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Sander Gilman

The Mad Man as Artist: Medicine, History and Degenerate Art

Are crazy people more creative than their sane counterparts? R. D. Laing, the British psychiatric guru of the 1960s, presented this argument more forcefully than most.¹ He saw – and still sees – madness as a creative response to an untenable world. For Laing, it is the family (or perhaps even society) which is destructively mad; those whom society labels as mad are only reflecting the craziness by which they find themselves surrounded. Their mimetic response to the insanity of the world into which they are thrust takes the form of a creative reworking of the insanity to which they are exposed. This response is labelled by that diseased world (or family) as an ‘illness’ and this view determines how the individual is perceived and, more importantly, treated. In R. D. Laing’s view of the world, the creative response of the mad is denied, even though it presents the roots for any true understanding of the nature of madness. To use Michel Foucault’s formulation, the mad are denied their own voice.² They are forced to speak through those institutions which either caused their madness (such as the family or society) or which deny them any insight, such as medicine.

In the 1960s, Laing undertook an experiment to show that the insane could be treated and restored, if they were, in a sense, reprogrammed. Laing’s creation was Kingsley Hall, a community of patients and therapists, which attempted to return ‘ill’ individuals back to that stage in life at which time they were exposed to the pernicious influence of the sick world about them. They were encouraged to return to infancy and relive their early life in a new, caring, protective, ‘healthy’ world, the world of Kingsley Hall. Laing’s Kingsley Hall had a favourite patient whose name was Mary Barnes. Together with her therapist, the American psychiatrist Joe Berke, she wrote an account of ‘a journey through madness’.³ Now, most psychiatrists or mental healers who see themselves as establishing a new order have ‘pet’ patients who serve them as the ideal example of the efficacy of their method. From Philippe Pinel, the

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father of modern psychiatry, to Jean Martin Charcot, Freud's teacher, from Anton Mesmer, who first used hypnotism in treating psychological disorders, to R. D. Laing, the exemplary patient seems a standard feature of all psychiatric systems which label themselves as innovative. These patients illustrate the 'creative' response determined by the new system to their own madness. This is clearly the case with Mary Barnes. But Mary Barnes shows her correct response to Laing's treatment by literally becoming a creative artist, a painter. She shows that she has recovered by painting her vision of the world rather than internalizing it in her psychotic fantasies.

Joe Berke conceived of art as the key to unlocking Mary Barnes's madness. He saw in her regression to childhood a pattern which he labelled as 'creative':

Mary smeared shit with the skill of a Zen calligrapher. She liberated more energies in one of her many natural, spontaneous and unself-conscious strokes than most artists express in a lifetime of work. I marvelled at the elegance and eloquence of her imagery, while others saw only her smells.

Mary Barnes is the real artist since she is unfettered by the limitations of that very world which has driven her into madness. Joe Berke's perception of the nature of art and the role of the artist is openly stated here. Mary is the romantic artist par excellence, following her own inner sense of the creative, and Joe Berke is the true critic, able to perceive the truth in art, while all others in the philistine mob see only shit. But this is not the complete model for the artist which Berke has internalized and which Mary Barnes accepts and carries out in her desire to please her therapist. Berke continues this description of the role which art can play in communicating with patients (and having patients communicate with the world) by telling an anecdote about the psychotherapist John Thompson who begins to communicate with a patient who has withdrawn totally into his world of madness. Thompson presents him with pen and paper and 'the man grasped hold of the pen tightly and, in a few minutes, fashioned a technically proficient, Giacometti-like drawing of a thin, tortured individual'. This mode of communication continues, Berke informs us, since 'the man had found his mode of expression. Later he became a well known painter'. Thus, the artist for Berke is not only the true prophet of inner feeling but also is rewarded for this ability to articulate this insight with success and status. Mary Barnes was given crayons and paper in November 1965. Her first products were given to her therapist as a gift and he encouraged her through his praise to

continue to produce. By February 1969, Mary Barnes had moved from crayons to other media, had sold some of her paintings, and was preparing a 'one-man [sic] exhibition'. Its success was overwhelming. Articles appeared in the British intellectual journals, such as *New Society*, which were clearly in sympathy with Laing's views, and the show was covered by newspapers and television. All of this Mary Barnes records in her autobiographical recollections with great pleasure. During the pre-opening party, 'Joe came, glorious in a huge robe of gold dragons. The big bear who had caused all the painting. "It's really wonderful, what you have done for Mary"', Mrs Nix, an old friend, was saying. Joe replied, "Oh, Mary teaches me.'" Mary may have taught Joe Berke something about madness, but it was not the lesson she thought he had learned, for Joe was pleased with Mary's success as an artist, within the approved institutional framework in which art (even art produced by the romantic artist) is judged. Mary has simply accepted Berke's presuppositions and lived them out. Her success as an artist must be measured against her status as the 'pet' patient of Kingsley Hall and the climate which saw this answer to the treatment of mental illness as the most socially acceptable one.

The case of Mary Barnes raises one of the central questions about the myth which links madness and artistic production (or creativity): are madness and creativity necessarily linked? Aristotle believed that they were. In his *Problemata* he asked the question, 'Why are men of genius melancholics?'⁴ Melancholia, the dominance of one of the humours, the mythic black bile, was seen as the root of most mental illnesses from the ancient Greeks through the Renaissance. Aristotle saw mythological figures such as Heracles as possessing a melancholic constitution but also saw 'most of the poets' as being 'clearly melancholics'. Creative minds are diseased or, at least according to the ancients, are housed in a body dominated by black bile, the source of madness. This view was accepted throughout the history of madness in the west. On one level or another, or at some remove, the creative individual sets himself or herself apart from the normal, not only by his or her actions but also by the source of these actions. The uniqueness of the creative individual is perceived as the result of some greater, overwhelming force, such as madness. This view is accepted through the nineteenth century and attains the status of a truism. With the reform of the asylums in the early nineteenth century and the parallel literary glorification of the mad as those solely possessing true insight (in the writings of Romantics such as E. T. A. Hoffmann), attention is thrown for the first time on the artistic production of the insane. For if the

creative are mad, must not the corollary also be true, that the mad are creative?

