

Psychopathology of Plastic Art and Creativity

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ABSTRACT: Art is born at the border of external and intrapsychic realities, through the human being's necessity of including pragmatic elements of his environment into his own affective system. Creativity stands between objective and subjective worlds as a symbolic metamorphosis of the material into the immaterial of the imagination, conscience and emotions of the artist. The product of creativity will be a complex interpretation of environmental elements meant for reinterpretations by other personalities, with their own individual and specific set of imagination tools. But what if, the inspiration for the artistic work is not a reflection of reality but a product of patho-psychological disruptions or, what if the inspiration resides in the altered emotional and neurological perception of reality? The artistic creativity within psychopathological activity in certain psychiatric disorders have been raising interest for both medical and non-medical world but the most intriguing aspect, is maybe, the colorful and complexity of emotions and sensations that are perceived by non-psychiatric persons when viewing such works. Maybe this could represent an argument for the subjective and relativity of the human psychology, beyond social and cultural standard values.

KEYWORDS: artistic, creativity, psychology, imagination, symbol

Introduction

Art is not a simple phenomenon. Creativity is a complex process depending on the intellectual stimulation of the artist, his individual emotional experiences, the level of imagination and motivation surrounding certain aspects of life, nature, social and familial environment, and other specific characteristics of his personality and psychology. These elements are present in all individuals but the way the artist works is through his own configuration of stimuli and the way those stimuli are filtered through neurological and emotional perception, releasing a symbolic and metaphoric image of his reality. The psychological image is the artistic instrument of exposing different shapes and senses of real objects and events from the outside world through a subjective introspective configuration (Parr 2006, 155).

In some psychiatric disorders, there are qualitative and quantitative alterations of the conscience, disruptions of sensations and perception, intellectual issues, modification of affective system with proportional effect on the reality reflection. But even in that case, creativity and imagination can transpose their mental imaging system into art work, developing the complexity of their diseases into material and tangible reality. We could say that the instrument of creativity works from objective to subjective in non-psychiatric individuals and from fantasy to material in psychiatric patients (Bogousslavsky 2006, 109).

Psychology of creativity

Understanding the psychopathological activity within art requires understanding the creative process within normal psychological boundaries. Creativity resides on mental imaging centered on the artist's self. Mental imaging is a filtering process of the outside world with bilateral transformations of material to symbols and inner feelings into material metaphors. This phase organizes the concept of creation which will be fully projected on the outside world through a symbolic-instrumental mechanism. In other words, there are a few steps throughout the imaginative process: the perceptive phase, in which objects and events of the outside world are given a signification, and feelings are interpreted as material elements, all

within cognitive mechanisms; the representation phase is the step in which these metaphors are systematized; the imaginative phase is the level where the artist creates a complex of meanings and shapes; the symbolic phase is what creates the mental image; the creative state is the level where the artist designs and expresses the mental image through material instruments (Zingg 1990, 26). The main subject of creativity is the symbol. The way the symbols are created and filtered by the inner structure of the artist's self, will result in the artistic product. One symbol, in art, may have 2 or more meanings and senses and this is the reason why artistic symbolism is close to symbolism of dreams with the difference that in the first case there is conscious, motivated act of transfiguration whereas the second case is the result of the subconscious, automatic representations. We could see the symbol as a link between shape and content of the creative idea that allows the artist to transfer his inner world to a material design. Symbolism uses the imaginary to change the senses of objective and subjective elements using all potentials: augmentation, caricature, mystification, fantasy, abstract, bizarre, dream symbols. The result of the symbolistic representation is art itself, as a material design of the intrapsychic life of the individual. Analysis of these projections in psychiatric patients, not only allow us to experience their world but it allows a more objective overview of their psychopathological structure (Enăchescu 77).

