

CORRESPONDENCE

Art and mental states:
meaning requires dialogue

Professor Green (2009) encourages us to think beyond the structured interview and symptom checklist and to allow our patients to express their experiences and distress in the ways, words and modalities most appropriate to them. This always has been and remains at the heart of our profession, even if prevailing ideologies encourage us to depart from it. However, pictures, more than words, rely for meaning not just on the originator but also on the perceiver – how a picture is perceived may bear little or no relationship to the thoughts and intent of its originator (Berger 1972). The same words or images can have radically different meaning or significance to different individuals or in different cultures. Sensitive exploration of meaning and an awareness of one's own cultural heritage and biases are essential parts of the use of art as a means of therapeutic communication.

Imbuing of mental state from the interpretation of a painting is fraught with danger. Green cites his own study (Cohen 2001) in support of his contention that abnormal mental states can be recognised from art, at least in children, although scarce detail is available from this conference abstract. There is little convincing evidence either from psychiatry (Rao 2006) or from art history (Dubuffet 1948) that it is possible to recognise individuals with mental illness by their art alone. Indeed Dubuffet, one of the fathers of 'art brut' or 'outsider art', writes: 'Our point of view is that art is the same in all cases, and there is no more an art of the mad than there is an art of the dyspeptic, or an art for those with bad knees' (Dubuffet 1948: p. 608). Art brut's emphasis was on encompassing the vitality and spontaneity of artists traditionally ignored or regarded as unschooled into the cathedra of the established art world and not on some intrinsic differentness that their art possessed.

Green writes: 'I am suggesting two processes: the first, a sustained sense of not knowing, linked with free-floating attention; the second, a gradual piecing together of local connections between elements of another's communication, which build up gradually into a more coherent overall image. This image is suddenly meaningful, "makes sense" and is accompanied by an intuition of the other person's mental state' (2009: p. 142). This has reflexive echoes of Hilton's writing in 1961 about the production of art: 'Painting is feeling. Just as much as a sentence describes, so a sequence of colours describes ... All art is an attempt to exteriorise one's sensations and feelings, to give them form ... Words and painting don't go together. The more words that are written

about a painting the less people will see the painting.' (Hilton 2003 reprint: pp. 772–773).

Images are created through a process. In art therapy in particular it is the process and the relationship that develops between client, therapist and image and the shared understanding that develops from this that is of importance rather than an end product taken out of context and then layered with the viewer's own interpretations.

Berger J (1972) *Ways of Seeing*. Penguin.

Cohen S, Samson I, Shakespeare E, et al (2001) *Forms of Feeling: An Analysis of Children's Drawings*. Royal College of Psychiatrists' Annual Meeting, 2001: A Mind Odyssey. Conference abstract. Royal College of Psychiatrists.

Dubuffet J (1948) Crude art preferred to cultural art. Reprinted (2003) in *Art in Theory 1900–2000* (trans & ed Harrison C, Wood P): 605–8. Blackwell.

Green J (2009) Form and mental state: an interpersonal approach to painting. *Advances in Psychiatric Treatment*, 15: 137–45.

Hilton R (1961) Remarks about painting. In *Art in Theory 1900–2000* (eds Harrison C, Wood P): 771–3. Blackwell.

Rao A, Keshavan MS (2006) Images in psychiatry: can psychiatrists recognise mental illness in paintings? *American Journal of Psychiatry*, 163: 599.

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The article (Rao 2006) that Clark & Crossfield refer to in their e-Letter does not in fact justify their assumption that art does not indicate mental state. Rao & Keshavan resorted to a chi-squared test to analyse their results, finding that untrained lay people were much less able than psychiatrists to infer mental illness in the tragic paintings of Gauguin, Van Gogh, Munch and Rothko. The article then concedes that psychiatrists are not so sure-footed when dealing with the ordinary works of individuals not found in museums.

Rao & Keshavan's article belongs to a series in the *American Journal of Psychiatry*, 'Images in psychiatry', in which the overall implication is, in fact, that art does mirror the often turbulent mental state within. One article in the series introduces the American Visionary Art Museum in Baltimore, which shows the works of self-taught artists, many of whom have mental illnesses. The authors entitle their article 'Art as a portal into the minds of those with mental illness' (Fujimoto 2008). Another focuses on Caravaggio, with the grim painting of David holding, in place of the head of Goliath, Caravaggio's own severed head. The author comments that this reflects Caravaggio's 'insight