Philippe Pinel, the man credited with 'freeing the mad from their chains' (and replacing them with more 'humane' treatment such as the newly developed 'English straight waistcoat', – the strait-jacket), mentions, in passing, the artistic production of some hospitalized patients in his textbook of psychiatry (1801).⁵ Benjamin Rush, one of the signatories of the American Declaration of Independence, and the most original mind in the history of American psychiatry, reported in 1812 that his patients at the Philadelphia Hospital showed an increased capacity for poetry, music and art.⁶ Indeed, as a result of Rush's interest in this aspect, there is preserved the poetry and watercolours of one of his patients, Richard Nisbett, which reflect an interest, on the part of this deranged individual, in drawing detailed maps. But Nisbett's use of maps as a way of presenting his manner of seeing the world was in no way more unusual than Rush's own use of the model of government in presenting his model of the mind in his lectures on the institutes of medicine given in 1791. Here, 'the passions are the deputies of the supreme executive, and carry into effect all the good and evil which are fabricated by the legislative powers'.⁷ Both maps and governments were powerful images in post-Revolutionary America and permeated the manner by which all, mad and sane, saw the world. For Rush, Nisbett's art must have provided some type of opening into the nature of madness or else he would not have preserved it. But what Rush saw we do not know, as he never commented on this case.

In 1845, Pliny Earle, one of the founders of the organization which became the American Psychiatric Association, published an essay on the artistic production of the insane, in which he presented for the first time the theoretical presuppositions which medicine had developed to deal with the aesthetic products of the mad. He dismissed the isolation of the insane as sub-human and brought as proof of their innate humanity the fact that they too produce works which can be seen as 'elevated'. He saw in the works produced by the mentally ill the truths of some pre-Edenic state of man:

It has been asserted, by one who was labouring under mental derangement, that the only difference between the sane and the insane, is, that the former conceal their thoughts, while the latter give them utterance. This distinction is far less erroneous than might be supposed, and is not destitute of analogy to the remark of Talleyrand, that 'language was invented for the purpose of concealing thought'. The contrast between lunatics and persons retaining the use of reason, is not so broad and striking as would appear to such as are but little acquainted with the former. It seems to me that one of the

most prominent points of difference, having the general character in view, is that with the insane, 'the shadow has receded upon the dial-plate of time', and they are, truly, 'but children of a larger growth'. In their attachments and antipathies, their sources of pleasure and of pain, their feelings, motives, all their secret springs of action, they appear to have returned again into childhood. But childhood and early life are emphatically the poetical age of man, when hope is unclouded and care is but a name, when affection is disinterested, the heart unsullied, and imagination untrammelled by the serious duties of a working world.⁸

Earle sees the mad poet as the child-poet, unable to repress the inner truths which he has seen. But this poet as child also sees more intensely than do the sane: 'It is well known that insanity not unfrequently develops, or gives greater activity to powers and faculties of the mind, which, prior to its invasion, had remained either dormant or but slightly manifested. No other power is more frequently thus rendered prominent than that of poetical composition.' The mad poet sees more deeply and is able to articulate this perception. Earle's examples, however, are quite contradictory. For while he can (and does) quote from poets who became insane (such as the 'melancholic' William Cowper), the poetry he cites from his patients who wrote poetry he labels as either confused or banal. Shortly after the publication of Pliny Earle's essay, the British 'alienist' (the terms 'psychiatrist' as well as 'psychiatry' were only coined in the 1830s and took a while to catch on) Forbes Winslow continued the argument in a paper 'on the insanity of men of genius' in which he drew analogies to paintings by the mentally ill which he had collected from various British asylums over a period of twenty years.⁹ Likewise, Cesare Lombroso, in his first major work, *Genius and Madness* (1864), drew analogies between men (and women) of genius, whom he saw in an Aristotelian manner as mad, and the work by the insane which he had seen during his work in a Turin clinic.¹⁰ Lombroso's book, and his subsequent fame as the best known medical champion of the concept of 'degeneracy' as the central explanation of deviancy (from sociopathic and psychopathic to creative acts), moved this question into the centre of the concerns of modern psychiatry. It is only by following Lombroso that the two questions are clearly separated: one line leads to the examination of 'great' men in order to find the psychopathological origin of their greatness (as in Paul Möbius's 'psychographs' of Freud's 'psychobiographies'); the other to the examination of the aesthetic products of the mentally ill, to establish the creativity of the mad (and discover their greatness in their illness).

Lombroso's *Genius and Madness* examines 107 mentally ill patients, of whom about half spontaneously painted. He sees in these paintings

proof of his basic tenet, which is that sociopathic and psychopathic acts reflect a throwback to a more primitive stage of human development. In the art of his patients, he sees an atavistic form of representation which he parallels with the 'art' of the 'primitive'. As in the art of the primitive, Lombroso sees a fixation on the obscene as well as a stress on the absurd or surreal. He also sees, however, that this art does not fulfil any function either in the world of the asylum or in the greater world. It seems to be merely the reflection of the madness of the patient and has therefore only overt meaning. Lombroso denies any deeper significance to the work of art. What he is interested in is the seemingly spontaneous act of painting, which he sees as parallel to the seemingly spontaneous act of painting among 'savages'. It is the focus on the act of creation rather than the object of creation which is central to Lombroso's concern.

There was another shift when the late nineteenth-century medical establishment turned to the aesthetic productions of the insane. While most discussions of the creativity of the mad in the early nineteenth century revolved around the poetry of the insane (thus, Pliny Earle's essay title), the late nineteenth century, beginning with Forbes Winslow, became fascinated by the visual art produced by the insane. In 1872, A. Tardieu published his 'medico-legal study of madness' in which he commented that, 'although our attention to the present has been concentrated on the writings of the mad, I do not shy away from saying that I am interested in examining the drawings and paintings produced by the insane. What one can associate in ideas, what one perceives in one's fantasy, the most impossible things, the most bizarre images, which one would not have even in one's own delirium, are drawn by the mad. These creations contain nightmares and cause one's head to swim.'¹¹ Tardieu's conclusion is that the art of the insane, which he also describes as somehow or another different from the art of the sane, gives greater insight into the nature of the insane's perception of the world.

