

Images in cultural psychiatry

Visual arts in psychiatry From theory to practice Jie Li

Abstract. *Psychiatry is both a science and an art. However, in China biological psychiatry is still overly dominant, and cultural psychiatry is too often ignored. Scholars rarely study psychiatry from the perspective of art, despite the close relationship between art and psychiatry. In this paper I describe briefly the relationship between art and psychiatry, and share the stories of the patients with mental illness, as seen through the lens of their art. Art opens up a world of beauty for those whose worlds are darkened by mental illness. In contemporary psychiatry, insights from the humanities and the arts serve to enrich our understanding of the mind as we treat the brain. For this reason, mental health staffs need to have a basic knowledge of art in order to better understand the mind of patients, so as to provide better mental health services for them.*

Keywords: Art, Art Brut, art therapy, mental illness, creativity.

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INTRODUCTION Distinct from biologically-oriented neurology, psychiatry is a unique medical discipline because it blends both science and art (Bolwig, 2006). Psychiatry is recognized as transcending the science of the brain to encompass the broader concept of mind (Cawley, 1993). In practice, however, psychiatry is often reduced to psychopharmacology (Ghaemi, 2010), or the neurochemical treatment of mental disorders underpinned by the pharmaceutical industry (Bracken & Thomas, 2005). As a result, a broader cultural perspective is relatively absent from psychiatry, which is reflected in a dearth of cultural competence in clinical staff in interacting with patients with mental illness.

Recognition of the cultural relevance of and in psychiatry could be enhanced by an exploration of literature, arts, film and music (Bloch, 2005). In so doing, our empathy, intuition, and professional lives would be enriched. On the one hand, we stand possibly to offer better mental health care to patients and their relatives; on the other hand, our quality of life can be bettered by an aesthetic appreciation.

THEORETICAL CONTEXT In every human society, art, whether drawing, painting, sculpture, or other art forms, reflects a complex structure of beliefs and rituals, moral and social codes, magic or science, myth or history (Honour & Fleming, 2005). From a historical perspective, psychiatry shares an intimate relationship with art. This relationship is reflected primarily in several domains: the

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description of psychopathological works, masterpieces depicting mental illness, works of mentally ill artists, and the therapeutic applications of art.

DESCRIPTION OF PSYCHOPATHOLOGICAL WORKS In Western art history, some paintings and sculptures portrayed psychopathology. For example, Hieronymus Bosch was a well-known painter of Netherlands. His painting style was both fantastic and bizarre (Rembert, 2004). At the same time, his paintings also reflected the fate of patients with mental illness in the Middle Ages, such as “Cure of Folly” (also called “The extraction of the Stone of Folly”, 1475-1480) and “Ship of Fools” (1491). His “Hell” (1450-1516) described an especially chaotic and fragmented world. Pieter Bruegel the Elder, another Dutch painter, inherited the painting style of Bosch, so called “New Bosch”. He grew up in the Renaissance, but his painting “lunacy” recorded a mass hysteria, namely, choreomania or dancing mania in the Middle Ages.

Some other works also revealed the miserable fate of patients with mental illness, such as “The Rake’s Progress: in Bedlam” by English artist William Hogarty (1735), and “The Madhouse” by Spanish painter Francisco José de Goya y Lucientes (1812-1813) (Porter, 2002; Hughes, 2003). Perhaps one of the most iconic and evocative images is that of French painter Tony-Robert Fleury, who depicted “Dr Pinel in the courtyard of the Salpêtrière” (Schuster *et al*, 2011). In the history of psychiatry, Dr Philippe Pinel unchained the insane at the hospital of Salpêtrière to create a “moral treatment” for those with mental illness. Indeed, this treatment still has an important and realistic significance in community mental health services, especially in China.