Psychopathological art

The artistic creativity of psychiatric patients is a complex expression of the structure and dynamic of their personalities with all psychological disruptions of affective mechanisms and reality perceptions. After a psychological and psychiatric evaluation of the patient, he can be encouraged to express himself through art, as a mental pathology cannot be assessed only by his artistic behavior. Furthermore, the patient is asked to name and explain the design he made, as often, his interpretation is the only significance that can be given to his work. So, the psychopathological art is a unitary system of the symbolistic design and its creator and knowledge of the mental disease is mandatory for a proper understanding of his art. It is important to underline that the symbols of the psychopathological creativity are projections of disrupted inner mechanisms, from intellectual regression to hallucinations, extreme affective states, personality and cognitive dissociation or discordance (Inzelberg 2013, 256). Some authors believe that mental illness is not in fact, a creative process but a regressive one because it doesn't enhance his spiritual and emotional field and it is not a result of vast imagination but a simplistic and sometimes obsessive design of the morbid psychological single event. On the other hand, the subjective analysis of their artistic work, by non-psychiatric individuals is a complex, colorful and vivid interpretation with profound stimulation of one's emotional system, not only because of the reflex compassionate view, but also because of the contrasts and the abstract in these works and even though the interpretation is not consistent between healthy people and psychiatric patients, the emotional impact is very strong. There aren't few paintings or poems that ended up as valuable art pieces despite the author's psychiatric disorder, which means that even a "normal" person can emphasize and appreciate this form of art (Mula, Hermann, and Trimble 2016, 226).

Returning to the scientific point of view, the psychopathology of art is characterized by the main personality type that emerges in clinical psychiatry. There are specific elements that have been observed to appear frequently in the art of different groups of patients. Therefore, there can be a description of the pathological creative work by the common symbols and techniques used in certain disorders. The immature creative process tends to have a simple, elementary design, with interpretation of superficial and unimportant elements of the outside world, often with no relation between the design and the present emotional state of the author. The psychopathic creative process is designed by normal and pathological elements, being a mixture and transitional form between imaginative creation and

pathological symbolism. In these works, there are drastic variations of content inside the same piece, with abrupt passage between dark and light, tragic and happiness, delicate and aggressive. Neurotic creative process is a design of symbols that hide conflicts, trauma and compensate negative experiences through the projection. The most common type of psychopathological art is the psychotic one, with variations depending on the clinical aspect of the disorder. In the schizophrenic type, there are bizarre themes and compositions, with deep abstract symbols and a mixture of stereotypes and fantastic elements with absurd content. In bipolar disorders there are contrasts between the depressive state and maniacal state as the themes are either full of euphoria, ludic or erotic elements and the chromatic is bright and explosive within maniacal states either sad, gloomy and without color during depressive states. Epileptic and alcoholic psychotic states are represented in plastic arts with warm chromatics, oneiric or deep emotional content. Dementia creative process is characterized by a disorganization of symbolism with poor expressions, incoherent and unfinished, confusing designs with general aspects of disrupted splotches (Miller and Miller 2013, 26-30).

Besides the general aspects of the psychopathological art there are some objective elements that persist in these works, especially when the patients try to interpret real objects in their work. The symbolism in art is analyzed by shape and significance, the shape being the manifestation of the creative process and the signification being the occult, subjective content of the symbol (Heilman and Acosta 2013, 35). This concept has derived from Freud's dream analysis. Psychopathological creative work is defined by defect of shapes or deformations that reflects in a proportional way, the deviance of the symbolic system in mental ill patients. The more the symptoms are pushing the patient further away from reality, the more intense the deformation will be. That being said, para-formations are the lightest deformations that consist in real images getting unusual shapes, attributing them more significance than their logical meaning. Neo-formations are massive alterations of the natural plastic form of the objects by adding illogic elements into the original shape. These elements are reflecting a condensation mechanism of two or more objects due to the hallucinatory process with often negative or morbid significance resided in the deep inner conflict that the patient wants to express. True deformations are also called meta-symbols and represent the most severe deterioration of shape and sense of the real object. The plastic image is entirely disrupted, confused incoherent and the interesting part is, that even the patients tend to be unable to explain their own work (Enăchescu 1977). The creative process in these cases may reside both in the instinctual neurological processes and cognition, maybe with reflex mechanisms and subconscious symbolic activity overwriting consciousness alongside the productive elements of their psychic, this argument needing further study.

