

Péter Pál Bartek

Propositions

Illnesses and Fine Art

2008

Some personal concerns led me to the choice of this subject. My illness and the resulting disadvantages and 'advantages' have determined my life as well as my career as a painter. I had always been engaged with the coincidence of illnesses and everyday life. It had lived and lurked in me, though like many others I had also tried to repress it within myself. However, the constant frustrations and secrecy had always been working inside of me finally leading to the formation of a specific feeling of want. Admitting my illness was more than a simple acknowledgement of 'another self' both in my art of painting and my research work. It was the result of a process rather than the consequence of an abrupt decision.

Writing this thesis gave me the opportunity to rewalk and reconstruct the way I had already covered while examining myself. It also provided me with an opportunity to clear my enthusiasm towards certain artists and artistic tendencies as well as my attachment to the works and means of artists being outside the academic (professional, educated) art. Reflecting upon the way I had gone through I intended to make myself aware of those intuitions and presentiments that had been lurking inside of me coming into sight on and off.

Naturally, I was not able to examine the subject from a doctor's point of view. I tried to count on my intuitions and presentiments complementing them with a subject-based research work. Despite my personal concerns I tried to view the subject objectively with the thoroughness required from a researcher and at the same time be disposed towards it as a creator, furthermore express my experiences with the help of conceptual thinking.

Even at the beginning of my work I felt and was aware of the fact that I would not be able to find obvious answers, find out big secrets or come to evident conclusions. My aim was to get closer to myself by revealing the effects of those artists I admire, and with the help of conceptual understanding of experiences and with the writing itself.

It is a rather peculiar situation when a painter, whose means of expression are paintbrushes and canvas, is carried away by words and writing. This is another way, something different for an outsider with very strict, brain challenging rules that follow the

making of the written work until it is finished. I do not only mean the problems of text edition but also those of the content parts – in this particular case I include the use of language as well. Several times I had to face almost invincible challenges that the usage of notions expected to be in a thesis put me to.

The chapters of this thesis were written with the attitude of ranking the descriptive phenomena and on the explanatory level can the explication of my personal experiences and that of my motivation be found. The reason for this is the fact that I approached the subject neither from the history of art nor from sociopsychology. In this thesis my intention is to give credence to my meditations with my own art. The following chapters may not succeed the logic required by science. The reason behind this is the fact that these passages, even if they are fragmentary, are the reconstructions of my own way, nothing more nothing less than that.

I start my thesis with a brief treatment of art therapy. In my opinion it is indispensable to examine it as it gives the 'setting' of psychiatric art I deal with later on when writing about the artistic affects. Searching for connections between creation and the artist's psyche, his mental condition and illnesses are constantly appearing analytical aspects in writing the history of art. When analysing an oeuvre the artist's traumas and illnesses often come to light. However, art historians and aestheticians do not agree on how to relate these factors to the artist's works, if relate them at all. Collecting, comparing and analysing them might as well be the subject of another thesis. Based on my personal experiences I hazard to say that the history of art could be the history of art therapy as well since all of us consider the great works of art to 'radiate' some strong feeling or passion. The expressiveness is not only the feeling generated in ourselves, but also the artist's own feelings and mental condition painted, carved or shaped into his work of art.

Prejudice is another fundamental motive that in a sense determines psychiatric art or also the history of art as a whole. Especially people with illnesses might take prejudices (preliminary judgements) as serious problems which might as well be solved with the help of art. I also experienced the lack of social tolerance several times and it influenced me for a while. People suffering from mental illnesses consider acceptance and mental stress caused by unacceptance to be the biggest problems. The changed communal attitudes owing to their illnesses might result in an abnormal personalistic development. The most common abnormal mental reactions include uneasiness, depression and hysterical reactions. I was also determined by these types of prejudices. As a child when I turned out to be suffering from an illness it was hard for me to bear being discriminated. It made me an introvert person and finally turned me to drawing.

The backbone of my thesis includes the interpretation of the artists who I consider the most important ones concerning my subject and the introduction of psychiatric art. The three artists (Bosch, Goya and Schiele) marked the stages of my career as a painter. I could have dealt with numerous other artists as well, but I consider the personal factor of my thesis more important. It was not easy for me to decide not to introduce Van Gogh, Gulácsy and Csontváry's art, but I believe the thorough examination of the chosen artists better served my purpose as I consider my paintings to be more related to those of these three artists'. Introducing these three painters I marked the stages of my own way as well. The darker side of Bosch, Goya and Schiele's career give me an example to see how demons can awake in human beings. When I paint my inner 'demons' living only on the level of feelings and temper take the form of a picture and thus give me opportunities and inspirations and also help me to overcome the darker stages of my life. In my thesis I try to demonstrate how the given era and its beliefs, my illnesses and manias formed the effects of the demons. Also how the presumed or real, outer and inner traumas formed the artists' way of thinking, subjects and style. It was quite interesting to get from Bosch's overcrowded and representational works to Schiele's almost bare canvases, to see how the meanings of the given motives changed in the different eras of the history of art. Through these artists does the train of my thoughts get to psychiatric art, which is totally different from the one represented by the three artists' who experienced what it was like 'to descend to hell'. In these chapters I deal with the mechanism to create concerning artists who were not taught to 'make art.' I put the emphasis on artists whose art could not have been born if they had not been ill. So far no one has made a thorough research on their art career in my country . Some German references helped me in my research work.