MASTERPIECES OF PATIENTS WITH MENTAL ILLNESS The notion of a relationship between “genius and madness” is an ancient one, described by some enormously influential Greek philosophers such as Socrates, Plato and Aristotle. After a few centuries, some well-renowned European writers or philosophers — Shakespeare, George Sand and Schopenhauer — also strongly believed that genius is linked closely to madness. This view was reflected in the nineteenth century theory of genius and insanity put forward by Italian anthropologist, criminologist and psychiatrist Cesare Lombroso. Strong ties between creativity and mental illness, such as bipolar disorder, are manifest in the works of many artists: writers like Ernest Hemingway, Robert Lowell, Theodore Roethke, and Virginia Woolf, composers Robert Schumann and Hugo Wolf, and visual artists such as Vincent van Gogh and Edvard Munch (Andreasen, 1987; Rothenberg, 2001; Blumer, 2002).

A controversially diagnosed artist, Vincent van Gogh produced works, such as “Starry night” (1889), with a rare, magical, and timeless beauty. The orange moon is submerged in a yellow halo, and the blue sky above the village is interspersed with stars. The village on the ground, wheat fields, and an olive grove are integrated as a whole. This work strongly reflects the spiral-form stroke, vibrating lines, strong color contrasts, and the rhythm of the ups and downs. This painting was likely to have been finished by the painter in a twilight state of consciousness. Although the sky was in turmoil, the atmosphere of the whole painting was comfortable and quiet. It might reflect the inner conflicts of the painter, which temporarily tend toward a balance (Harris, 2002). Some scholars keenly observed that patients with alcoholism often make an excessive use of yellow in their paintings (MacGregor, 1989). van Gogh contrasted cold color tone with warm color tone, applying orange and yellow colors (called “advancing color”), perhaps related to his absinthe use. Indeed, there is a close association between the art styles of some artists and their mental states, such as the Expressionism of Edvard Munch, which has been analyzed in relation to his mental illness (Harris, 2004).

THE ART OF THE INSANE OR ART BRUT Pertaining to the relationship between art and psychiatry, in the late 18th century and the early 19th century, two developments stand out in Western psychiatric history: the birth of modern psychiatry, and the appearance of

Romanticism, which emphasized feelings and sentiments (Shorter, 1997). Both modern psychiatry and Romanticism were very interested in the intersection of insanity and art. In modern psychiatry, there was a link between genius and insanity; in Romanticism, the art of the insane had a pure expression of the romantic imagination unchained.

Interestingly, Cesare Lombroso collected many paintings and drawings of patients with mental illness. He also concluded thirteen basic features commonly observed in the pictures made by the insane: originality, uselessness, uniformity, imitation, criminality and moral insanity, minuteness of detail, absurdity, arabesques, atavism, eccentricity, insanity as a subject, obscenity and symbolism. As a result, a special class of art gradually appeared, called “insane art”. However, contrary to popular imagination, Lombroso found no geniuses among his patients (MacGregor, 1989).

In the early 20th century, the Swiss Dr Water Morgenthaler and German Dr Han Prinzhorn published studies on the works of the insane in 1921 and 1922, respectively (MacGregor, 1989). They transcended psychiatry, and more importantly, both of them used psychoanalysis and aesthetic methods to study the paintings and drawings of patients with mental illness. Particularly, Prinzhorn’s excellent book *Bildneri der Geisteskranken (The Artistry of the Mentally Ill)* became the bedside book of many artists.

Distinct from Dr Hans Prinzhorn and Dr Walter Morgenthaler, French artist Jean Dubuffet coined the term *Art Brut* (1945). The main features of Art Brut are a lack of artistic and aesthetic training, inability to adapt socially, indifference to all recognition and commercial promotion, and a sense of solitary and secretive creation (Peiry, 2001). It includes children art, spiritualist art and works from the mental hospital, but it is not synonymous with the art of the insane. Briefly, it is based more on a philosophical view than the aesthetic view or the mental state of the creator. Major figures of Art Brut include Adolf Wölfli, Aloïse, Heinrich Anton Müller, and the Prisonnier de Bâle. In Dubuffet’s view, Art Brut had a positive sense, as playing an active and essential role in the creative process.