Why did the object of investigation shift from the poetry to the art of the insane? This shift, as we can see in Tardieu's observation, is one of which the 'scientific' investigators were quite aware. The shift can be understood on one level as a direct reflex of the role which experimentation played in impinging various modes of aesthetic communication on the popular consciousness. Romantic poetry was the face of Romanticism as far as the popular understanding of that revolution in perception was concerned.¹² For the 1860s and early '70s, especially in Paris, it was art in which the most visible and controversial experimentation was taking place. Art became the appropriate vehicle for experimentation, just as poetry had been some four decades earlier.

Thus the central questions asked of the creativity of the insane both pre-selected that medium in which experimentation was then taking place, and imposed upon the products of the insane the ideology of the avant-garde. By the end of the nineteenth century, the art of the insane represented not only the lost world of childhood but also the utopia (or distopia) of aesthetic experimentation.

Only four years after Tardieu published his first halting speculations on the art of the insane, Max Simon used the art of the mentally ill as the basis for a set of diagnostic categories.¹³ Using six of the categories of late nineteenth-century psychiatric diagnosis (melancholia, chronic mania, megalomania, general paralysis of the insane, dementia and imbecility), Simon discovered specific, formalistic qualities in the art of the insane which differentiate these various categories from each other. Thus the paintings of the 'demented' are childish or foolish, while the paintings by 'chronically manic' patients are incoherent and unreal in regard to the use of colour. Simon was also struck, as was Lombroso, by some of the 'bizarre' content, specifically the sexual imagery, which dominated these works. His intent was to use paintings and drawings by the mentally ill as diagnostic tools. His attempt failed because his categories of illness were as much a reflex of his time as was his formalistic methodology. Simon worked with the critical tools of his age, approaching the work on art in the asylum much as his eye had been trained to see the work of art in the museum. Robbed of all context except one which is self-consciously neutral, the work of art in the museum demands to be seen as a closed structure which refers only to itself; any embeddedness is either excluded or consciously repressed. Simon's view of the works of art by the mentally ill was thus rigidly formalist. He commented on composition and, to a much lesser degree (because they point toward the context of the work), on the themes of the works of art. Simon, the medical director of the asylum at Bron, had set the stage and written the stage directions for the examination of the art of the insane.

In 1882, E. Régis published a detailed reflection on the art of the insane in which he carried Simon's argument yet further.¹⁴ Régis focuses on the orthographic component present in much of the 'art' of the insane. As early as Lombroso's work, it was evident that the clear line between the 'writing' and the 'art' of the insane was an artifact of the beholder. Pliny Earle himself discussed the first published clinical study of an 'influencing machine', described by John Haslam in 1810, and was fascinated as much by Haslam's reproduction of his patient's sketch of the machine as by the vocabulary he used to describe it. Régis, influenced

to no little degree by the late nineteenth-century fascination with graphology, concentrated on the formal aspects of embellishment and structure rather than on the broader context of the relationship between words and image. Indeed, he tends to see the shape of the words as more important than the meaning of the words themselves. As a reaction to this attempt (no matter how superficial) at a new synthesis of word and image, Marcel Réja published the first comprehensive overview of the 'art of the mad: drawing, prose, poetry' (1901), in which he argued that there can be no comprehensive influence of mental illness on all the aesthetic production of the insane;¹⁵ it is only in the world of words, in literature, that this influence can be judged. Réja's work is clearly an attempt to 'save' art from the synthesizing attempts of writers such as Régis and the American psychiatrist A. Hrdlicka, whose little known essay on art and literature in the mentally ill had appeared in 1899.¹⁶

Evidently, there was a great deal of interest in the artistic production of the insane among psychiatric circles during the closing decades of the nineteenth century. Part of this shift in interest was rooted in an overall shift in the emphasis of what defines mental illness. By 'mental illness' we do not just mean what is considered to be crazy, but what aspects of being crazy are seen as standing at the centre of a 'scientific' consideration of madness; what diagnostic criteria stand as emblematic for madness. It is clear that for the greater part of the late nineteenth century, the 'disease' which defined madness was 'general paralysis of the insane'. This was perceived as an alteration of mind rather than of emotions, and thus fitted very nicely into the model of mental illness that dominated late nineteenth-century psychiatry. Seen as some type of a reflex of a disease of the brain (indeed it was shown, shortly after the beginning of this century, to be the final stage of syphilitic infection), it fulfilled the dean of nineteenth-century biological psychiatrists, Wilhelm Griesinger's aperçu that 'mind illness is brain illness'. By the closing decades of the nineteenth century, the basic definition of mental illness had begun to shift. Psychiatrists such as J. M. Charcot in Paris and Sigmund Freud in Vienna turned to the study of the emotions rather than the mind. The new illness which thus began to take centre stage in the 1890s was *dementia praecox*, a term coined by the French psychiatrist B. A. Morel in 1856. In Emil Kraepelin's revitalization of this diagnostic category in 1896, modern psychiatry found the 'disease' which best defined its centre of mental illness.¹⁷ In 1911, the Swiss psychiatrist Eugen Bleuler restructured what for Kraepelin had been a static concept of a disease having an inevitably negative outcome, into a more dynamic category which focused many of the concerns of twentieth-century

psychopathology. It is with the artistic products of the schizophrenic that twentieth-century psychiatry has been primarily concerned. Bleuler's major contribution (in addition to a new name for *dementia praecox*) was to separate what he considered the basic structure of schizophrenia (disassociation of thought, loss of appropriate affect, ambivalence, autism) from the accessory symptoms, such as hallucinations, alterations of personality, changes in language, and handwriting as well as the seemingly unique artistic productions of the schizophrenic. Bleuler also countered Kraepelin's view that schizophrenia necessarily ended in total idiocy. He saw the potential for a return of the schizophrenic patient to society.