The unconscious world cannot only turn up directly in the works of the so-called educated artists. In the case of people with mental illnesses the unconscious breaks through the boundaries of conventions. For them it is not difficult to depict the unconscious as it exists in their hallucinations, delusions and anxieties. It could mean a relief for them to be able to paint them on canvas. Naturally, if they have the talent and if their abilities so far being latent owing to their illnesses come up, they can produce works of artistic value. Through mentally ill people's paintings we can look into their inner world. There are several tendencies to explore their works. The mechanical viewpoint of 'one illness – one style' is no longer valid. It is not possible to establish a diagnosis merely on the basis of the form and content of the painting. Thus it cannot be stated that 'this painting is a real schizophrenic work'. Similar works of art can be made from different sources and for different reasons.

Being able to deal with psychiatric art the most important lesson for me was the variety and diversity of works. I myself also approached the subject believing that I would find several common characteristics and identifiable stylistic features. But it turned out to be wrong. Psychiatric art is just as varied as professional art. There are no conventions or categories, only some common stylistic features can be discovered.

Today the psychiatric patients' works arouse interest everywhere. The originality and style of the paintings, the depiction of the world of an afflicted person and that of his visions draw the eye. According to the references of this subject, in 1921 a patient had the honour of being called an artist by his psychiatrist. (*Spoerri*, 1964) This famous artist's name is Adolf Wölfli, whose works have already been exhibited throughout the world. The moment when the mentally ill person's situation was reevaluated marked a milestone in the relationship between art and illnesses.

These days the works of people with mental illnesses can be seen in exhibitions and collections. This made it possible for 'psychiatric' or 'psychopathological art', notions criticized by many people, to come into existence. In this chapter, with no claim for completeness, I have subjectively chosen artists who made an astonishing impact on me proving that their works are equal in value to those of professional artists'. I as a painter was also very impressed by their works. These artists are Adolf Wölfli, Emanuel Navratil, August Natterer, Friedrich Schröder-Sonnenstern, Carl Genzel and Louis Wain.

Within psychiatric art I devote a separate chapter to the artists living in the psychiatric institute of art therapy of Gugging, Austria, where I did my research work as well. I was also interested in the Gugging phenomenon as I had already heard about it while studying in Vienna. News of it often appeared in newspapers and in the media. When I started to write my thesis I went there to study on the spot the institute that had already become a phenomenon. What I found there really amazed me. Seeing the exhibitions at the institute did I realize what 'drawbacks' I have as a so-called 'educated' painter. It is rather difficult to explain it. The pictorial/artistic expression of some of the paintings was so powerful. Although I had always tried consciously to depict such a power in my paintings, I hardly ever succeeded, (most of the time I failed to do so). At Gugging I made an interview with the director who is responsible for art therapy looking for answers to the following questions: Are mentally ill people's works looked at in a different way? Do they have to meet different requirements than ordinary people? Who decides at a psychiatric institute which patient is talented? Do talent and originality matter at all? Are we talking about artists or patients?

At Gugging it became clear to me that gifted patients' latent desire to create works of art could be awakened. Art helped them to find a reason to live. This is the most that art can give people no matter where they live and where they belong to.

Finally, I examine the effect of psychiatric art on the fine art of the twentieth century. In the twentieth century more and more artists queried the traditional classical idea of art whose mainstream required a naturalistic depiction. The Fauves, Dadaists, expressionists and surrealists had a critical attitude to the principles of the academies when they looked for new ways to dispose, a forceful power of expression in the art of 'savages' (peoples with no history), children and people suffering from mental illnesses. No other era brought such fundamental changes concerning the essence of art and the artists' intentions to define themselves than the modern era. The avant-garde artists, by looking for something original and pure, got to the 'reserve' of their own culture; to mental hospitals, to the works of mentally ill people. They believed that parallel with the discovery of the subconscious by Sigmund Freud they found one of the most essential points in the European art which was revealed by psychiatric patients.

My thesis is built on some kind of duality: on one hand it is supported by the demonic world created by the so-called professional painters and on the other hand by the power of non-professional painters from psychiatric hospitals. Though they are basically different, they are related in many ways. I close my thesis with some self-reflection which is an absolutely subjective (self-)confession clearing those 'determinations' that provided a framework for my career as a painter. I hope this self-reflection proves why I was attached to this subject, answers why I chose this topic and why I looked at the question of the relationship between illnesses and fine art as my own problem. Finally, I would like to present how I as a painter was impressed by psychiatric art. Those artists who experienced what it was like to descend to hell, like the above analysed Bosch and Goya, had always had a constant but now and then renewing impact on me as I had always felt the knowledge, consciousness and artistic will behind them. Getting to know psychiatric art to a certain extent did I realize how one-sided I was. It had always been important for me to do my best when depicting a portrait, a figure or a limb, but I had often been obstructed by the knowledge I acquired during my professional education.

Looking at Hauser and Wölfli's works all these things became unimportant. I do not know whether I will ever be able to depict my own illness as a so-called educated painter. Such questions can only be answered at a later stage of my life (or at least I hope so). One thing is sure, the artists of mental illnesses do not paint with such an intention. The only thing

they and me have in common is that these things had to be born, these paintings had to and still have to be painted. The so-called cathartic relief is the most important of all. The interest I have is that of a creator's, the intention to get to know psychiatric art is that of a painter's. I was not and I am still not led by the intention to find some communal tie, although once I had such an idea. I am basically different from the artists I met at psychiatric hospitals.

My thesis made me aware of the fact that I am a kind of painter who, owing to some easily definable inner powers, is more interested in psychiatric art. My thesis is the ultimate undertaking of what and how I paint and what I represent. Writing it gave me such a relief as depicting any of my works of art.