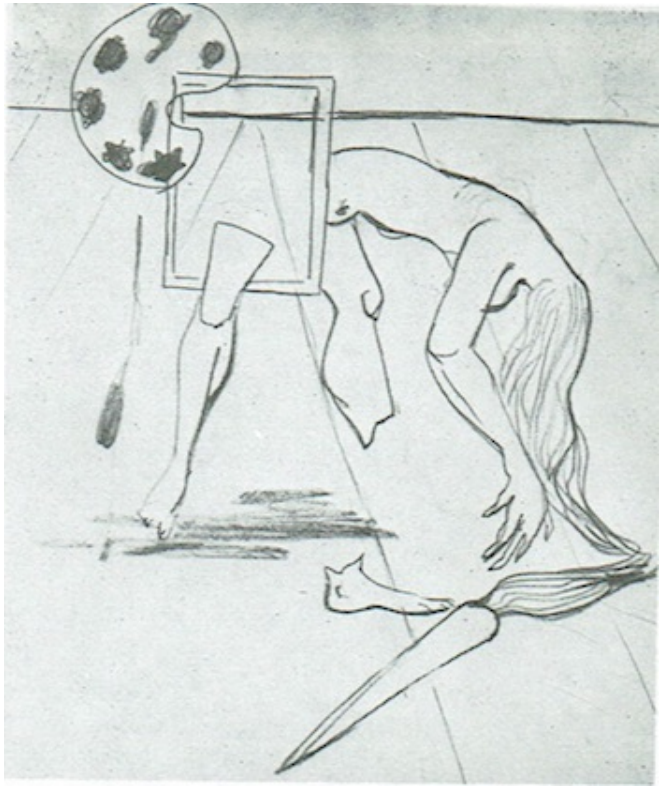

Figure 4

Figure 4 reveals that the woman feels fragmented under the weight of her major problem: is she going to fulfill her desire to be a painter? We see again here the paleologic confusion among arm, torch, and brush because of the similar shape of these objects. The brush, which is her life torch, fell to the floor. Important to notice is that the palette bears a striking resemblance to the womb in the left part of the previous picture: the various colors, ingredients for her creativity, remind us of the fetus in the various positions. Her head, covered by her hair, is similar to the brush.

The following drawing (Figure 5), also made the day before the first one was made, was entitled by Pauline: "The Awakening of a Dream." No longer is it the dream or daydream of being a painter. With the eye that feels and cries, the ear that listens, she tries to put herself together. Her big breast and belly, and the torch-hair-brush, indicate that she is selecting motherhood.

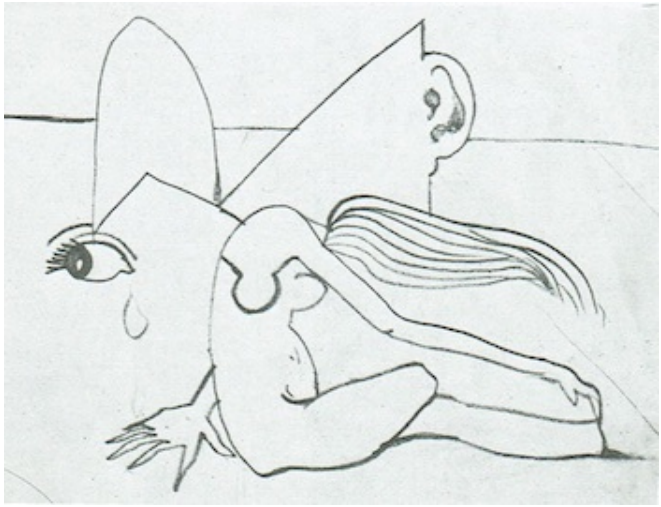

Figure 5

When we compare Figures 3 and 4, we see how Pauline's conflict —between being a painter and being a mother, the war between the palette and the womb— was represented in visual forms, to a considerable extent, through the application at a visual level of Von Domarus's principle. Her life drama finds a visual expression that, although partially affected by pathological mechanisms, is still acceptable and elicits in the normal observer consensual validation, shared feeling, compassion, and so on. We recognize that the womb has won and that the palette has been defeated; but it was a pyrrhic victory. At this level the conflict of the patient and its artistic

representation still evoke a response, the pathos becomes ethos.

A case described by the Belgian psychiatrist Bobon (1957), and later in greater detail by Bernard and Bobon (1961), reveals very well the importance of content. Gaston, the son of a violent alcoholic father and a mother who was irritable and overprotective, developed catatonic schizophrenia. A few years later, while he was a patient in a hospital for the chronically ill, it was accidentally discovered that he would spontaneously draw when he had a pencil. On pages of newspapers or odd bits of paper he drew a kind of stereotyped monster, which he called "the rhinoceros." For several years his numerous drawings and paintings were endless variations on the theme of the rhinoceros. A better contact was established by discussing his drawings, and the patient during psychotherapy was able to recall an episode he had forgotten. At the age of 13 he had seen a movie representing a jungle populated by wild beasts, hunters armed with rifles, and especially by striking rhinoceroses. According to Bernard and Bobon the rhinoceros is the image of power and implies also an image of powerlessness. The power is the angry, furious father, as well as any kind of irrational force in the world. The powerlessness is the powerlessness of the patient, who has to face

such evil power. According to Bobon the powerlessness is experienced not only as inferiority but also as guilt for being inferior. However, Gaston was able to externalize his complexes the day he took a pencil and started to draw. Incidentally, Gaston's artistic activity anteceded Ionesco's famous play *Rhinoceros.* Moreover, Gaston had never seen Salvador Dali paintings where parts of rhinoceroses appear. The turbulent rhinoceros, which used to be an inner object, was externalized, and Gaston acquired calm and relaxation. However, during subsequent years strange things happened. The drawn rhinoceros became the depository of anxiety. Under injections of sodium amytal Gaston became talkative and was able to say that after completing a picture of the rhinoceros he became afraid of it. The picture became invested with the meanings and intentions that Gaston had attributed to a real rhinoceros. It became empowered with real physical power. The patient soon stopped drawing and since then lapsed again into a vegetative, motionless, empty life, which possibly will continue ineluctably.

Bernard and Bobon wrote that the rhinoceros became a speech, "the clue to a morbid system," that permitted an understanding of the patient. We must be grateful to the authors for this remarkable report;

but we must also ask ourselves what went wrong. This form of expression, which at first seemed to help the patient, in the long run did not help at all. The patient became afraid of what at first appeared a psychological defense. He had to escape from the rhinoceros as he had once from the real father. This is unfortunately what happens when the schizophrenic psychosis is not successfully treated. What is probably intended to be a defense with restitutional qualities proves to be more disturbing and to cause further regression. The tragic drama of the schizophrenic is thus repeated. The fugitive from reality seeks refuge in a new world, to a large extent of his own creation. But in unfortunate circumstances his fantasy world is more threatening than the one he escaped from.

In the case of Gaston, therapy apparently did not succeed in depriving the rhinoceros of his power. My own hypothesis is that the therapist tried to be good and maternal, but like Gaston's real mother, revealed himself to be weak and ineffective in comparison to the rhinocerontic father.

Figures 6, 7, and 8 are paintings done by a 32-year-old man, a commercial artist who became depressed and finally delusional. He

never had auditory hallucinations but frequently had visual ones. He claimed that he was seeing angels and that every night before falling asleep Jesus Christ appeared to him. He painted many hours every day and would repeatedly say that he could paint with closed eyes, as God guided his hands. Figure 6 shows no gross distortions. There is a desire to change nature, to improve on it in a way that is still acceptable to the observer. The house, the trees, the land constitute an ensemble where hope can still sojourn.

Figure 6

Figure 7 shows where the hope comes from: Christ and the church. A woman is going there, and this may indicate some problems

in sexual identification of the male patient, who was not married.

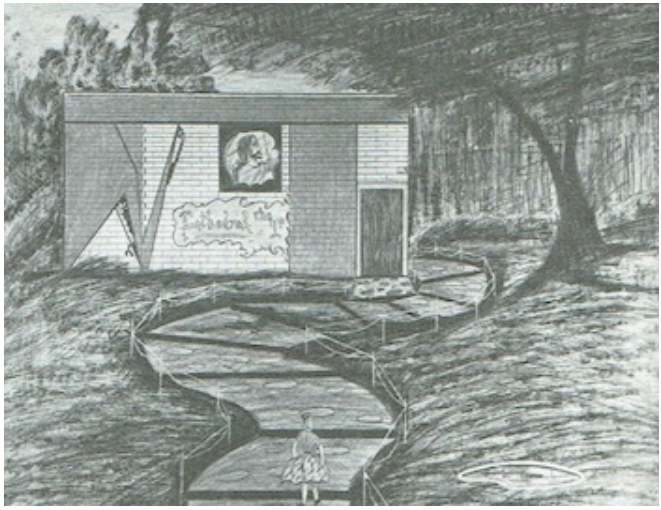

Figure 7

Figure 8 shows a more unrealistic scene. A Freudian observer may find forms reminiscent of penises, vaginas, and pubic hair. The whole is acceptable: hope is still there, as represented by the rainbow and the nice home. After long hospitalization and with old age already approaching, the patient was discharged on custodial care.