While there was interest in the artistic production of the insane during the decades preceding Kraepelin and Bleuler, these works, their association with illness as well as their link to the world of art outside the asylum, took on a new quality when they were associated with the ideology surrounding the concept 'schizophrenia'. J. Rogues de Fursac's 1905 monograph on 'writing and drawing in mental and nervous illness' presented the idea that the work of art produced by the mentally ill served as a 'translation' of the illness into concrete form.¹⁸ Such views served as a bridge to Bleuler's view of the accessibility of the underlying structures of schizophrenia through its peripheral products. This is a far cry from Emil Kraepelin's view that these products were essentially meaningless; he calls them 'word or picture salad', implying that they were merely the confused products of the illness. For Kraepelin, they have significance only as a sign of the dementia, much as spots signify the presence of measles. For thinkers such as Rogues de Fursac and F. Mohr (in essays published between 1906 and 1909), the illness could be interpreted through the work of art itself.¹⁹

The shift in perspective also implied a change in the manner of treating as well as seeing the schizophrenic. Following in Freud's footsteps, Bleuler listened to and observed the schizophrenic patient. He attempted to analyse his patients, seeing them as suffering, not from some type of physical alteration of brain structure (a disease of the mind), but rather from a severe disorder of the psyche. As such, the artistic products of the schizophrenic assumed a greater and greater role in both their diagnosis and their mode of treatment. The schizophrenic was perceived as suffering from some type of alteration in his or her relation to his or her sense of self. This altered relationship could be extrapolated from the nature of the schizophrenic's art (at least according to the new theories of schizophrenia).

Out of the sense of a dynamic psychopathology as evolved by Bleuler,

came a new generation of psychiatrists who began to concentrate on the products of the schizophrenic as a means of examining and eventually treating that disease entity. The centre of interest shifted from Bleuler's hospital, the Burghölzli outside Zürich, to the university clinics of Heidelberg. The clinic had been run by Emil Kraepelin until the end of the first world war. Following the war, it was headed by Karl Wilmanns, later the editor of the comprehensive handbook on schizophrenia produced by the Heidelberg group in 1932. During the 1920s, Heidelberg became the centre for the study of the products of schizophrenia as means of access to the central problems of mental illness. In 1922, Hans Prinzhorn published his study of the 'art of the insane', based on the Heidelberg collection which he founded; in 1924, Wilhelm Mayer-Gross, who later became the founder of British dynamic psychopathology, published his pendant to Prinzhorn's work on the 'autobiographies of the mentally ill.'²⁰ These works stood under the influence of Wilmanns and Karl Jaspers, the most original mind of the Heidelberg school, whose systematic handbook on general psychopathology (1913) both summarized the existing literature and indicated the paths which should be taken by future students of psychopathology. Jaspers' existential phenomenology as well as that of the philosopher Ludwig Klages, Prinzhorn's main influence, saw the peripheral products of the mentally ill as a tool to explore the alienation of man from his essential self. In a sense, Jaspers and Klages were reacting against what they perceived as the biological basis of Freud's thought. They wished to replace Freud's biological model with a purely psychological explanation for psychopathology. Prinzhorn and Mayer-Gross picked up the challenge to examine the artistic and literary products of the mentally ill in the light of this new manner of seeing the insane.

Hans Prinzhorn had initially approached the art of the insane in an essay published in 1919.²¹ Superficially, this essay was little more than a summary of the literature on the subject, but like Jaspers' great work of six years earlier, it used the survey of the literature as a device for defining the direction future investigations should take. Prinzhorn perceived four stages in the 'scientific' treatment of the art of the insane: first, the awareness that the insane do produce works of art (Tardieu); second, that these works of art could have value in diagnosis (Simon); third, that an intrinsic approach was the appropriate one to the study of this material (Mohr); fourth, that the question of the relationship of this art to 'real' art should be part of the investigation (Réja). The programme which Prinzhorn outlined in 1919 is carried out in his 1922 volume, *Artistry of the Mentally Ill*.²² In undertaking a formalistic

analysis of the some 5,000 works by 450 individuals, Prinzhorn stressed the inner structure of the works of art as the key to their meaning. Following Bleuler, he assumes that these works have a hidden meaning since they relate to the inner world of the schizophrenic. He outlines six major formal criteria of the art of the schizophrenic which point directly to the nature of the psychological disruption in the illness: the compulsive need to express inner feelings, the playfulness in expressing them, the need to ornament (the horror felt at leaving any corner of the paper undecorated), the need for order, the drive to copy or imitate and, finally, the self-conscious development of complex systems of visual (and literary) symbols or icons. Although he categorizes these works into these structures (which he understands as the reflection of the basis of schizophrenia as a disorder of the character), at the conclusion of his work he warns against simply using these categories as a means of labelling any given work of art as the product of the mentally ill. Prinzhorn's seeming contradiction is in reaction to a series of monographs beginning with Paul Schilder's study of madness and knowledge (1918), which drew parallels between the art of his patient, 'G.R.', and the avant-garde, specifically the works of Kandinsky.²³ Prinzhorn was quite aware that he could all too easily fall into the type of fallacy which some earlier studies had done. They took a group of patients labelled as insane, examined their products (as medieval doctors examined the urine of fever patients) and determined that the patients were insane. Prinzhorn believed that the art of the schizophrenic shows certain qualities, but that without the patient (or a diagnosis) before one, one cannot determine whether the work reflects a disease process or not. This break with the rigid sense of an equation between artistic production and diagnosis did not evolve out of Prinzhorn's formalistic analysis of his patients' paintings, but must be seen against a specific understanding of the mythopoesis of mental illness which dominated the German intellectual scene in the opening decades of the twentieth century.

During the opening decades of the twentieth century, German expressionism revelled in the exotic. The 'discovery' of African art by Carl Einstein very much paralleled the 'discovery' of the insane by such diverse writers and poets as Ernst Stadler, Georg Trakl, Carl Einstein, Alfred Döblin and the Dadaist Richard Huelsenbeck.²⁴ This discovery was precipitated as much by the need to define the avant-garde as the antithesis of the established order. The Wilhelminian empire created a colonial empire in Africa during the 1880s and imported the objects of African culture into Germany. There, they were embedded in the 'anthropological museum' where they gave the German middle class

proof of their inherent superiority over the primitive. Einstein simply reversed things. So far from being proof of inferiority, the isolated works of African art were seen as proof of the superiority of the primitive vision over that of technological society. The Wilhelminian Empire had created a massive system of state asylums, centring about the huge hospital at Bielefeld (founded in 1867), which housed upward of 5,000 patients. If the state found it necessary to isolate the insane, the avant-garde would integrate them, or at least the myth of insanity, into their image of their ideal world. Hugo Ball, the Dadaist and expressionist, wrote the following 'schizophrenic sonnet':

Schizophrenia

A victim of dismemberment, completely possessed
I am – what do you call it – schizophrenic.
You want that I vanish from the scene,
In order that you forget your own appearance.