Psychiatric syndromes and psychopathological creative art

As stated above, artistic creation is linked with the typology of psychiatric disorder as common elements are often found within groups of similar diseases. The simplest forms of pathologic creations are dementia and oligo phrenic types. The simplistic and confusing superficial exposure of symbols with raw and unfinished interpretations is characteristic. The difference between the two resides in the potential of impulsivity, aggressiveness, and affective disorders present with some oligo phrenic patients, elements that tend to be present in their work with strong underlining of certain themes, intensity of color, insistence and pressure on one side of the paper and stereotypes. The most complex and variant type of patho-plastic activity is the psychotic type. There are many characteristics of the psychotic creativity with the possibility of one or more than two of them being present in the same work. The main subject of this creation is the effect of a certain trauma on the individual, reflecting the unbalance created in their world by that trauma. Furthermore, the patient tends

to express the effect of that trauma on his life with complicated symbols, the creational activity being a way to suppress that negative effect or a way to make the outside world understand his inside world, in many occasions, creative plastic art being a veritable self-psychotherapy. There are certain themes that tend to be consistent with different disorders (Denmarin 2016, 345).

The self-portrait appears often in the psychotic patient's art, focusing on the body and especially facial expressivity or their affective state, being directly connected to the level of the illness.

Conflictual and compensatory drawings are the most expressive and complex creational product, as they reflect directly or indirectly, the unconscious inner emotions of the patient. Contrasting, profound expressions of the disrupted affective system are translated in vivid and intense symbols, often of morbid or negative value (Hacking, Foreman and Belcher 1996, 425).

Complex symbol drawings are reflections of heavy psychological inner conflict and tension, deep routed inside the patient's personality, with him being often unaware of them. Dream-like drawings reflect conflictual introspection with abstract symbols in random dispersion on paper and confusing significance (Barrantes-Vidal 2004, 60-65).

The existence of the patient is yet another theme often appearing within artistic activity of psychotic patients. It represents fractures of their reality and experiences in the order of their personal significance; the chromatic and the symbols used are reflecting the individual's perception of those experiences (Hagman, 2010).

Chronic alcohol consumers are rarely involved in artistic creativity although general psychoactive drugs consumption is often amongst plastic artists and musicians. Delirious, hallucinatory and anxiety is often recognized within the symbols used by these patients with deep negative impact on the viewer. Also, terrible nightmares are often the inspiration for these patients with morbid events, mystic symbols and animal interpretations of their fear, like monsters of deformed animals, The difference between these patients and psychotic ones is the efficiency and clearness of their paintings, with organized reflections of their inner living especially in the moment of remission after delirium tremens or delirious states of intoxication (Thys, Sabbe and De Hert 2013, 140).

Schizophrenic patients tend to "respect" a certain typology and similar characteristic of their work with understandable variants proportional to their inner psychological state. They often use bizarre symbols and elements with illogic relationship between them. The rigid construction of their drawings with schematic organization, geometric stylization and ornamental dispersal of shapes, tendency to fill all empty spaces, cold chromatic and unusual association of colors abstract representations appearance of morbid symbols with delirious inspiration are all present elements in schizophrenia patients. Another interesting aspect is the abrupt difference between the style of painting before and after the debut of the disease, in patients who drew for longer periods of time. Also, some individuals prefer to use unusual techniques such as painting with left hand they being right handed, using other support than paper or unusual instruments such as lipstick, charcoal or even their own blood in some stages of the pathology (Waddell 1998, 169).

Artistic creation in bipolar disorders is variant and contrasting during the two stages. Maniacal phase characterize the paintings with explosive compositions, expressive exaggerated well-being, expansiveness, euphoria and even obscene elements. Chromatic is preponderant warm with fast, abrupt lines and often degenerating the images to splotches. In other cases, drawings have a dirty, unfinished aspect (Ursachi 2019). In the depressive phase, the motivation and interest for painting is low so the themes and compositions are simple, with no elaboration, chromatics tend to dark colors with sad or gloomy elements and stereotypes (Lejsted and Nielsen 2006, 368). The anxiety can often be reflected in the pale, trembling lines and faded symbols. The contrast of the chromatic during the two phases of

bipolar disorder is one of the most important aspects as it reflects the affective content of art work as it drastically changes alongside the patient's psychological and emotional tensions with negative – positive directions and also, the hyperactivity and hypo-activity of the neuro – sensitive systems (Schnier 1996).