Similar to the Art Brut, Outsider Art, a term coined by British art critic Roger Cardinal in 1972, has a broader meaning than native art as defined by Dubuffet. Outsider Art not only covers native art, but also the non-mainstream, out-of-the-academe works of art, such as the work of folk artists. In North America, people tend to use the term Grassroots Art instead of Outsider Art. For example, African-American artist Bill Traylor was a forest farm worker. When he was 85 years old, he began to draw, using a pencil or crayon on paper. His works were characterized by using simple geometric forms to create humorous, childish artistic images.

Art Brut or Outsider Art artists are quite like some hermits in ancient China. They lived reclusively, not in pursuit of fame and wealth, engaged completely in their work.

ART THERAPY Art as a form of therapy originated in 1942 by Adrian Hill, a British artist and teacher who used art therapy in his patients with tuberculosis. According to Hill, the value of art therapy lies in the alleviation of symptoms by creative processes. For Hill’s patients, art therapy alleviated their depressed mood and contributed to their rehabilitation.

Almost at the same time, the American psychologist Margaret Naumberg used art as a kind of psychotherapy. Naumberg’s therapeutic theory and practice were based on Freudian psychoanalysis: through spontaneous, artistic self-expression and the free associations of the clients, the therapist can assist in the release of the unconscious, thereby establishing an interactive triangular relationship among the client, the therapist and the works of art. However, Edith Kramer, another art therapy pioneer, differs from Margaret Naumberg in this respect. Kramer stressed that the therapist’s “primary function is to assist the process of sublimation, an act of integration and synthesis which is performed by the ego, wherein the peculiar fusion between reality and fantasy, between the unconscious and the conscious, which we call art is reached” (Ulman & Dachinger, 1975).

In the 1960s, art therapy became a recognized profession (Wadeson, 2010). In the decades since, countries such as the United Kingdom and the United States established solid art therapy systems, while other countries, such as China, have not yet established such a system. The establishment of

associations of art therapy followed the maturation of the art therapy profession. For instance, the British Association of Art Therapists (BAAT, 1964) and American Art Therapy Association (AATA, 1969) were established successively. The main goals of these associations are to promote art therapy as a means of self-exploration, reconciliation of emotional conflict, enhancement of self-esteem, and improvement of personal growth through the creative process and production of art, rather than aesthetic judgment and the diagnostic assessment.

Art therapy currently has a very wide field of application, ranging from psychiatric institutions to community-based agencies, social services and schools. In practice, it emphasizes not only the individual creative process and the resulting art, but art as a social activity.

PRACTICAL CONTEXT I will never forget my first encounter with art related to “insanity”. I saw the paintings “La monomane de l’envie” of Théodore Géricault and “Starry night” of van Gogh in the early 1980s when I was a medical student in Lanzhou, in the Gansu province in China. Under the influence of Freud’s psychoanalysis, after graduation from Lanzhou Medical College, I elected psychiatry as my medical specialty and began my career. At the same time, I fell deeply in love with art. As I explored biological psychiatry, it became clear that Surrealism and Expressionism are associated intellectually with psychiatry. Art, so to speak, gave me the courage and strength to choose psychiatry, a profession highly stigmatized in China at that time.

PAIN AND HOPE OF LIVING FOR PATIENTS WITH MENTAL ILLNESS Fortunately, when I became a young psychiatrist, I was sent to Beijing Anding Hospital for a year, to further study psychiatry. There was a patient with schizophrenia, who we will call Mr Li, who exhibited positive symptoms, such as auditory hallucinations and delusion of persecution. The treatment plan for him was antipsychotics and electroconvulsive therapy (ECT). However, ECT brought him extreme pain. He had received the ECT involuntarily, which compromised his dignity. He had some sense of self-esteem and hope for his living only when he was drawing. He drew a portrait of me by crayon when he was in the hospital in 1985 (**Figure 1**). When we carefully looked at the picture, we found that his modeling was good, his brushwork was straightforward and generalizing, the figure in the painting looked slightly melancholic. It reflected the emotional suffering and joy of the painter. The painting also had a strong emotional expression. His work evoked at once romanticism, shelters in mental hospitals and the anti-psychiatric movement, all at once. Patients suffered from the torture of mental illness or the so-called “problems of living”, but they were heroes struggling against their ultimate fate, similar to Ludwig van Beethoven and Vincent van Gogh.