I will press your words
Into the sonnet's dark measure,
My acid arsenic
Has measured the blood in you to the heart.

From the days' light and custom's permanence
Protect yourselves with a secure wall
From my madness and jarring craziness.

But suddenly sadness will overcome you.
A subterranean shudder will seize you
And you will be destroyed in the swinging of my flag.²⁵

Ball places himself in the position of the patient, a patient given a new identity as 'the schizophrenic'. But Ball is not mad, even though the bourgeoisie labels the avant-garde as 'crazy' and 'ill'. He uses the identity of the mad poet to comment on the true nature of society. The schizophrenic becomes a device, much like the use of other exotics, beginning with the *Persian Letters*, to present a critique of society. Wieland Herzfelde, the publisher and brother of the inventor of the modern photomontage, John Heartfield, states this position quite boldly in an essay published during 1914 in the leading expressionist periodical *Action*:

We call people mentally ill who do not understand us or whom we do not understand.
I shall speak about the latter. Normally one does not make this distinction. The

patients in an asylum are crazy. That's enough. . . One is sorry about these poor unfortunates, one laughs at them and is horrified by their fate. . .

The mentally ill are artistically gifted. Their works show a more or less unexplained, but honest sense for the beautiful and the appropriate. But since their sensibility differs from ours, the forms, colours and relationships of their works appear to us as strange, bizarre and grotesque: crazy. Nevertheless the fact remains that the possessed can work creatively and with devotion. Thus they remain protected from boredom, the most apparent reason to be unhappy, even though there is little tradition or influence on them. They only integrate into themselves that which is in harmony with their psychological changes, nothing else. They keep their own language: it is the statement of their psyche, and yet orthography, punctuation, even words and turns of phrase which do not reflect their feelings, they avoid. Not out of forgetfulness but out of unwillingness. The mad are not forgetful. What has impressed itself on their psyche, remains forever in their memory. For everything which impresses them, they have a better memory than do we, but they have no memory for unimportant things. A similar gift has caused the artist to be considered as a dreamer who avoids reality and lives without any structure.²⁶

Herzfelde sees the madman as the model artist. The German expressionists saw, in the image of the insane, the reification of their own definition of the artist in conscious opposition to the structures of society. This is the image against which Prinzhorn is reacting. The madman produces art but is not the artist per se. In 1921, Walter Morgenthaler had produced a monograph on the schizophrenic artist Adolf Wölfli in which Wölfli and his work were presented within the format of the 'art historical monograph'.²⁷ Wölfli was presented not as a clinical case, masked behind a pseudonym (Breuer's 'Anna O.' or Freud's 'Dora') or initials (Schilder's 'G.R.'), but as an artist deserving his own presentation in one of society's ultimate accolades for the artist, the monograph. Prinzhorn is concerned about the extension of the self-conscious confusion between artist and patient which is embodied in the metaphoric language of the expressionists. He sees the patients not as creating their 'works of art' as part of free creation but as a direct result of the process of illness. But this aspect of the creativity of the mentally ill cannot be measured by a formalistic analysis of their products. Indeed, through the confluence of similar sources (naïve and votive art among them) and the growth of interest in the productions of the insane (and their increased accessibility to the lay public through works on this topic), lines between the works of the mentally ill and the artistic avant-garde are blurred – but only if the context of the work is ignored. Thus Prinzhorn found himself in a dilemma: he saw the limitations of his approach, but did not see any resolution. Prinzhorn's search for the essence of the art of the schizophrenic was doomed. But his presentation articulated many

of the problems concerning the nature of artistic production and the role of the artist-patient as the outsider. Unlike the patient, of course, the artist must create for himself the persona of the outsider, which he dons like a helmet to do battle with society. Prinzhorn was quite aware of the limitations inherent in this attitude and how it compromised the understanding of the disease process which he saw in his patients.

Prinzhorn's patients were ill. They were not shamans speaking an unknown tongue, nor were they romantic artists expressing their conscious disapproval of modern society through their art. These patients were ill and their artistic productions reflected the pain and anguish inherent in that illness. This fact was often overlooked by earlier commentators on the art of the mentally ill, as well as by those writers who used the persona of the madman as their alter ego. We can see this anguish hinted at in the case notes to the work of that artist whom Prinzhorn calls August Klotz. The alteration of his name from 'Klett' to 'Klotz' is of interest, as 'Klotz' is a pejorative term for an idiot. During Klotz's hospitalization, as reflected in the original case notes (rather than in Prinzhorn's selective interpretation of them), the constant pain of the patient is stressed. Since Klotz was not a patient of Prinzhorn, but of the asylum at Göppingen, his reading of the case material provides his re-interpretation of the data concerning the patients. Prinzhorn stressed the early artistic expression of the patient. The case notes begin on 4 June 1903 and describe the patient's excitement, his hallucinations and fear of imminent death. He has tremors in his hands, headaches and nightmares. He is fearful, informing his doctors of his supposed 'syphilitic' infection. (Syphilophobia is one of the most terrifying expressions of fear during the nineteenth century.) His physical signs show, however, no sign of infection. He attempts suicide on 12 June by slashing his abdomen. It is only at the end of August that anything which could be perceived as 'artistic' is described in the case notes. In his manic exaltation, he 'scratches the walls'. In July 1904, Klotz begins to hallucinate about the pattern of his wallpaper. (Here, the 'real' and the 'literary' world approach one another, as this motif is central to Charlotte Perkins Gilman's tale of madness, *The Yellow Wallpaper* (1892).) In September of that year, Klotz begins to smear figures and secret signs in grease on the walls of the asylum. From then on, he begins to produce 'artistic' works, detailed letters, highly complex symbolic systems, ornate drawings and sketches. But all of these are produced in the context of the pain and turmoil of his illness. The pain which Klotz experienced in the asylum, the pain which defined his illness, makes any formalistic analysis of his work meaningless. For only one in the depths of an

equivalent anguish could afford to discount this pain in a reading of the paintings and letters. Klotz's case notes (one of the two preserved in the Prinzhorn collection in Heidelberg) provide the information on the patient's 'illness'. Only the lack of such information could allow the interpretation of the work on formalistic grounds; Prinzhorn, who had much of this material, saw the automatic constraints built into his critical model. For missing from his model is the personal, individuated illness of each patient, his or her response to the illness, and the unbridgeable anguish. This is also missing from the function of the image of the insane among the German avant-garde.