Figure 8

The case of Sheila is completely different. Her father, an alcoholic, deserted the family shortly after the patient's birth. The mother died when the patient was 2 years old. Sheila was taken care of in several foster homes, but because of her behavior she was admitted to a psychiatric hospital at the age of 10 under the diagnosis of primary behavior disorder. In her childhood and youth she repeatedly lied, stole, and destroyed property. She was hospitalized several times. As an adult, she was diagnosed as suffering from the mixed type of schizophrenia, later changed to the catatonic type. Her life has been characterized by repeated episodes of disorderly behavior and by

suicidal attempts that necessitated her hospitalizations. During each of her hospitalizations she appeared at first haughty, disdainful, evasive, overactive, tangential, and disconnected in her speech, at times even in catatonic withdrawal. However, shortly her behavior would improve, she would be discharged from the hospital, and after intervals of various lengths she would become acutely ill again. With a few striking exceptions, most of her finger paintings do not disclose schizophrenic characteristics but a turbulent, angry, ferocious personality. She would often sign her paintings and drawings not with her name but with the following phrase: "Drawn by EVERYONE frightened by the Devils." Noteworthy is the word *everyone;* that is, not just she, but anyone of the millions who populate the world and are frightened by the devils. Society and the hospital are among the devils. They become a Nazi society. Pilgrim State Hospital is a death house (Figure 9). The dollar sign, symbol of the capitalistic United States, becomes a swastika (Figure 10). If this world is a world of the devil, a Nazi world, she is better off saying good-bye to the world and committing suicide. In Figure 11, which shows a falling woman and falling flowers, she says, "Nice knowing you," to the world she intends to leave. Paradoxically she has one thing in common with the Nazis—a strong hate for the

Jews. In Figure 12 she portrays what she never had: maternal love bestowed to a little girl. In her delusional thinking she believes that the Jews are responsible for the deprivation that she sustained. Actually Jewish people tried to help Sheila, but because of her conflicts she mistrusted them. She was not able to accept any warmth. Often the hand offered to help her met with the bite of her revenge and fury. It is this attitude of mistrust, determined by the early circumstances of life, that makes therapy with patients like Sheila extremely difficult. However, her psychotic episodes did not bring about regression. In some of her distortions one could see some metaphorical representations of society that many nonschizophrenics can share.

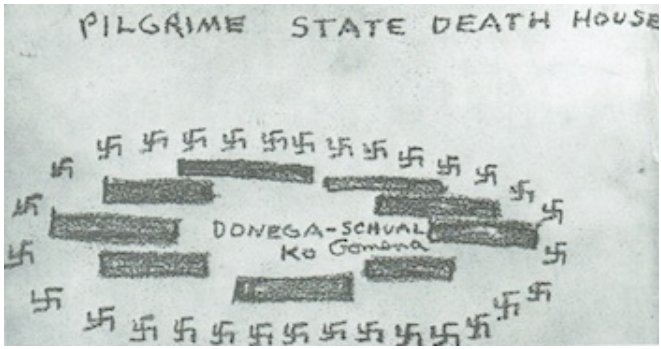

Figure 9

Figure 10

Figure 11

Figure 12

Some themes recur frequently in schizophrenic art. One of them is the theme of the eye (Figure 13). The eye symbolizes the world, or the other, any person other than yourself, the other human being who

is there not to commune with you but to watch. And to watch means to scrutinize, to blame, to condemn, to reject you, and to destroy your sense of self-regard, your privacy, and your human dignity. The main part of the other is not his penis or her vagina but the eye: not an eye that cries, unless it portrays the eye of the patient himself, as in the case of Pauline. It is not the eye that loves, embraces, and protects, like that of a good mother, but a cruel eye that follows you and pierces you. It is Big Brother's eye, the persecutory secret eye.

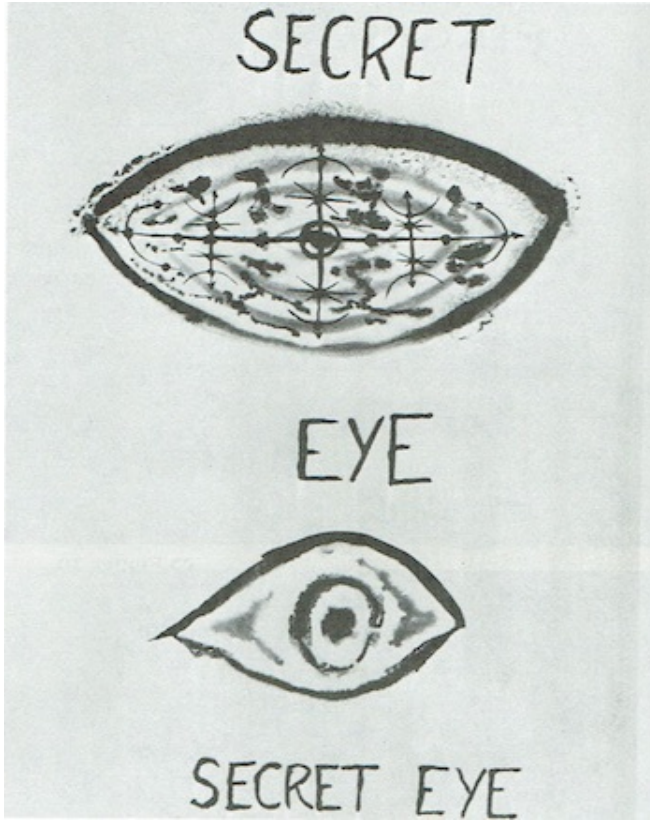

Figure 13

IV
Progression of Illness as Revealed by the Artwork

It is important in some cases to study the psychodynamics and the progression of the illness as it is revealed by works of art done by

the same patient at different times. The following case lends itself to such inquiry.

While she was an adolescent and not yet ill, Lucille drew maps of imaginary countries. Figure 14 shows the map of the imaginary land of Valtua. This habit of drawing maps of imaginary countries is not necessarily psychotic or prepsychotic (Gondor, 1963). It is also found in bright and creative children and adolescents, although it often denotes a certain detachment or schizoidism, discomfort with reality, and indulgence in fantasy life. Just prior to her illness Lucille's drawings portray also a desire to plunge into life, to give to it accentuated pageantry (Figure 15).

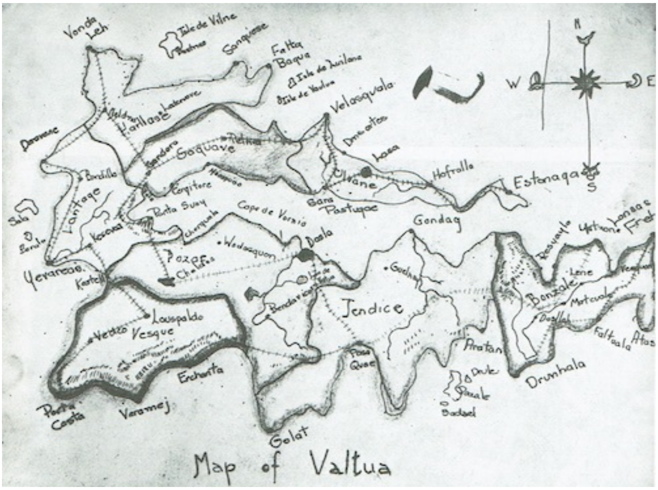

Figure 14

Figure 15

Lucille portrayed also a desire to escape into a fairy-tale world

different from her reality. In Figure 16, castle and ships, friendly waves, sirens, and moons are put together to signify a world without anxiety, a place where we too, like the girl on the ship, would like to land. But the patient did not land there. Figure 17, made at the beginning of the illness, portrays already the patient's conflict. Woman is the protagonist. The theatrical setting discloses the drama of woman, as lived by the patient. Woman appears in various poses that reveal grace and beauty in the majesty of the stage of life. But let us look at the two couples in the center of the picture. Strangely, each couple does not consist of a woman and a man, but of two women: one more energetic, not fully dressed, and another one typically feminine in a beautiful evening gown.

Figure 16

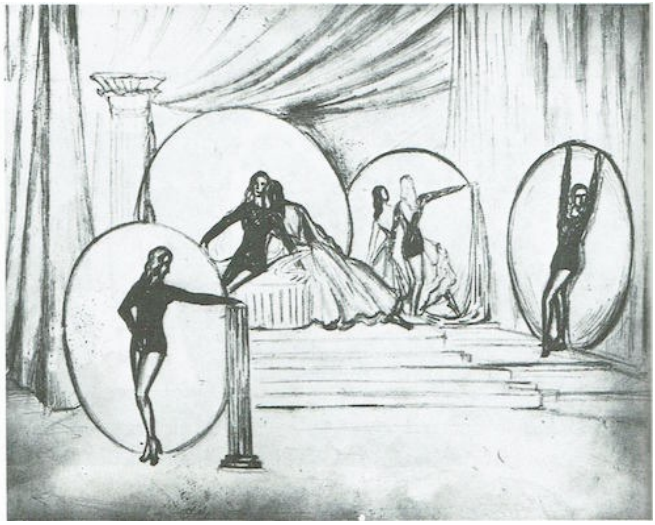

Figure 17

The illness progresses, as shown by Figure 18. Here athletic

women have incongruously masculine physical characteristics. Now the desire to be a man can no longer be repressed by the patient, who had tried to fight her own homosexuality. At this point Lucille ceases to be an artist and becomes a schizophrenic patient. There is here no artistic blending of femininity and masculinity, no artistic synthesis and reintegration but bizarre concretization and schizophrenic fusion, which the observer is not going to accept. The illness progresses and the sexual orientation manifests itself, not as it does in common homosexuality, but in schizophrenic forms. The patient desperately tries to rebuild the image of woman, but let us see what happens. Figure 19 is a typical schizophrenic drawing. Bizarreness in the formalism, regularity in the irregularity, mannerism and distortion are seen in what is supposed to be a woman, or Woman. Again the left arm and hand, which are often symbols of homosexuality, appear bigger than the right heterosexual arm. The hebephrenic illness progresses and dilapidation occurs. Figure 20 shows that the patient is no longer able to form wholes. The profiles of women are hardly recognizable. Woman has now undergone advanced schizophrenic fragmentation. The patient can no longer be helped. She is totally smashed by the weight of her psychological problem; she had searched for a solution

but had found none—no mythical country of Valtua, no fairy land, no women's liberation.

