

Essay Art created by psychiatric patients

Lancet 2006; 368: 510–511 Mia Lejsted, Johannes Nielsen

The printed journal includes an image merely for illustration

Mia Lejsted is an art historian with the responsibility for directing the hospital's museum for art produced by psychiatric patients. Johannes Nielsen is a psychiatrist with a long-standing interest in art and mental illness.

The Museum, Psychiatric Hospital University of Aarhus, Skovagervej 2, 8240 Risskov, Denmark (M Lejsted MA, J Nielsen MD)

Correspondence to: Ms Mia Lejsted mle@psykiatri.aaa.dk

Whether created for aesthetic or utilitarian purposes, a work of art is determined not only by the skill involved in its creation, but also by the mind of the artist or artisan. Whether in music, literature, or visual art, the spirit or mind of the artist deeply informs what his or her hands, holding pen or brush, impart to the manuscript or canvas. If the mind is troubled, we must expect that will show in the poem or painting.

Conversely, can we not expect that whatever might trouble the reader or museum visitor will affect the way he or she reads or sees a work of art? Is it only beauty that is in the mind of the beholder? Should we not also expect that it can be melancholy or hallucination?

The relation of mental illness to art has been studied by medical as well as non-medical researchers, and we have for some time been able to ponder this association in our professional work as psychiatrist (JN) and art historian (ML). The Museum at the Psychiatric Hospital in Aarhus houses more than 8000 works of art created by almost 90 psychiatric patients during the course of the past century. Most of the work is painting, some is sculpture, but integrated in the Museum is the Gallo Institute, which encourages patients to write poetry, essays, or even novels. During the course of this work we have arrived at what we believe is a fair understanding of the relation between art and mental illness. Of particular interest for physicians is the idea that this relation makes psychiatric diagnosis possible. As indicated above, the association can be considered in two ways: either the form given to art by the patient as an artist or the interpretation of art given by the patient as a beholder.

The best known exploitation of the latter idea is probably the test devised by Hermann Rorschach in

1921. A person is asked to describe what he or she sees in ten inkblots ("art" in this particular context). The descriptions are then used to characterise the individual's personality or to make a diagnosis, but the test is not highly standardised, and it is not generally believed to be very reliable. We suspect that it would not become more reliable if the inkblot were replaced by a painting, a sculpture, or some other kind of true visual art.

The reverse exploitation of the idea is that the subject matter, the motif, or the manner of execution of a particular work of art is somehow specific for a particular mental illness. A schizophrenic patient would thus paint or sculpt in a manner characteristically different from that used by a manic or depressive patient, and the characteristics of the painting or sculpture would therefore permit a diagnosis of schizophrenia or manic-depressive psychosis. We have seen a very large number of paintings and sculptures created by patients with these disorders, and we believe that this concept, at least in the setting of a modern psychiatric hospital, is also untenable. There seem to be no characteristics of a painting or sculpture that allow the physician to assign a psychiatric diagnosis to the artist. Some qualifications of that statement are in order, however.

The first is that our observations apply to the average psychiatric patient as an artist. We do not mean to imply that images suggesting hallucinations do not occur in paintings created by schizophrenic patients, nor that melancholy does not pervade one created by a depressive patient; however, in our experience, visual art of this kind is the exception rather than the rule.

The second is that a piece of art undoubtedly reflects a particular patient's experiences, whether or not they are a part of the illness. Thus, elements of the history of individual disease might well insinuate themselves into a particular work of art, but they are not of a nature that renders them diagnostic.

The third is that psychiatry and psychiatric hospitals have changed substantially during the past 50 years or so. Improvements in treatment, such as the introduction of more effective antipsychotic drugs and the transition from long-term in-hospital to outpatient care for most psychiatric patients, might very well have lessened any effect a particular form of psychosis had on creative work. Our inability to detect such an influence might therefore reflect improvements in psychiatric care. The painting on the left was created by Louis Marcussen, a patient with schizophrenia who was in the Psychiatric Hospital in Aarhus from 1929 to his death in 1985. His name as an artist was Overtaci. His art affects us strangely, we believe, as if created in a world quite different from our own. By contrast,