The social function of the outsider as a mask for the avant-garde was well understood by the 1920s. In Germany, however, there was a parallel development in the creation of a mask for the quintessential outsider in that society, the Jew. As a result of the development of theories of degeneration evolved by the French psychiatrist B. A. Morel, and honed on Darwin's view of the development of the species, many somatic and psychopathologies were labelled as 'degenerate'. They were explained by the 'decline' of the group afflicted because of their inability to compete successfully in society. This was, of course, a means of labelling perceived differences among groups as pathological and to relegate these differences to the world of the inexorable, immutable. Thus, the idea of the inherent differences among races (the so-called 'polygenetic' theory of the origin and nature of the races) was slowly replaced in the nineteenth century by the idea that it is somatic differences which differentiate these groups. In other words: 'We are healthy; they are sick'. This is an argument which has been extraordinarily powerful, from the biblical admonition concerning 'leprosy' to the present AIDS crisis. Many different diseases were ascribed to the Jews, but none was more effective in pinpointing the perception of the Jews in Germany than their being labelled as 'crazy'. The giants of nineteenth-century German psychiatry such as Emil Kraepelin, Richard Krafft-Ebbing and Theodor Kirchhof all agreed that the Jew was inherently degenerate and, as such, was especially prone to madness. Kirchhof's views, in his textbook of psychiatry for medical students (a work which became a standard in the English-speaking world as well), can serve as typical:

Perhaps the Jews exhibit a comparatively greater predisposition to insanity, but this may be explained by another peculiarity apart from race, viz., the fact that the Jews intermarry very often in close family circles, the crossing is insufficient, and heredity thus gives rise, by inbreeding, to a rapidly increasing predisposition to insanity.²⁸

Jews go crazy because they act like Jews. This view of the general predisposition of the Jew toward mental illness became a commonplace throughout the early twentieth century. The myth, unlike the self-constructed myth of the artist as madman, had a very specific set of consequences in the real world. First, the Jews themselves became convinced of its reality since it was embedded in a scientific dogma which gave this slur status. Thus Max Nordau, one of Theodor Herzl's first supporters and the author of the widely-read book *Degeneracy*, argued at the close of the nineteenth century that the new Jew had to be the 'muscle Jew'. This Jew would not suffer from the debilities of body and mind which Nordau (in common with most Jewish writers) ascribed to the enforced isolation of the Jews (rather than their self-chosen isolation). Second, a paradigm was created for perceiving the Jew as different in such a way as to warrant his isolation from society. The ghetto was no more, but the asylum could serve as a surrogate ghetto in having a place to put these 'crazy' Jews. The myth had a pragmatic consequence in associating two outsiders, the insane and the Jew.

Such views are not fringe views in late nineteenth- and early twentieth-century medicine; they stand at the centre of 'liberal' German science. Krafft-Ebbing is to be seen as part of the left-liberal political tradition within German and Austrian medicine. But the association of Jews and madness becomes so powerful that it comes to define the perception of the Jew within yet a further context: the role which the Jew was seen to play in the world of the arts. For many complicated reasons, German Jews were perceived as dominating the artistic and literary avant-garde in Germany from the close of the nineteenth century.²⁹ Part of this was indeed the presence of highly visible German-Jewish artists (or artists labelled by the anti-semitic press as Jewish) such as the impressionist Max Liebermann. There were, of course, equally well-known 'non-Jewish' impressionists such as Wilhelm von Uhde. But the visibility of the 'Jewish' avant-garde before and after the first world war was based on the strong association of the Jew and the avant-garde as defining the position of the outsider in German cultural life. The irony, of course, is that Jews such as the conductor Hermann Levi played a major role in the conservative aesthetic tradition of Wilhelminian Germany, but in no way was conservatism perceived as 'Jewish'. By the time the expressionists began to adopt their mask as 'madmen', at the beginning of the war, the association of the Jew, the artist and the madman was complete. What was initially pose or theory became part of the political programme of German anti-semitism.

In 1924, in the Landsberg prison in Bavaria, the leader of a failed

coup d'état against the young Weimar Republic sat down and dictated his political philosophy. Adolf Hitler added the association of Bolshevism to the equation of Jew, madman, and artist, since the Communist Revolution in Russia was seen by the German right wing as the most recent success of the international Jewish conspiracy:

Even before the turn of the century an element began to intrude into our art which up to that time could be regarded as entirely foreign and unknown. To be sure, even in earlier times there were occasional aberrations of taste, but such cases were rather artistic derailments, to which posterity could attribute at least a certain historical value, than products no longer of an artistic degeneration, but of a spiritual degeneration that had reached the point of destroying the spirit. In them the political collapse, which later became more visible, was culturally indicated.

Art Bolshevism is the only possible cultural form and spiritual expression of Bolshevism as a whole.