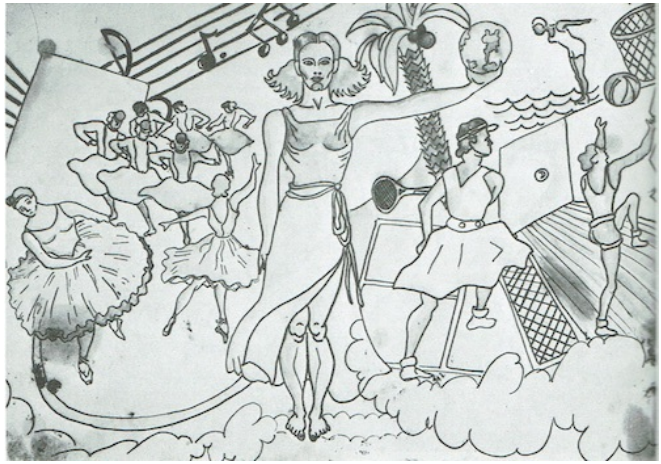

Figure 18

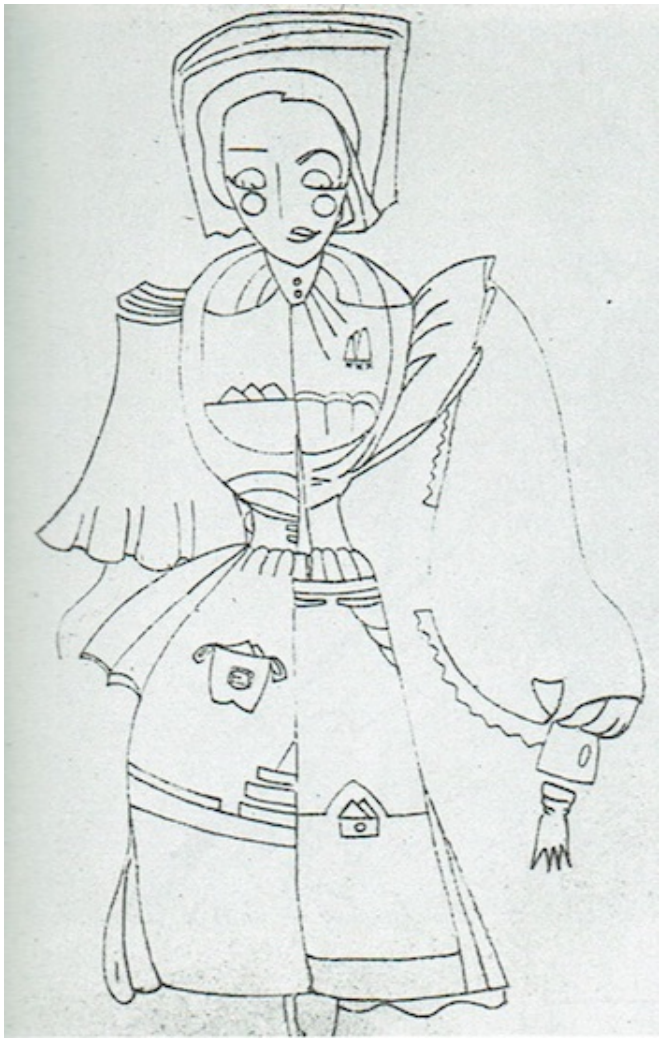

Figure 19

Figure 20

And yet our imagination wanders in the realm of theoretical

possibilities. Had Lucille been helped by psychotherapy to accept her problem, had she revealed her secret to her mother and father, had society not shown her that intolerance and shame were connected with the intimate part of her individuality, had the hospital been a therapeutic community and not a forced confinement, had her therapists (of whom I was one) not been so young (we too were in our twenties, were residents in psychiatry, and were not yet trained psychodynamically), she might have uplifted the burden that crushed her tender spirit.

A case in which this transformation or deterioration of forms occurred in a period of a few hours has been described by Crahay and Bobon (1961). These authors described the case of Octave, who developed an acute and severe schizophrenic episode that required five months of hospitalization. The authors have since followed the patient for seven years and consider him recovered.

When Octave was 7 years old he saw his father for the first time. His father had returned home after having been a prisoner of war for a few years. His father died when Octave was 11 years old, and so Octave knew his father only for about four years. With the death of his

father he lost somebody “with whom he could talk.” He witnessed then with great distress a metamorphosis of his mother. She became “a sort of man,” and at the same time a person who sacrificed herself to help her children. Octave became a student of architecture. At the age of 18 he became acutely ill. During the episode he was incoherent and claimed he was soon going to marry a girl whom he had occasionally seen at the railroad station. During a session that took place during the acute stage of the illness, he made some drawings that reproduced the experience he had dramatically lived.

The following is a summary of the episode, as reported by the authors. What is in brackets has been added by me. The report discusses thirteen drawings made by the patient, which were selected from a total of thirty.

> The subject of the woman first appears in a dozen distinctly erotic nudes, skillfully drawn in black pencil with artistic excellence. Then the graphic is gradually disconnected from the real object: the woman is completely transformed into a violently red-colored, ambiguous, bisexual being, loaded with culpability and aggressiveness. [She appears devilish; her feet having an animal-like or demonic form.]
>
> The succeeding drawings [representing a male figure;

perhaps the patient himself, having, however, big breasts like a woman], where red and black alternate, progressively deviate from naturalistic representation. The human being is dislocated, dismembered; only a huge eye, a greedy mouth with enormous teeth, and fingers resembling these teeth (paramorphism) remain. The general form retains a certain dynamism but becomes more and more schematized, geometrized, and destructurized, and finally disintegrates into a complete scrawl, the result of an almost pure motor outburst. [To me the last drawing seems to reproduce a swastika: a nude human being has been actually transformed into the Nazi emblem, possibly the symbol of evil. Remember that the father of the patient had been taken prisoner during World War II, presumably by the Germans, and had died a few years after his return.] At this moment the patient is in a condition of extreme agitation; he is anxious and semi-confused; speech is incoherent, and he has to be isolated. The drawings, in their succession, are particularly expressive and eloquent; they do not only depict the preferred contents of the usual pathologic condition but also convey the progress of a depersonalization crisis, where reality, first experienced as controlled imagination, gradually becomes disorganized and dehumanized in the abstract and finally dissolves up to the point of disappearing. The drawings also raise the problem of the formal modifications of spontaneous artistic expression in relation with the distortions of the patient's experience.

We must at this point mention that the mobilization of the

primary process form of expression often starts before the illness manifests itself clinically as schizophrenic in nature. We have already mentioned that Karpov (1926) and Vinchon (1926, 1950) reported that the pathological art may occur before the onset of the overt psychosis. Patient Henriette may illustrate this point. She came for therapy at the age of 19 at the request of her family. She had dropped out of college and felt no motivation to go to school or to work. For several months she had as a boy friend a psychopath who used and pushed drugs, would occasionally steal, and eventually died of an overdose. Henriette occasionally helped him to get out of trouble at her own risk. Henriette's identity was made more difficult by the fact that she had an identical twin sister. Like her twin sister, she felt rejected by both parents and was unable to relate to anybody except her sister. Her only satisfaction was in drawing and painting. She was unusually intelligent and deep in her feelings, but she felt she could not sustain any psychological effort. She would always yield to immediate pleasure or a quick solution. When she first came for therapy, she seemed at first oriented more toward a psychopathic pattern of behavior. She would often draw or paint flowers that appeared to be distortions of real ones, even though they were similar

to natural flowers. The patient used to say that she wanted to create and not reproduce reality.

To remove her from her boy friend the parents sent her to live in another city, and she interrupted therapy. On her return a few months later, she was much worse. Although not clear-cut, schizophrenic symptoms were evident; quasischizophrenic symptomatology was prominent. She would say that occasionally in the subway she felt *as if* people were talking about her or looking at her. She knew it was not so, but nevertheless the experience made her uncomfortable. In the subway she would see people who looked like other people she knew, and often she had them confused. She had to go through the trouble of seeing whether these people were really the people she knew or not. These symptoms were indications that primary process cognition (like projection, confusion of similarity for identity, and so forth) would threaten to come to the surface. However, as a whole she managed to maintain a fairly integrated ego and did not appear schizophrenic to anybody except the therapist. It is in her artwork that pathology clearly appeared. After a long period during which she painted unrealistic flowers, she painted geometrical, simple designs, either as a form of relaxation, or perhaps to preserve some regularity in her

disorderly experience of life. At the same time she painted different subjects in unusual ways, for instance, repulsive faces (Figure 21). Figure 21B was supposed to represent a hand; but what was intended to be a finger looked like a hat and inspired the patient to make a head out of a hand. Figure 21C represents a vase, which is also a head. In the ears of the central face she saw other faces. We have here again the irresistible need to succumb to similarity. The orgy of similarity, however, does not introduce her to an artistic transformation of reality. Whatever comes from reality is made worse and is magnified in its negative aspects. She portrays a world of repulsive ugliness from which she wants to escape. This world is made worse by her illness, and she finds herself trapped in it. After the marriage of her twin sister, on whom she depended so much, Henriette became worse. She felt threatened, isolated, incapable of fulfillment. She interrupted therapy again and had a full-blown psychotic episode, with delusions and hallucinations that were grandiose and religious in content. The episode lasted six months.

