

## CONCEPTUAL BASES OF PSYCHIATRY FOR THE PERSON

### Literature and the Arts Perspectives on Psychiatry for the Person

Ekaterina Sukhanova PhD<sup>a</sup>, Hans-Otto Thomashoff MD PhD<sup>b</sup>, Yves Thoret MD PhD<sup>c</sup>

a Director of Academic Programme Review, Central Office, City University of New York, New York, USA

b President, Section on Art and Psychiatry, World Psychiatric Association, Vienna, Austria

c President, *L'Evolution Psychiatrique*, France

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#### Correspondence address

Dr. Ekaterina Sukhanova, Central Office, City University of New York, 535 East 80<sup>th</sup> Street, New York NY10075, USA

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#### On the concept of «person»

The origin of the word “person” in a number of European languages goes back to the Latin *persona*, supposedly derived from an Etruscan root *phersu* meaning masked characters in a theatre play [1]. Throughout its long history, the term has been applied to various facets of what today is referred to as “personhood,” denoting an individual with specific capacities or the social status granted to him or her because of those capacities. Just like text, the word “person” belongs to those basic concepts which are commonly used in an indeterminate sense and whose definition is still heavily debated.

A quotation from Georges Lantéri-Laura helps us finding a way out of this semantic labyrinth, focusing on the aspect most relevant to the present topic. Lantéri-Laura stresses the “personal,” individual character of each human being. For him, the subjective being of each individual may only be conceived as having a singular, individual character: “Subjectivity consists in being distinct from others; it is personal inasmuch as it reveals an individual history that is at the root of its human action: subjectivity becomes a singular subjectivity” [2]. It is that subjectivity that is simultaneously the vehicle and the object of the creative process.

Paul Ricoeur also sees narrative identity as being created through a dynamic mediation between the two poles of personal identity, the pole of “idem” identity (Engl. “sameness,” Fr. *mêmeté*), understood as a set of innate or acquired attitudes and capacities that enables a spatio-temporal coherence, and the pole of “ipse” identity (Engl. “selfhood,” Fr. *ipséité*), understood as the most concrete and particular core of a subject that enables initiation of new things. Without both types of identity

there is no self. Historical time becomes human time “*to the extent that it is articulated through a narrative mode, and narrative attains its full significance when it becomes a condition of temporal existence.*” [3]

These narratives, unique to each patient, need to be taken into account in the analysis of an individual’s subjective experience, as they are key for a *person-centered integrative diagnosis (PID)* [4].

#### Art as a Product of Thinking

Art reflects the functioning of the psyche in general. We are limited to constructing an inevitably subjective image of the outside world as well as of ourselves. This intersubjectivity is the real base of the so-called “objectivity” which is why no alternative to a fundamental promotion of the person exists. We only can attempt to work jointly towards a view that is agreed upon as the most beneficial for all of us. Art is a result of brain function: in order to be creative, a brain needs a capacity to construct with, and it needs material to construct from, which makes any artistic construction essentially a creative dialogue between the artist and previously stored texts and artworks. A person’s creative potential depends on his or her ability to dissolve existing structures and to rebuild them in a new way.

If any construction of the world depends on a reconstruction formed by a) the stimulus of the perception itself and b) by an internalized former experience projected onto that perception, and in this way modifying it subjectively, art inevitably depends on the brain’s structure, which has been built up through former experiences within the biologically given framework. Art develops as a narcissistic communication between the artist

and several images of internalized objects, addressed through the artwork, with the artist also being the first viewer (and thus also, in turn, influenced by own work).

It is on the basis of the given biology and the stored biographic experience that the artist interacts with the existing cultural tradition. This complex interaction determines the character of an artwork, which in essence is not solely an object, but a process or an agent. The more the viewers are aware of existing artistic models to which the given artwork relates, the stronger they perceive the individuality and uniqueness of the artist. All art represents a dynamic relationship between following an existing aesthetical norm and deviating from it.

Hence it is not a psychological pathology that leads to artistic creation, but rather the psychological structure in general. Any brain creates an image of the outer world, its own "fiction," so a drastic difference between "normal perception" and "pure" fiction of art becomes questionable. Here lies the basis for a fundamental fight against any form of stigma.

## Arts in the Healing Process

In producing art, the artist interacts with his internalized objects. The creative act can thus become a therapeutic tool, with special emphasis on extending from verbal experiences into non- and preverbal experiences from the earliest stages of our psychological life, in order to uncover, modify and overcome these experiences within the therapeutic process.

Joseph Brodsky, Nobel Prize Laureate for Literature, said that the greater the extent of someone's aesthetic experience, the freer he or she is. This is even more true in the case of patients struggling with mental illness, who often find themselves constrained both by the reality of their medical condition and by the social stigma surrounding it.

Art affords us a model of dialogue in which the other is accepted as an equal conversation partner. Aesthetic function arises at the intersection of a highly individual activities and established cultural codes and structures. Connecting spectators to meaning just as it connects the authors to collectivity, art fosters cooperative communication in which dignity and individuality of a mental health patient may be reaffirmed. No longer isolated, the individual and the universal require each other in art; the mechanism underlying art perception is thus reminiscent of Ricoeur's dialectic notion of identity.

Significantly, art allows for critical distance, retrospection, and vast opportunities for individual choice, and thus may be conducive to an improved self-image and self-esteem. This explains the potential of art to promote the acceptance of a person in his or her full subjective being, "in his or her totality," to use an expression of Jean Delay, first president of the World Psychiatric Association (WPA).

The role of psychiatric art in facilitating personal empowerment and fostering the healing process is explored from a variety of disciplinary approaches in a recent collective volume by WPA members (*The Person in Art*. Thomashoff, H.-O. and Sukhanova, E., eds, Nova Publishers, USA, 2008). Public presentations of psychiatric art may also be one of the avenues in anti-stigma campaigns, as promoted by WPA. Such exhibits help understand the bases of human creativity; further, they counteract negative social stereotypes of mental illness as well as undermine the philosophical basis for stigma. Stigmatization has at its root the turning of the other into an object, effectively denying to him or her the right to be an independent active partner in the communication process. The psychological basis of stigma is the destruction of communication, which is a mechanism opposite to that of art.

## Arts and Humanities in Medical Education

Among the medical specialties, psychiatry is peculiarly culture bound. Too often psychopathology is studied as a discrete entity, with little regard for its broad sociocultural context. Such detachment detracts from quality therapeutic care and ultimately reinforces public fears of mental illness. To be effective, public health care policies need to be grounded in a thorough understanding of social mechanisms, cultural practices and belief systems.

Freud famously quipped: "The creative writer cannot evade the psychiatrist nor the psychiatrist the creative writer" [6]. Today the potential of the arts as an information source is commonly recognized. However, art also needs to be acknowledged as a social force shaping the dominant cultural values which underpin the functional concepts of health and disease.

Studies in the arts and humanities not only provide an additional insight into human condition but contribute to the development of critical and analytical skills as well as other core competencies that today's students may no longer be presumed to possess at matriculation. Many higher education institutions are now considering ways to incorporate humanities into their undergraduate medical curricula, recognizing that this approach adds depth to understanding and intervention in psychiatry.

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