Anyone to whom this seems strange need only subject the art of the happily Bolshevized states to an examination, and, to his horror, he will be confronted by the morbid excrescences of insane and degenerate men, with which, since the turn of the century, we have become familiar under the collective concepts of cubism and Dadaism, as the official and recognized art of those states. Even in the short period of the Bavarian Republic of Councils, this phenomenon appeared. Even here it could be seen that all the official posters, propagandist drawings in the newspapers, etc., bore the imprint, not only of political but of cultural decay.³⁰

Hitler thus enters and shapes the dialogue concerning the artist as outsider. It is impossible to avoid the conclusion that Hitler, the failed Austrian water-colourist, saw the glorification of patients such as Wölfler or indeed the entire interest in the art of the insane as proof of the 'crazy' direction which the avant-garde had taken. While there is no direct evidence that Hitler read Prinzhorn's work, he must have been exposed to its existence through reviews and polemics published in a wide range of contemporary newspapers, including those of the far right. Hans Prinzhorn's work, published two years before Hitler completed his own, could well have served as a catalyst for these views. The irony is that Prinzhorn's book reflects the political conservatism associated with his mentors, the philosopher Ludwig Klages and the Munich conservative art historian Conrad Fielder. Both stressed the 'intuitive' nature of creativity and perception; both tied their views to the politics of their day. Prinzhorn stresses the 'tribal' identity of each of his patients. August Klotz, for example, is described as having the typical persona of the Swabian. Like many conservatives, Prinzhorn flirted with the nazis. It is indeed quite impossible to judge what his long-range response to them would have been, since he died in 1933. Like many of the intellectual conservatives

who, at first, welcomed the 'stability' of the nazi state, Prinzhorn's support may have been unwelcome to them in the long run.

Had *Mein Kampf* remained merely the political platform of a group of cranks, the interest which Hitler showed in the state of German art would have remained an unimportant footnote to any reading of the historical context of Prinzhorn's work. But, on 30 January 1933, Hitler was asked to form a new government and by the end of that spring had turned Germany into a nazi state. During the course of the mid-1930s there was a purge of Jews from all state and academic functions, including the few Jewish museum directors and the Jewish teachers at the various universities and art academies. Gallery directors began to arrange shows which contrasted the 'degenerate' art of the 'Jewish' avant-garde with the 'healthy' art of German conservatism. In Nuremberg, the director of the city art museum arranged a show which he called 'the horror chamber of art' in his gallery.³¹ In Chemnitz, where the director of the museum was fired by the nazis, Dr Wilhelm Rüdiger arranged a similar show under the title: 'Art which does not speak to our soul.' But these regional shows were but previews for the massive exhibition of 'degenerate art' staged by Joseph Goebbels' Ministry for Popular Enlightenment and Propaganda on 30 June 1937. Adolf Ziegler put together a show of 750 objects in rooms in the anthropological museum in Munich (officially designated 'the city of the movement'). Among the artists exhibited were Ernst Ludwig Kirchner (25 paintings), Emil Nolde (26 paintings), Otto Müller (13 paintings), Franz Marc, Lionel Feininger, as well as Mondrian, Kandinsky, Lissitzky, and Marc Chagall. What was striking about this exhibition was that it employed a basically ethnological approach. It did not consider the paintings 'works of art' but rather representative of the atavistic nature of the Jewish avant-garde. (Even though many of the artists represented, like Nolde, were not Jewish, their role in the avant-garde enabled the nazis to label them as such.) The catalogue which accompanied the exhibition used the comparative approach to illustrate the degeneracy represented by the works of art. African masks were used to show the 'racial' typology of the avant-garde. But most important, the art of such avant-garde artists as Kokoshka was seen as related to the art of the mentally ill, like Karl Brendel. And the prime witnesses called for the prosecution were Adolf Hitler and Wieland Herzfelde. Hitler's programmatic statement at the opening of the 'Hall of German Art' in Munich on 19 July 1937 was juxtaposed to Herzfelde's expressionistic call for the art of the mentally ill to be recognized as valid.³² The nazis took the equation of artist = madman = Jew as a programme of action. The museums were stripped of this

'degenerate' art, some of which was sold at auction during 1939 in Lucerne, some of which was simply destroyed.

The nazis did not create the categories of 'degenerate' and 'healthy' art. It was the Renaissance critic G. P. Bellori, in an attack on Vasari and Michelangelo, who first used Machiavelli's label 'corruzione' to describe art. Friedrich Schlegel, the German Romantic critic, in his lectures on Greek poetry (1795/96) labelled those works which he understood as negative as 'degenerate'. But it was only in the nineteenth century, following the work of the medical anthropologist B. A. Morel (1857) and the popularization of Max Nordau, through his book *Degeneration* (1892), that the medical category of the 'pathological' became linked with the artistic category of the 'degenerate'. By the time the nazis used the term in the 1937 exhibition, it had become a fixture in any discussion of the avant-garde. They simply used the contrast of 'healthy' and 'degenerate' and placed into each category those works of art which the audience, no matter what its aesthetic predilections, would have expected. The 'healthy' was the traditional; the 'degenerate' was the avant-garde.

Hans Prinzhorn had left the Heidelberg clinic officially in 1921, even before the publication of his work on the artistic production of the mentally ill. He was following up the interest of the Heidelberg psychiatrists, especially Kurt Beringer's study on psychotropic drugs such as mescaline (1927), when he contracted an illness in the field which led to his premature death in June 1933. His collection, however, remained in the Heidelberg clinic (or at least in its basement). Wilmanns was stripped of his directorship of the clinic in 1933 because of his outspoken anti-nazi views, and Jewish psychiatrists such as Mayer-Gross were dismissed. Wilmanns' successor was Carl Schneider, a member of the nazi party from 1932 and, after the nazi seizure of power, the political officer of the newly purged Heidelberg professoriat. Schneider was invited by Goebbels to speak at the opening of the exhibition of 'degenerate art'. His speech was not delivered at the time for other reasons, but was later published under the title of 'Degenerate Art and the Art of the Insane'.³³ Schneider's crudely political statement reified the association of the art of the avant-garde and the art of the insane simply by dismissing Prinzhorn's ambiguous but careful use of this material and returning to a pre-Bleulerian view of such material as only 'picture salad'. Schneider's position was a clear reflection of his understanding of the implications of the Heidelberg approach to the mentally ill. Jaspers had been stripped of his position in 1937, by which time all the followers of the 'Jewish science' of psychoanalysis were exiled from the German scholarly world.