Conclusions

Plastic artistic process represents an active form of manifestation of the creative insight transposing all cognitive and imagination mechanisms into the artistic product. It has a complex and continuous character with self-perfecting and evolving according to specific plan organized in systematic stages. The sources of inspiration come from the environmental reality. The creative process begins with the artist reflecting on that reality, on multiple aspects: society, family, nature, spiritual and mystic principles. The symbolic mechanism gives metaphors to the surrounding reality, these metaphors being aligned on a specific style and spiritual values giving the artistic process its originality. The expression of art and symbols is motivated by the projective psychological capacity of the artist with intentional orientation of the theme and content in the direction of perception he wants to insufflate to the viewer.

The psychopathological plastic art has qualitative differences, it being a form of manifestation of the disorder, as a component of the syndrome and lacking artistic intention and motivation. Many patients that paint during their clinical manifestation never expressed themselves through arts before the disease appeared. Also, in known artist, the content and quality of the creativity has changed drastically after the debut of the disease. It is a fair statement that art and psychology are directly linked as the creative process is linked with all cognitive, emotional, neurological and imaginative mechanisms.

Imagination and expressivity within symbolism of plastic art is maybe more than a cognitive process but also a subconscious one, with subconscious elements interfering especially during psychological disruption and productive symptoms such as delirium or hallucinations. This aspect requires further study, including imagistic examinations as it may provide physio-pathological orientation on some symptoms of psychiatric disorders. Plastic arts may not only be a way of effective therapy for these patients but also a key to discover more about their pathology and understanding their realities.

Although the pathological plastic art activity is often missing warmth, technique and style there is no doubt about its expressivity. Often morbid, gloomy or profound and heavy emotional its impact is as impressive and important as it is with non-psychiatric artists. It deserves no less attention and admiration then other artistic works, especially given the complexity and contrasting aspect of the mind and soul of the author.

References

- Barrantes-Vidal, N. 2004. "Creativity & madness revisited from current psychological perspectives." *Journal of Consciousness Studies* 11(3-4): 58-78.
- Bogousslavsky, J. 2005. "Artistic creativity, style and brain disorders." *European Neurology* 54(2): 103-111.
- Enăchescu, C. 1977. *Psychology of pathoplastic activity*. Bucharest: Științifică și Enciclopedică Publishing House.
- Hacking, S., Foreman D. and Belcher J. 1996. "The descriptive assessment for psychiatric art." *Journal of Nervous and Mental Disease* 184: 425-430.
- Hagman, G. 2010. "The artist's mind: A psychoanalytic perspective on creativity, modern art and modern artists." London: Routledge.
- Heilman, K.M. and Acosta L.M. 2013. "Visual artistic creativity and the brain." *Progress in Brain Research* 204: 19-43.
- Inzelberg, R. 2013. "The awakening of artistic creativity and Parkinson's disease." *Behavioral Neuroscience* 127(2): 256.

- Lejsted, M. and Nielsen J. 2006. "Essay: Art created by psychiatric patients." *The Lancet* 368: S10-S11.
- Miller, Z.A. and Miller B.L. 2013. "Artistic creativity and dementia." *Progress in Brain Research* 204: 99-112.
- Mula, M., Hermann, B. and Trimble, M.R. 2016. "Neuropsychiatry of creativity." *Epilepsy & Behavior* 57: 225-229.
- Parr, H. 2006. "Mental health, the arts and belongings." *Transactions of the Institute of British Geographers* 31(2): 150-166.
- Schnier, J. 1966. *Norman Kiehl, Psychiatry and Psychology in the Visual Arts and Aesthetics: A Bibliography*. Madison: The University of Wisconsin Press.
- Thys, E., Sabbe B. and De Hert, M. 2013. "Creativity and psychiatric illness: the search for a missing link-an historical context for current research." *Psychopathology* 46(3): 136-144.
- Ursachi, R. 2019. "Notions and Concepts Characteristic of Artistic Psychology." In: *Problems of the socio-Humanities and Modernization of Education*. Ion Creangă State Pedagogical University, Coord. Scientific Ig. RACU, col. red. C. PERJAN [et al.]: [in vol.]. Chişinău: S. n., 2019 (UPS „Ion Creangă”), vol.4 (21): 60-69.
- Waddell, C. 1998. "Creativity and mental illness: is there a link?" *The Canadian Journal of Psychiatry* 43(2): 166-172.