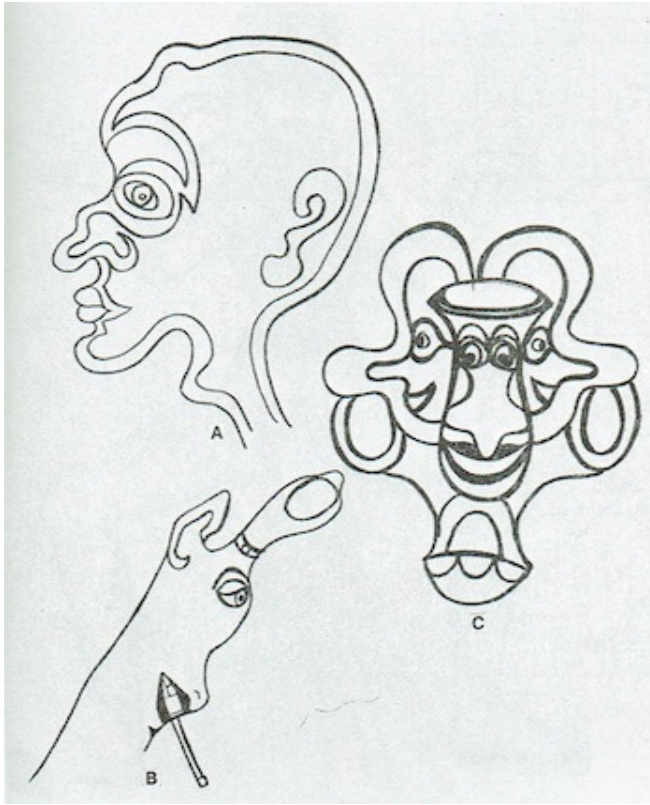

Figure 21

V
Crystallization of Primary Process Mechanisms

The previous examples have shown how even the schizophrenic who draws or paints for the first time in his life may immediately find at his disposal an emerging personal style and a new technique. At first

the style is mixed with the ones he observed in his cultural background. Relatively soon, however, as the detachment from the environment increases and the illness progresses, regressive forms prevail and give to the art product its characteristic pathological aspect. Finally the work of art becomes crystallized in typical schizophrenic forms. Even the motivation to draw a specific object seems overpowered by the laws of schizophrenic cognition.

In some of the examples given there was a complete application of Von Domarus's principle. For instance, in the case of Gaston, the father was identified with the rhinoceros because of his terrifying quality. In the case of Pauline, the palette was identified with the womb because of similar shape and similar creative possibility. But the most characteristic feature of schizophrenic art is a partial application of Von Domarus's principle. Some partial identity among the subjects is based upon partial or total identity of a predicate or a part. In these cases, we have no total identity but fusion or condensation of two or more subjects. Figures 22 and 23 are drawings made by a female patient with unresolved homosexual conflicts. She sees herself as a devil. The tail and the snake are phallic symbols.

Figure 22

Figure 23

The condensation assumes more bizarre forms when no unity is reached; that is, when the different subjects, although fused together, fail to identify with one another or to converge into a unity. The

disparate elements do not produce a harmonious combination but a bizarre product *(une bizarrie),* as in Figure 24. We shall focus on the central and main part of the picture. Because they are all strong, an ancient warrior, a horse, a mythical bird, mountains, and people are partially identified and fused. The patient wants to convey an ideal of grandeur and strength. Somehow the artist fails to convince us; his inner world does not evoke in us a sense of participation. However, although no universal chord is struck, the work is not without merit. We sense in it the presence of mysteriousness and grandeur. We would be willing to accept the mysteriousness and grandeur, but not the pathology that is connected with it. What is private here, what pertains only to the artist's way of seeing the world, is more prominent than what elicits collective resonance. The patient has failed to convince us, because he has not been able to control the eruption of primary process mechanisms. Their emergence was so strong that the various elements of the work of art became fused, in spite of the fact that such fusion was unacceptable to mental mechanisms that follow the secondary process.

Figure 24

Schizophrenics soon learn the technique of fusing together numerous subjects, and the results at times are the most strange and the most unpredictable. Figure 25, reproduced with permission from a work by Bobon and Maccagnani (1962), shows how with the progressive fusion of six original words and images (the fish, the girl, the nipple, the caterpillar, the cow, and the steam engine) the patient produced an amazing list of neologisms and neoformisms. Here Von Domarus's principle and primary process mechanisms reach extreme supremacy, and the result is completely unacceptable to the secondary process of the normal observer.

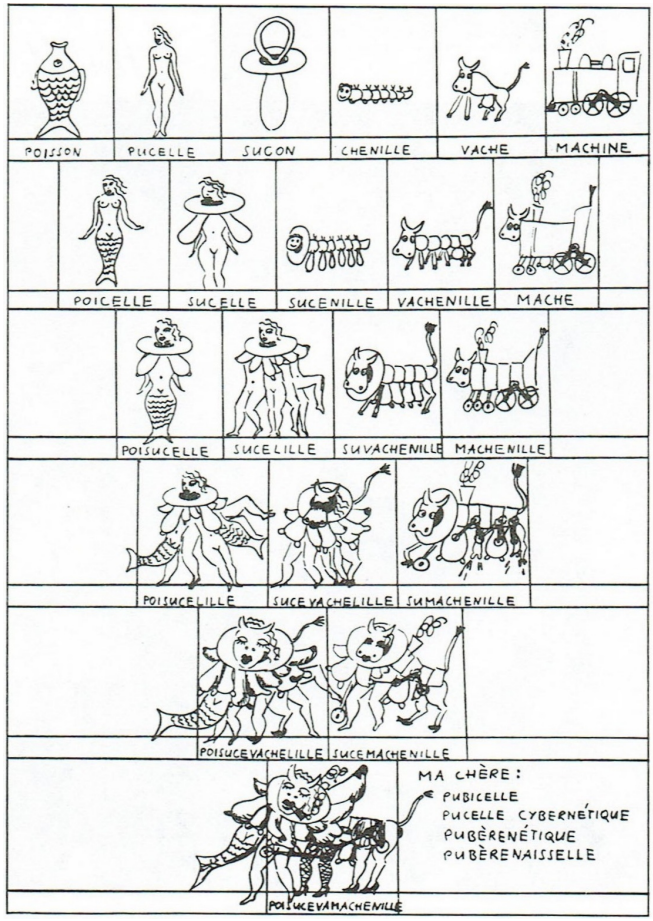

Figure 25

But this is not always the case. In the following illustration (Figure 26), the fusion is almost acceptable and may be considered not schizophrenic condensation but creative synthesis. The patient was a

30-year-old woman who, during her psychosis, thought her husband was the Messiah, she the Virgin Mary, and her child the Holy Ghost. It is relevant to mention that she was a teacher of art and always felt in competition with her husband, who was a painter. She felt alone, in spite of the fact that she was married and had a child. She reminds me of a patient of Frieda Fromm-Reichmann's who, as I have reported elsewhere (Arieti, 1969), walked with a finger extended and the other fingers flexed over the palm of her hand. Fromm-Reichmann did not interpret this gesture as others would have. For her, the extended finger was not a phallic symbol, nor did it indicate penis envy. It meant, "I am one: alone, alone, alone!"

Figure 26

It is easy to understand why I was struck by the similarity with Fromm-Reichmann's patient. What does the drawing represent? A finger? A hand? An arm? A female body? It is all of them in a creative fusion. The fusion portrays unity: being one and alone and walking in

the spiral world. Will she be able to walk in the circular paths? The spiral threads interfere between her legs and perhaps will not permit the woman to go ahead. But more than that. Looking closely, one can see that the path of life seems to originate from her, like a tail of an animal above the buttocks. At a certain point it reaches the hand, and the hand holds it, almost to control it and direct it. But the whirl of life forms something like a cocoon or a cage, and she becomes a prisoner. Thus she recognizes that she is sick; she points out that she is sick, alone, and isolated.

But let us continue our analysis. The extended finger, which represents her and says that she is alone, says something else. It is pointed toward somebody else; it seems to say "You." The finger thus says, "I" and "You." Probably it says in a paranoid way, "You, the other, did this to me." But we would be poor therapists if we would stop at this manifest content. We must interpret it in an additional way: "You, you, fellow human being, must help me, you, you must." This is the message she was sending. Her message was heard. The spiraling life that imprisoned her in a cage of autistic solitude was transformed by therapy into a place where she could commune with people.

In Chapter 16 we have seen that when schizophrenic regression goes beyond the level of Von Domarus's principle, objects and their mental constructs are no longer identified or fused, but put together to form "primary aggregations."