Figure 1 Portrait of author



ART AS A SELF-EXPRESSION FOR PATIENTS WITH MENTAL ILLNESS

For some patients with mental illness, art is a means through which they express “symptoms”. For example, I had a patient with schizophrenia, who we will call Ms Luo. She took Risperidone, Lithium Carbonate, and Fluvoxamine, but she still had a clear hallucination: almost daily, an internationally famous football star whom she liked came to her bed, hugged her, and touched her. She said “every time to go to bed, I feel a mass of mist at the end of the bed, then the mist slowly seeps into my quilt and feet, spreads from the soles of the feet to the chest, and then I feel as if I am being wrapped by someone who slowly seeps onto my body, his heart and my heart combine together.” Then, “my legs and pelvis are full of invasion of the mist, I can’t move and I stay fixed. During this time, I don’t want to move, I feel that my chest has been wrapped around, and my body has been touched...” She occasionally had sexual arousal, but, most of the time, she felt uncomfortable and very upset. The picture accurately reflected her forced sex hallucination as an ontological hallucination (**Figure 2** and **3**).

Figure 2 Sexual hallucination

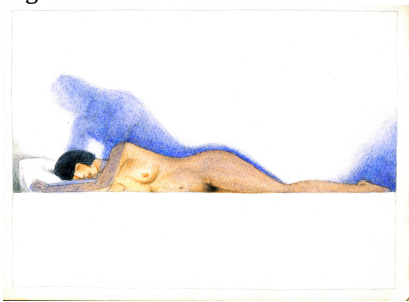


Figure 3 Sexual hallucination



The picture has a strong sense of form, expressing the gloomy shadow of a dream. When I discussed this picture with her, the frequency of her hallucination did not decrease, but she could cope with the symptom, and the degree of her distress was diminished.

To a great extent, art is a manifestation of beauty. I was very lucky to be awarded a scholarship from the French government. I was invited to visit two hospitals from October to November 2010. During the visit, I visited an art center of Centre Hospitalier Georges Mazurelle. Patients with mental illness mingled freely and drew. They also held regular art exhibitions at the center. At the end of my visit, as a gift exchange, I sent a Chinese knot to them, characteristic of folk decorations of handicraft art in Chinese traditional culture. As a return, they sent an oil painting to me, called “Sultana” (**Figure 4**). The patient who drew this painting suffered from schizophrenia, was on Loxapine and Olanzapine, and was in partial remission. This painting boldly used brilliant colors, and had a strong sense of color contrast as well as a strong sense of mass in modeling. Moreover, there was also an expression of slight melancholy in the picture, but it manifested beauty in colors.

Figure 4 Sultana

Although the providers of my four paintings are three patients suffering from mental illness, they still can show beauty through art. Their work brings to mind romanticism and heroism.

In addition, the stigma associated with mental illness is a stubborn global barrier to the provision of mental health care (Sartorius, 2007; 2013) and is widely experienced by people living with mental illness (Thorncroft *et al*, 2009; Brohan *et al*, 2010; Ehrlich-Ben *et al*, 2013; Lasalvia *et al*, 2013; Park *et al*, 2013). I believe that art may help to reduce the stigma around mental illness, and that mental health staff should have a basic knowledge of art in order to better understand the minds of patients, so as to provide better mental health services for them, although currently there is a lack of scientific validation. Clearly, of course, much of value exists beyond the validating reach of positivism.

CONCLUSION Psychiatry should be included in both medical science and humanities. Contemporary psychiatry needs insights from the humanities and the arts. While science and technology study the brain, humanities and arts explore the mind. The latter can complement the former through their contrasting perspectives. With art, mental health staff may gain from a humane and empathic world, rich with possibilities.

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