Louis Marcussen

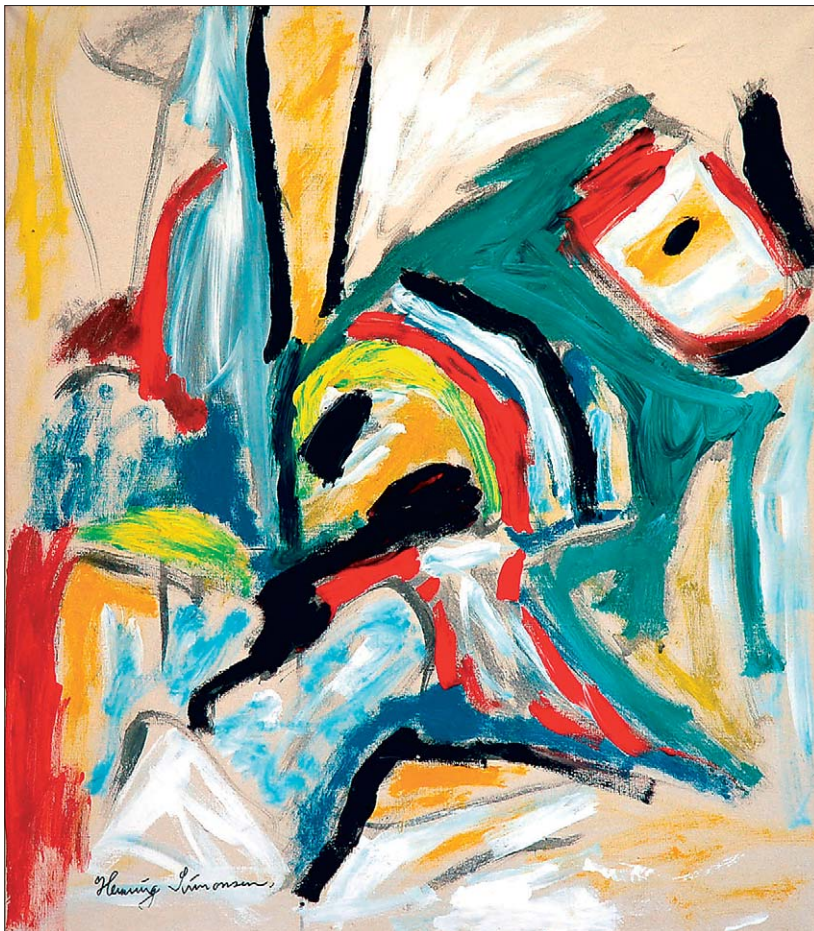
Henning Simonsen's quite fine expressionist paintings (such as that on the right) do not obviously inform us that he also had schizophrenia.

The fourth is that bipolar disorders, particularly, do influence artistic expression. Phases of quite remarkable artistic activity can be ascribed to hypomania, and the inability to work creatively almost invariably attends deep depression. Inability to work can also attend treatment of hypomania, which artists at times have therefore resisted. Compared with mentally well people, patients with various psychiatric disorders tend to be more spontaneous, they take a much less academic approach to painting or sculpting, and they seem to care less about the opinions of others. Nevertheless, the images created on a canvas or in clay do not by themselves necessarily betray their origin in the mind of a psychiatric patient, and thus they allow no diagnosis.

If we can fairly dismiss the idea of a relation between art and diagnosis of psychiatric illness, can we equally well dismiss another idea, namely that of a relation between art or creativity on the one hand and psychiatric therapy on the other? We believe that we are on somewhat firmer ground in this respect.

One obvious feature to consider is antipsychotic drug therapy, which interacts with creativity in more ways than one. Overmedication can render the patient unable to paint, but, as already mentioned, well-indicated treatment of hypomania can also inhibit the artistic impulse. Conversely, pharmacological liberation from anxiety and terrible hallucinations can allow the patient to regain the ability to be creative. We have observed, moreover, that the opportunity to create art can reduce the need for drug therapy. Thus, there is a complex balance between proper drug therapy and artistic activity.

Many patients have described to us how painting, sculpting, or writing has enabled them not only to express themselves cathartically, but also to organise their thinking in ways that seemed conducive to better mental health. One of our patients, a professional artist and an instructor in art at our museum, says that "to exist means self-confrontation, which in my case in turn elicits a need for self-expression and communication with others. Painting permits me to examine and correct my world view, but at the same time it permits me to get rid of anxiety and depressive thoughts." We believe, therefore, that artistic expression can be of immense therapeutic value for the psychiatric patient. Nevertheless, we personally do not subscribe to or practise formal art therapy—ie, well-organised art work followed by psychological analysis with a therapeutic rather than artistic intent. In our work, we tend to emphasise the artistic side of art created by psychiatric patients.



Henning Simonsen

Although not all are equally talented, many of the patients at our institution create work of great intensity and originality. Jean Dubuffet (1901–85) coined the term *art brut* to indicate unspoiled art created by children, indigenous people, and the mentally ill. He was prominent among the CoBra (Copenhagen, Brussels, Amsterdam) group of expressionist painters who in their work in the late 1940s sought to emulate *art brut*, which they believed was more authentic and more closely related to the unconscious than conventional art.

In our permanent exhibition as well as in our special exhibitions, we invite the public to view and reflect upon the creative quality and depth of the art. Whenever the artists are present at such special events, they can of course discuss their work with visitors. In any case, knowing that the work produced in our studios is exhibited to the public increases self-esteem and gives our patients immense satisfaction. As importantly, it helps the world outside the psychiatric hospital to understand the men and women in psychiatric care and to reduce any prejudice that might still be held against them.

Further reading

- Ludwig AM. Method and madness in the arts and sciences. *Creativity Res J* 1998; **11**: 93–101.
- Jamison KR. Manic-depressive illness and creativity. *Sci Am* 1995; **272**: 62.
- Wadeson H, Carpenter WT. A comparative study of art expression of schizophrenic unipolar depressive and bipolar manic-depressive patients. *J Mental Dis* 1974; **162**: 334–44.
- Rothenberg A. Creativity and madness: new findings and old stereotypes. Baltimore: John Hopkins University Press, 1990.
- Prinzhorn H. *Bildnerie der Geisteskranken*. Fotografisk optryk, 1968, Berlin: Springer Verlag (1922), 1968.