In language the primary aggregation assumes the form generally called "word-salad." In artwork it is represented by drawings and paintings that portray strange agglomerations of disparate objects. Figure 27 was made by the same patient who made the drawing shown in Figure 24. The patient is now at a more advanced stage of illness. We cannot call the drawing shown in Figure 27 a collage, because it lacks cognitive or aesthetic unifying principles. In Figure 27, as in Figure 24, expressions of grandeur recur in visual forms: cathedrals, castles, mountains, high stairs to be climbed. The patient wants to escape from the world of mediocre reality but somehow does not convince us to be his companions.

Figure 27

As the schizophrenic process continues, condensations and primary aggregations become more and more fragmented. Many

phenomena of progressive disintegration occur. It is important to emphasize, however, that the tendency toward progressive fragmentation of units is resisted with some defenses similar to those that occur in patients' thinking processes. These defenses slow down the process of disintegration and confer to the work of art some typical schizophrenic features. They are all related. The most important are mannerism, ornamentation, simplification or stylization, stereotypy, spatial alteration, overfilling, and infantilization. Mannerism is perhaps the most typical. "Manneristic" generally means excessive adherence to style or to the influence of another school or artist. But the mannerism of the schizophrenic comes from inner sources, resembles that of other schizophrenics, and seems to have the purpose of filling an empty life with formalisms and decorations. In some cases the formalism and stylization are almost acceptable, as in Figures 28, 29, 30, and 31. Stereotypies and archaic features are evident in Figures 30 and 31.

Figure 28

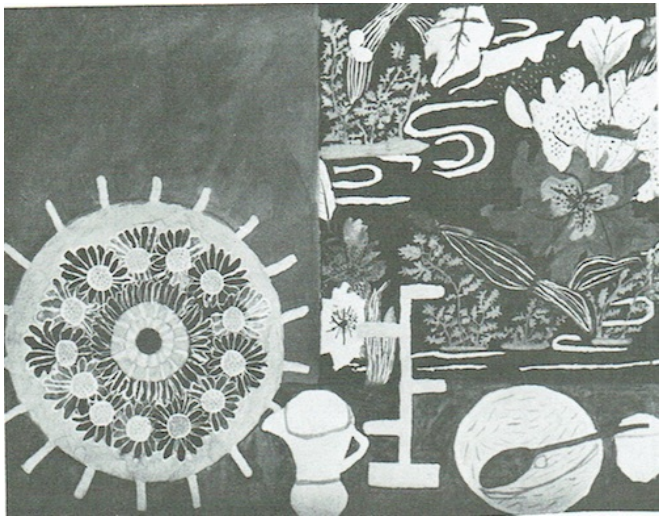

Figure 29

Figure 30

Figure 31

In other cases the results are less acceptable, although at times the technique is vaguely reminiscent of that used in some forms of modern art. Figures 32, 33, 34, and 35 illustrate typical schizophrenic formalism and stylization.

Figure 32

Figure 33

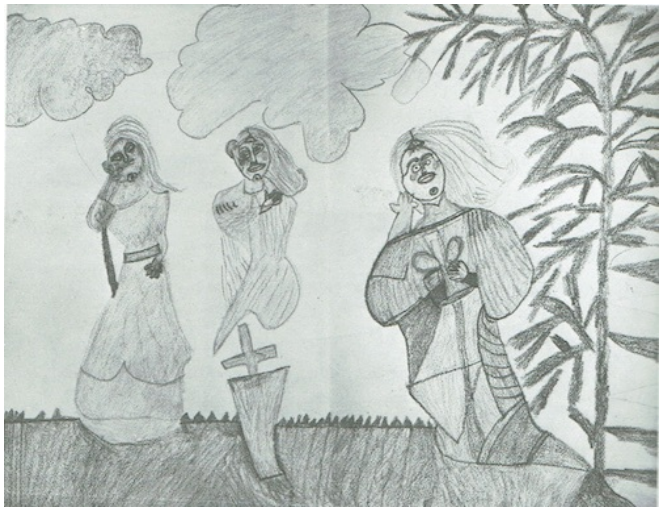

Figure 34

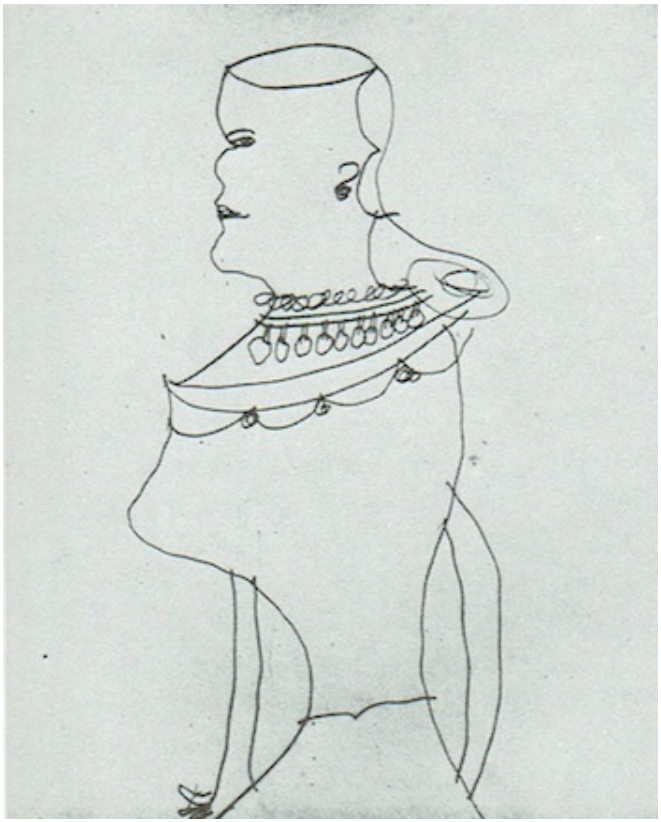

Figure 35

Stereotypy is an attempt to arrest the flux of the world. Reality escapes and has to be stated and restated many times, as in Figure 36, which is reproduced with permission from the collection of Enzo Gabrici.

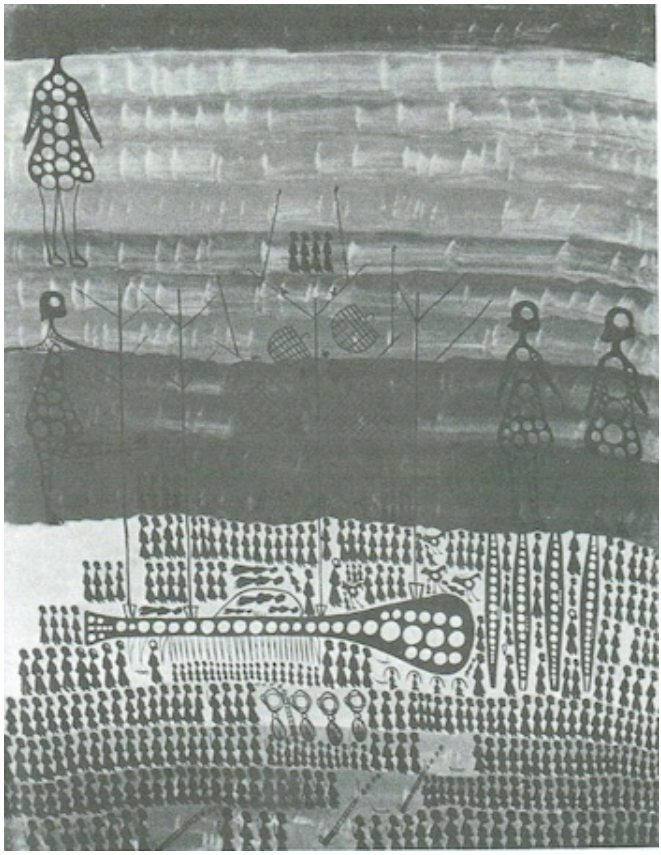

Figure 36

In the state of flux in which the patient sees the world, it is difficult for him to register natural spatial perspectives. Each element or part may be abstracted from the rest. Actually this is not real abstraction but the most concrete way of seeing the world. For

instance, in Figure 37 each fruit is conceived, perceived, and drawn by itself, with no respect for spatial relation with the other objects.

Figure 37

Some writers, for instance Billig (1957, 1968), speak of transparence, or X-ray pictures, in such cases as when the schizophrenic draws the interior of the house and the facade at the same time. Again it is not a question of X rays or of transparence but of disregard for spatial interrelations. Like the painter of modern art, the patient represents what occurs in his mind by association and not in accordance with the law of geometry.

An additional characteristic of many schizophrenic artworks is infantilism. Infantilism may appear in the content, as it does in Figure 38, where the watermelons are as big and abundant as the patient's desire to eat them. It may manifest itself in regression to infantile forms, as it does in Figure 39, which shows how an adult patient represents his family.

Figure 38

Figure 39

VI
Artwork of Patients Suffering from Schizophrenic-Like Toxic Psychoses

Difficult to recognize as nonschizophrenic are works of art made by patients suffering from toxic psychoses, especially as a consequence of mescaline and LSD. The picture shown in Figure 40 was made by a patient recovering from toxic psychosis, probably due to LSD. He said, however, that he made this drawing under the influence of the psychedelic world.

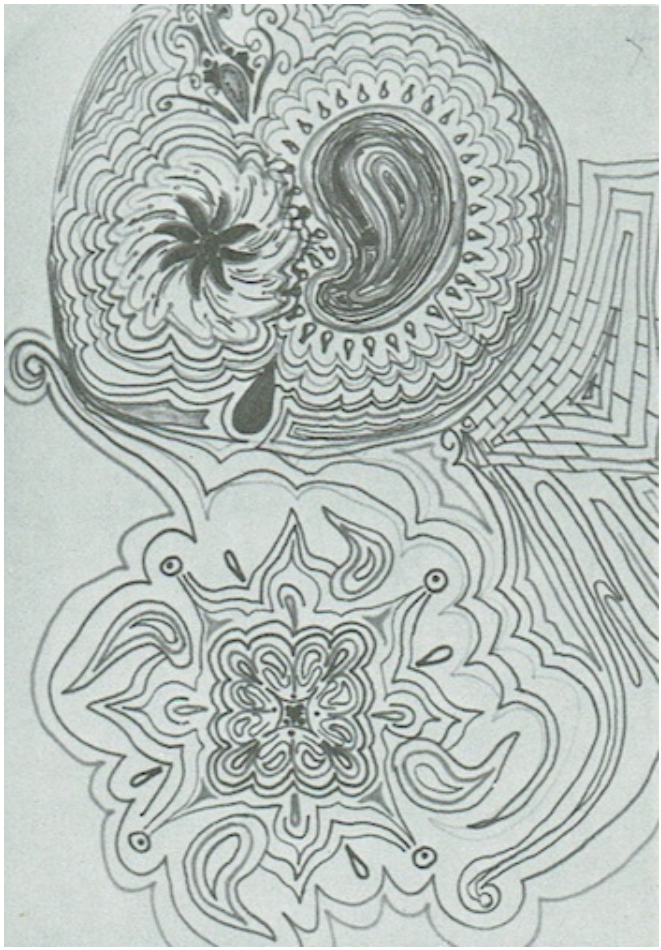

Figure 40

The next three pictures (Figures 41, 42, and 43) were made by a patient who, after recovering from alcoholism, became addicted to amphetamines, turbine hydrate, marijuana, heroin, morphine, and

nutmeg. He stated that he never took LSD but claimed that people gave it to him. He had many delusions of persecution. He thought people wanted to kill him. In his despair he attempted suicide by stabbing himself in the neck, chest, abdomen, and arms. Figure 41 portrays the theme of being buried alive after the long, descending journey of life. In the coffin he would not be able to see the sun and the stars. Figure 42 repeats the paranoid theme of the evil eye, which watches, condemns, persecutes, and traps poor people. The persecutory eye becomes a spider in whose web fly-people are caught. Here we have again the phenomenon of the double vision: the eye becomes a spider. Figure 43 shows an improved outlook. The person who is provided with a benevolent eye is now a domestic animal—donkey or horse—representing the patient. The animal is able to bear the big burden of life.

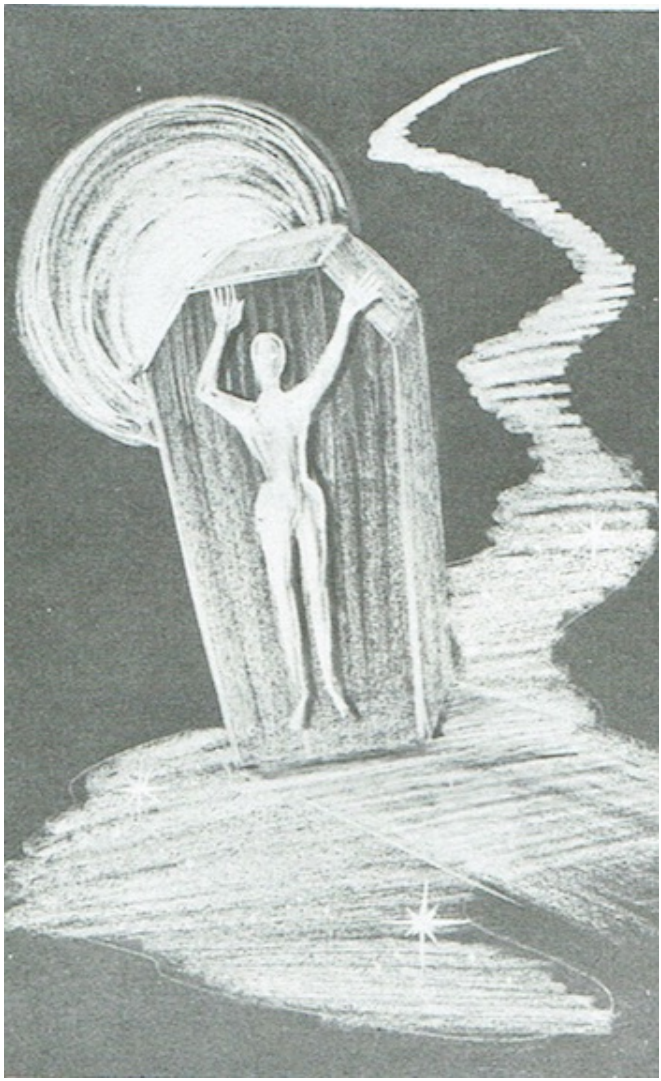

Figure 41

Figure 42

Figure 43

As a rule of thumb we may state that in psychosis caused by drugs the conflicts of the person and paranoid ideation are similar to those appearing in schizophrenic psychoses. However, the artwork

shows a sense of completeness and integration uncommon in regressed schizophrenics.

VII
Relation of Schizophrenic Artwork to Primitive, Ancient, and Modern Art

From the pioneer works of Simon (1876, 1888) and Lombroso (1880) to those of Kretschmer (1934), schizophrenic works of art have repeatedly been compared to those of primitives and ancients. Kretschmer referred to what he called "imaginal agglutination" in the mythology and art of ancient Egypt, India, and Greece. In those cultures we can find many examples of composite figures, such as centaurs, sphinxes, fauns, griffins, sirens, and so forth. Egyptian deities were often represented with heads of snakes, frogs, or other animals. In Christian art, too, angels are represented as human beings having wings like birds.

Stylization, geometrical simplification, bilateral symmetry, repetition of forms vaguely reminiscent of schizophrenic productions prevailed also in Egyptian, African, and Indian sculptures.

It is also worthwhile to compare schizophrenic art to the modern art of Western culture, which also departs from objective reality and opens up new worlds. It has been said that the modern artist relies for inspiration not on external reality arid outer space but on his unconscious inner space. Not only does he allow inner conflicts to come to the surface—the conflicts that other people would suppress, repress, or disguise because they are not acceptable to society—but also the forms of the primary process that are rejected by the logical mind. This topic is too vast to be treated adequately in this book. Certainly the similarities are striking, especially in expressionistic and surrealistic painters. A comparison between surrealism and schizophrenia has been made by several authors (for instance, Roi, 1953).

The case of Salvador Dali is one of the most typical. Not only do his paintings afford an opportunity for a study like the present one, but his own writings on the subject are very illuminating. Dali referred often to his own paranoia and wrote, ". . .all men are equal in their madness . . . madness constitutes the common basis of the human spirit." I believe that what he calls "the common basis of the human spirit" is the primary process; it is not Plato's universals but the

fantastic universals that Giambattista Vico described. Dali seems to have access to the mechanisms of the primary process more than many other painters. One of these mechanisms is the phenomenon of the double image. An image suggests, or turns into, a second and possibly a third one, instantly or after some contemplation.

Let us take, for instance, a drawing by Dali of a hamlet, a copy of which the author owns. The picture portrays a group of homes, a small village, protected from predatory birds: the rest of the world. A tree in the middle beautifies this little oasis of love and harmony. But if we view the picture in its totality it represents not a hamlet, but man himself. We may also distinguish the vertebral column, the trunk, ribs, arms, and legs. Man is identified with the hamlet because of the similar shape; each part of the hamlet is identified with a similarly shaped part of man. Some observers may also see a phallus in the act of ejaculation.

Here Von Domarus's principle is applied visually. We do not deal with identical predicates, but with visually similar parts that lead to the identification. The result is that man is identified with his habitat or with his social nature. This phenomenon of the double or third

image occurs frequently in Dali's works—for instance, in such a well-known painting as *Apparition of Face and Fruit Dish on a Beach.* The mysteriousness of the metamorphosis, as made possible by the primary process, is appreciated by Dali, who does not consider the phenomenon as merely a game. He suggests that the hidden image may be reality itself. In "La Femme Visible" he wrote, "I challenge materialists ... to inquire into the more complex problem as to which of these images has the highest probability of existence if the intervention of desire is taken into account" (quoted by Soby, 1946). Dali correctly believes that paranoiacs (but of course in this category he includes also paranoids) have "a special capacity for the recognition of double images inasmuch as their disordered minds are hypersensitive to hidden appearances, real or imagined." [1]

If we think of some of the schizophrenic drawings referred to in this chapter (the palette that becomes a womb, the eye that becomes a spider), we must agree with Dali. Is Dali paranoiac? Is he paranoid? Not in a legal or clinical sense. As he expresses himself in his writings, he has "his own paranoia." I interpret his words as meaning that he has a unique accessibility to the primary process. Generally people who have such accessibility are psychotics who partially or totally

have lost contact with the secondary process. But Dali is exceptional in that he retains complete contact with the secondary process, so that the secondary process is able to control the primary. This control is well demonstrated in his paintings, which disclose an overall pattern of exactitude, superimposed on an absurd content. The almost photographic exactitude that gives an aspect of reality to many of his paintings not only strikingly contrasts with the absurd content but also mingles with it in an unparalleled way. Thus Dali maintains an aesthetic distance that the schizophrenic does not possess. On the one hand, he seems to be an explorer of a primary process land who comes from a country where the secondary process reigns; but, on the other hand, we know that this primary process land is Dali's own psyche. Dali explores himself as an artist does, not as a scientist. What we experience in his paintings is not scientific or old-fashioned clinical distance but aesthetic distance in the sense that no matter how naked the primary process is, it will still permit the hand that holds the brush to be guided by the secondary process.

I believe that psychiatry owes a debt of gratitude to Salvador Dali. By making available in pictorial medium "madness ... as common basis of the human spirit" he has reasserted the universality of the primary

process and has shown that schizophrenic madness has intrapsychic origin. Psychodynamic forms transmitted by the environment trigger the mechanisms of the primary process and become mediated or channeled by them.

Of course, imitations of primary process may be carried out through the secondary process, by imitators and second- and third-rate artists. Culture itself may adopt primary process ways and use them as secondary process cultural characteristics; but this important topic will be the object of a future study. I shall simply mention that permissiveness toward the unique, the original, and the irrational, which has become so prominent in some avant-garde segments of society today, makes it more difficult to distinguish schizophrenic art from nonschizophrenic art. Just as delusional or irrational myths have been accepted by many societies throughout the course of history, some forms of art may accept pure expressions of primary process and disregard those of the secondary. However, not only in Dali but in all great artists we find no disregard for the secondary process, nor disharmony between primary and secondary process; instead we discover fusion. These matchings or special harmonious combinations of the primary and secondary processes constitute what I have called

the tertiary process. In *The Intrapsychic Self* (Arieti, 1967) I have described the various ways by which these matches and combinations occur in various fields of creativity, such as wit, poetry, religion, and science.

In modern art we find that the artist plunges much deeper than usual into the primary process, as in the case of Dali. But no matter how deeply he plunges, the artist resurges to attune his work with the secondary process. Thus what at first seems to be a private experience receives a collective consensus. The artist allows himself to be alone and lonely, but only to a degree that facilitates the emergence of his own individuality, not to a degree that necessitates desocialization. He makes the details merge into a unity, the parts into a whole, and forces the concrete to become the incorporation of the abstract.

In conclusion I wish to express the opinion that schizophrenic art teaches us basic facts and basic values that transcend schizophrenia. The basic facts are the primacy of the primary process as a universal human phenomenon and, in particular, its emergence and role in the tertiary creative process.

The basic values concern the bond between those human beings who achieve the pinnacles of creativity and those human beings who are seriously ill and in some cases locked in back wards of psychiatric hospitals. Great artists and the mentally ill are shaken by what is terribly absent in our daily reality, and they send us messages of their own search and samples of their own findings. The schizophrenic cannot send us the message of peace and beauty of a *Mona Lisa* or a *Birth of Venus,* and very, very seldom is he able to transform his personal need into a spiritual vision. Often we have a hard time retrieving in his work even a trace of aesthetic pleasure. And yet, in some of his works, we hit unsuspected treasures of concentrated meanings. In some others we can get to share the worldwide threat, the unmitigated sorrow, the secret despair, the childish wish, and the hopeless concern, even if expressed by the secret eye (Figure 13), the watermelon bonanza (Figure 38), or the enigma of mixed sexuality (Figures 17 and 18).

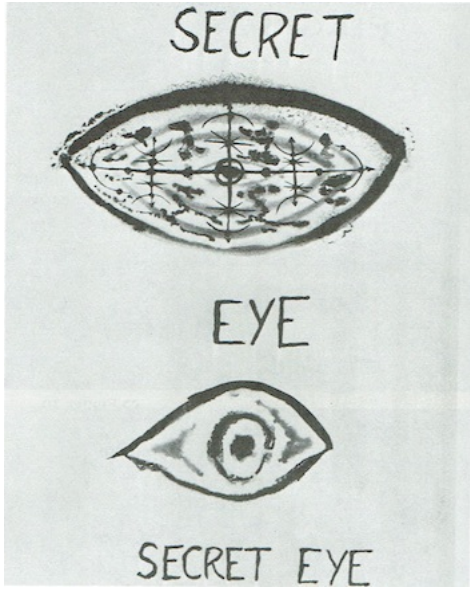

Figure 13

Figure 38

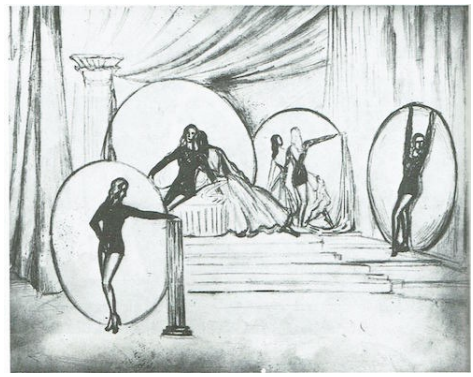

Figure 17

Figure 18

VIII
Poetry

Poetry is a form of creativity that appears relatively frequently in schizophrenic patients. It has not received as vast consideration as visual art for several reasons: (1) it is less frequent; (2) it is less conspicuous; (3) it blends often imperceptibly with other language

and thought characteristics of the psychotic.

Relatively few are the reports in the literature. Noteworthy from the point of view of psychodynamic content is the case of Harriet, an 18-year-old schizophrenic girl whom Naumburg (1950) studied particularly in relation to her visual art. The themes of death and rebirth that appeared in Harriet's paintings were also present in her poems, which did not show schizophrenic characteristics. Harriet recovered. A second case reported by Naumburg is that of a 25-year-old girl who was particularly interested in visual art and wrote poems that revealed a well-integrated and deep-feeling person. Poems of patients have been reported by Fromm-Reichmann (in Bullard, 1959) and other authors in the context of psychodynamic studies only. Grassi (1961) studied the poems written in Italian by a 29-year-old paranoid patient. Although these poems showed the characteristic language and thought disorders of the schizophrenic, some fragments of them retained intense aesthetic beauty. Grassi pointed out that some characteristics, like lack of adherence to such things as grammar, syntax, and punctuation were not an attempt on the part of the patient to follow the schools of modern poetry but were indications of schizophrenic disintegration. The content of the poems belonged more

to the romantic era than to modern poetry. The patient also wrote some poems in a new language, a pseudo-French that was actually Italian with some added characteristics of the French language.

Forrest (1965, 1968) has made an accurate study of schizophrenic poetry. Forrest sees many similarities between real poetry of the best-known poets and the language and poetry of the schizophrenic patient. He agrees that not only the psychodynamic need is important in schizophrenic productions, but also the adherence to a paleologic rule. The schizophrenic and the legitimate poet "bring to the words the authority of a phonetic order." Forrest states that there are several differences between normal poets and schizophrenics who write poetry:

1. The normal poet is still able to distinguish the word from the object represented by the word.

2. "The poet is a master of language, and the schizophrenic, even more than everyone else, is a slave to language. . . . The poet's purposes are triumphant in language, but the schizophrenic's purposes are often lost in or originate in language, to a greater degree than most people's."

3. The patient has difficulty in distinguishing levels of abstraction and differentiating concrete from abstract.

In previous writings (Arieti, 1955, 1966a) and especially in Chapter 21 of *The Intrapsychic Self* (Arieti, 1967) I have discussed relations between schizophrenia and poetry. Any reader who is interested in the relation between primary process and literary creativity is referred to that chapter. Here I shall mention only a few of the main points.

What was said previously in this chapter about visual art could be repeated in relation to poetry. Schizophrenic poetry discloses a struggle between psychodynamic content that searches for expression in artistic actualization and the specific linguistic media that are available to the patient. Inasmuch as the normal poet, too, uses cognitive media that derive from the primary process, the similarities between his poetry and schizophrenic productions are impressive. On closer analysis the observer soon realizes, however, that whereas the poet integrates primary process mechanisms with those of the secondary process, to achieve a tertiary process product, the schizophrenic most of the time cannot. Whereas the poet is aware that he substitutes the abstract with the concrete, the patient is not. The

metaphor is not a metaphor for the patient. Like the delusional patient, the poetic patient lives a metaphorical reality. Some forms, usually considered poetical devices, like rhyme, rhythm, alliteration, assonance, onomatopoeia, repetition, homonyms, and similarities of verbalization are used by the schizophrenic, too, whether he intends to write poetry or to speak in prose.

We have seen in Chapter 16 that in schizophrenic cognition there is an emphasis on verbalization, emphasis that manifests itself in various forms. When the disintegration is moderate, we can still recognize a motive and a content.

The following poem was written by the same patient who wrote the poem reported in Chapter 16.

MOUNTY

Oh Mounty Of The Circus
In Cap And Balloon Dress
How Strangely You Resemble
The One That I Adore
The Feelings You Reveal
Or A Secret you Conceal

Always Envelope

Always Caress

The Man Of Sacred Lore
The One Who Is My Husband.
Toss At Me Your Playful Balls
With Cauliflowers Applaud Me
Knife Thou Me Against The Walls
And With Pies, Dear, Land Me

That Through Thee

I Might Find Him

The Man That I Adore

The Man Who Is My Husband

Oh Mounty Of The Circus.

The poem is difficult to interpret, and the patient could not explain it. The thought disorder and the schizophrenic formulations (like starting every word with a capital letter) are recognizable. In other poems the patient praised the man of the circus who does wonderful things. In this poem she seems to identify him with a member of the Royal Canadian Mounted Police. If the two of them, or the best qualities of the two of them, including "the playful balls," were combined, they would make "the one that she adores," the imaginary husband.

In more advanced regression or in acute psychosis no sustained attempt is made to retain a content. The verbalization and the phonetic effect take over, replacing any other consideration, as in the following poem written by an 18-year-old boy:

I think a little
even a chittle
if don't mittle
on the tittle
in the middle
of a diddle
of a kiddle
in my middle
don't you taddle
or I'll saddle
then good bye

good bye.

The patient, once he recovered from the attack, during which he had grandiose religious delusions, said that he wrote the poem in reference to his brother, who used to tell on him, so that he (the patient) was punished and made to feel responsible (saddle). Neologisms and paralogisms abound here.

In his important contribution, Forrest (1965) wrote that the schizophrenic's utterances do not necessarily originate in his emotions or in meanings. They need not be determined by intrapsychic factors, but rather by the exigencies of his language, by relationships, and by verbal characteristics that inhere in the language that he uses.

It is true that the patient, like the poet, finds inspiration from the language; however, he goes further. He creates neologisms. His need to

focus on the verbalization at the exclusion of the connotation comes from an intrapsychic mechanism. To take into consideration again the last example, the English language may have given the possibility to the patient of using certain words, but when he wrote

> I think a little
> even a chittle
> if don't mittle
> on the tittle

the supremacy of intrapsychic primary process mechanisms cannot be doubted. Contrary to the real poet, he did not bother to find agreement with secondary process mechanisms. The patient gave exclusive consideration to rhyme and assonance and disregarded meaning, or consensual validation. As already mentioned in reference to severe language disorders; semantic evasion is accompanied by accentuated phonetic formalism.

When the patient becomes more regressed, his "poetic" productions become so disorganized that they cannot be distinguished from word-salad.

Much more important for prognostic reasons as well as for gaining insight into the nature of the creative process is the study of

poems, and of linguistic productions in general, of recovering patients. As I described in *The Intrapsychic Self* (Arieti, 1967), some recovering schizophrenics retain a greater accessibility to the primary process than normal persons and are nevertheless in a position to use the secondary process. Reports of such cases are rare because the examiner has to see them during a special transitional stage that lasts a short time and is easily missed if not looked for.

Such a patient was Rosette, a 13-year-old schizophrenic girl who was admitted to the hospital following an acute psychotic episode in which she experienced hallucinations, delusions, and ideas of reference. Three days after admission, during a routine mental examination, she was asked to explain the difference between character and reputation. She replied, "Character is your personality. Reputation is stamped on and can never be erased. Your reputation is a bed, and when you get in, you can't get out of it. Character is like a bedspread which can be taken off, or character is like dirt on a sheet which, if you wash it, can be removed." The patient was asked to define the word *despair.* She answered, "Despair is like a wall covered with thick grease, and a person is trying to climb up this wall by digging his fingers in. Down below is a deep, bottomless pit. Up at the top of the

wall on the ceiling is a big, black spider. I have been in this deep pit during the past year, but now I am climbing up a rope, trying to get out of it."

When Rosette was asked to tell the difference between idleness and laziness, she said, "Both have to be present for one to be present. You have to be idle to be lazy, but you don't have to be lazy to be idle. When you're idle, you are living physically, but not really living. Laziness is when you give up." When she was asked the difference between poverty and misery, she replied, "Poverty is poor; misery is agony."

It is very unusual for a 13-year-old to express herself with such depth. She was not physically mature for her age; on the contrary, she looked younger than 13. Although bright, she did not give the impression of being exceptionally intelligent. And yet her expressions often revealed that uncommon faculties were at her disposal. Her definitions of character, personality, and despair are not those to be found in a dictionary. She did not explain the concept or the connotation of these three words. She defined them by transforming the concept into a constellation of perceptual images. Webster's

defines despair, for example, as loss of hope—an accurate but also circular and prosaic definition in comparison with that of the patient, who resorted to a sequence of vivid images: the wall covered with thick grease, the person who tries to climb up and digs his fingers in, the bottomless pit, the black spider. The girl's definition is a poetic definition; so are her definitions of character and reputation.

Was Rosette's illness at least partially responsible for her ability to translate concepts into images? Most probably. She was in that rare condition where both primary and secondary processes are accessible and can be coordinated. We know that some poets, artists, as well as some preschizophrenics and addiction-prone people have tried to obtain similar states by alcoholic intoxication or the use of opium, marijuana, mescaline, LSD, or other drugs. Mescaline or LSD may also produce mental conditions reminiscent of the one experienced by Rosette. The trouble with these artificially induced conditions is that they either do not regress sufficiently to a primary process level, or, if they do, they lose the use of the secondary process or the capacity to coordinate it artistically with the primary.

The particular state of Rosette permitted her to change from a

language of classification (or of concepts) to a language of experience, for instance, when she gave definitions of character and despair. Her language was certainly not based on classifications or ideas prevailing in her social environment. In addition to visual imagery, other aesthetic characteristics were recognizable in the statements of this girl. One was the emphasis on verbalization, which appeared, for instance, when she explained the difference between idleness and laziness. As she started to define the words, she had the idea, which she later discarded, that idleness and laziness are correlational terms —that is, one cannot exist without the other (for example, the words *husband* and *wife).* Bertrand Russell, in his *Introduction to Mathematical Philosophy,* calls this a one-one relation. How much more beautiful is the girl's definition: "Both have to be present for one to be present." The contrast between the words *both* and *one* and the repetition of the words *to be present* confer aesthetic qualities on her expression.

This girl actually contradicted herself almost immediately when she stated correctly that "You have to be idle to be lazy, but you don't have to be lazy to be idle." Here again the repetition of the same words gives rhetorical emphasis. In the rest of her reply, "When you're idle,

you are living physically, but not really living," she achieved an aesthetic effect by repeating the word *living,* which assumed a different meaning. "Really living" meant to her a full living, one not compatible with idleness, which permits living in a vegetative way. When she was asked what the difference is between poverty and misery, again she gave an artistic definition. The usual dictionary definitions are "state of being poor" for poverty and "state of great distress" for misery. Rosette includes these definitions in hers, but offers much more: she succeeds in accentuating the contrast between poverty and misery. *Poverty* is a *poor* word in comparison with *misery,* which has much stronger affective associations, evoked by the word *agony.*

It is not enough to conclude that this girl had greater accessibility to the mechanisms of the primary process. We must recognize that she was also able to make good selections among the various possibilities offered by her primary process and that she could coordinate them with secondary process mechanisms.

Another patient, a 35-year-old poet, occasionally experienced quasischizophrenic episodes that were elusive in nature; often it was

difficult to determine whether she was in a psychotic state or not. At times her poems almost resembled schizophrenic word-salad; at other times they had a genuine beauty. They were nevertheless always difficult to understand, like much of contemporary poetry.

At the beginning of this woman's treatment she used to speak of human beings as worms, and she wrote poems in which they were represented as worms. Her ideas could have been accepted at a metaphorical level except that she insisted that people really were worms. It was impossible to determine whether the statement was made in a metaphorical sense or not. There was a flavor of literalness in her remarks; even if she meant "worms" metaphorically, there was a resolute attachment to this metaphor, as if it literally represented reality. Her expressions seemed to me to belong to an intermediary stage, hard to delineate, between metamorphosis and metaphor. As her condition improved, she wrote poems in which the metaphorical meaning of the word *worm* could no longer be doubted.

IX
Comedy and Wit

Occasionally the patients' remarks appear witty, just as their

appearance and demeanor do. But we must remember that what appears comic or witty to us is not so for the patient, who means literally what he says, expresses, or does. We cannot therefore speak in these cases of real creativity. We have already mentioned the patient who had the habit of wetting her body with oil. Asked why she did so, she replied, "The human body is a machine and has to be lubricated." The word *machine,* applied in a figurative sense to the human body, had led to her identification with man-made machines.

A creative process is not involved in what this patient said. She did not know that her explanation was witty; she meant it literally. Her delusional remark is witty only for us. Apparent witticisms of schizophrenics have been reported in the literature. These witticisms generally result from paleological identifications or from extreme literalness, which follows reduction of the connotation power and emphasis on verbalization.

One of Levin's (1938a) patients believed that she was in a ward for blacks. Asked why she thought so, she replied, "Because I was brought here by Miss Brown" (the nurse who had accompanied her to the hospital). A patient of Bychowski (1943), asked where her

husband was, replied, “On our wedding picture.”

The already mentioned tendency to see puns all over makes patients discover real puns, not seldom sexual in content. Such words as “soft, hard, big, small” are often interpreted as referring to the penis and seem to be used in a witty frame of reference.

There is indeed a similarity, based on the common use of the primary process, between witticism, comic, as acts of creativity, and schizophrenic thinking (see *The Intrapsychic Self,* Arieti, 1967).

Notes

[1] In an introductory paper, Weckowicz (1960) has reported that schizophrenic patients performed much worse than normal persons (but better than organic patients) in the test devised by Gelb and Goldstein (1920) that requires recognition of hidden figures. At first this would seem to indicate that schizophrenic patients have less accessibility to primary process. It is not really so. The test requires secondary process mechanisms. The patient may have easier access to his own primary process and create or discover his own similarities. The capacity to discover the hidden pictures created by secondary process mechanisms of other people is certainly a function of the secondary process, and it is mostly (but not exclusively) impaired in organic conditions.

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