Schneider was thus distancing himself from an area which had come to be labelled as Jewish. To him, the entire attempt to understand the art of the insane, beginning with the 'Jew Lombroso', is part of the Jewish corruption of western art and science which reached its height with Freud and Adler's attempt to explain art as pathological, rather than as the healthy expression of a healthy society. Again it is the metaphor of the madman as artist, as articulated by Wieland Herzfelde before the first world war, which Schneider cites as his proof of the corruption of the avant-garde, a corruption exploited by those who wish to destroy the body politic – the Jews and communists. Schneider argues against the definition of art as form, a definition which Prinzhorn borrowed from Klages, and stresses the question of whether the art of the mentally ill can ever be perceived as having 'successful' form or whether it is a parody of 'healthy' art. The insane, like the Jew and the black, are denied by Schneider any true aesthetic sensibility. The shift in perceiving the insane as unable to communicate on any level enabled the nazis to begin their first experiment in mass murder, the 'euthanasia' of the inmates of the German asylums.³⁴ Schneider served as one of the most important experts in the sterilization and murder of the mentally ill until the intercession of the Catholic Church and Cardinal von Galen in 1939, shortly after the programme had begun. The movement from killing the insane to killing Jews was but a short step, as the interchangeability of the paradigm for the perception of the mad and the Jews had long been established in Germany.

The historical context for Hans Prinzhorn's study of the art of the mentally ill spans a series of radical shifts in the political, social, and intellectual history of Germany. It must be read in the light of its context as well as its reception within this web. The flaws which Prinzhorn himself saw in his approach, the veiled political use to which the popularization of the art of the insane was put, all coloured the structuring of his work. In addition, the shift in the nature of the medical and popular understanding of madness, its acceptance as an appropriate alter ego for the artist in Wilhelminian and Weimar Germany, all altered the eventual, frightening use of this material. Prinzhorn may not have lived to see all the horrors of nazi Germany and the use to which his project was put, but he certainly sensed the possibility inherent in examining art labelled as the products of the mentally ill. This is one of the reasons why he called his study an examination of the *Bildnerei* (artistry) – rather than the *Kunst* (art) – of the mentally ill. The nazis, however, reduced all of the avant-garde to *Bildnerei*, demoting it from art. Their answer to the question of the creativity of the insane was to deny it, and thus

to reduce the insane to a subhuman level, to deny them the status of members of a 'cultural entity', and eventually to murder them. Jews too were seen in this light, as the degenerates whose pathology was evident in the madness of their *Bildneri*. The aesthetic thus assumed a major function in defining the outsider, a position which it had held since Hegel's discussion of the nature of African art in the mid-nineteenth century. The difference was, of course, that by the 1940s direct measures were taken to excise the 'disease' from the 'body politic'. It is in this context that the work of Hans Prinzhorn must be read.

Notes

1. See R. D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London 1960) as well as Robert Boyers and Robert Orrill (eds.), *Laing and Anti-Psychiatry* (Harmondsworth 1971).
2. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York 1965).
3. Mary Barnes and Joseph Berke, *Mary Barnes: Two Accounts of a Journey Through Madness* (New York 1971). The best critique of *Mary Barnes* is U. H. Peters, 'Mary Barnes. Psychopathologische Literaturinterpretation am Beispiel einer literarischen Gattung: Psychose-Fiktion', in Bernd Urban and Winfried Kudsus (eds.), *Psychoanalytische und Psychopathologische Literaturinterpretation* (Darmstadt 1981), 280–99.
4. See the discussion in Bennett Simon, *Mind and Madness in Ancient Greece* (Ithaca 1978), 228–37.
5. Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale, ou la manie* (Paris IX [1801]).
6. Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind* (Philadelphia 1812) and Eric Carlson et al. (eds.), *Benjamin Rush's Lectures on the Mind* (Philadelphia 1981).
7. Eric Carlson and Jeffrey L. Wollock, 'Benjamin Rush on Politics and Human Nature', *Journal of the American Medical Association* 236 (1976), 73–77.
8. Pliny Earle, 'The Poetry of Insanity', *American Journal of Insanity* (1845), 193–224. Other nineteenth-century works on the 'poetry of the insane' are: J. O. Délepière, *Histoire littéraire des fous* (London 1860); R. G. Brunet, *Les fous littéraires* (Brussels 1880).
9. Forbes Winslow, 'On the insanity of men of genius', *Journal of Psychological Medicine* 2 (1848), 262–91; *On Obscure Diseases of the Brain and Disorders of the Mind* (Philadelphia 1860); 'Mad artists', *Journal of Psychological Medicine* N.S. 6 (1880), 33–75. The best overview of the literature on the medical use of the art of the insane is Maria Meuer-Keldenich, *Medizinische Literatur zur Bildneri von Geisteskranken* (Köln 1979).
10. Cesare Lombroso, *Genio e follia* (Milan 1864).
11. A. Tardieu, *Étude médico-légale sur la folie* (Paris 1872).
12. On the Romantic fascination with the 'nightside' and the function of poetry see Mario Praz, *The Romantic Agony*, trans. Angus Davidson (New York 1956).
13. Max Simon, 'L'imagination dans la folie', *Annales médico-psychologiques* 16 (1876), 358–90.

14. E. Régis, 'Les aliénés pients par eux-mêmes', *Encéphale* 2 (1882), 184–98, 373–82, 557–64; 3 (1883), 642–55.
15. Marcel Réja, 'L'art malade: dessins de fous', *Revue universelle* 1 (1901), 913–15; *L'art chez les fous: le dessin, la prose, la poésie* (Paris 1907).
16. A. Hrdlicka, 'Art and literature in the mentally abnormal', *American Journal of Insanity* 55 (1899), 385–404.
17. Manfred Bleuler, 'Forschungen und Begriffswandlungen in der Schizophrenielehre 1941–1950', *Fortschritte der Neurologie und Psychiatrie* 9/10 (1951), 385–453; Werner Janzarik, *Themen und Tendenzen der deutschsprachigen Psychiatrie* (Berlin 1974).
18. Joseph Rogues de Fursac, *Les écrits et dessins des malades nerveuses et mentales* (Paris 1905).
19. F. Mohr, 'Über Zeichnungen von Geisteskranken und ihre diagnostische Verwertbarkeit', *Jahrbuch der Psychologie und Neurologie* 8 (1906–07), 913–15; 'Zeichnungen von Geisteskranken', *Zeitschrift für angewandte Psychologie* 2 (1908–09), 291–300.
20. The best overview is Werner Janzarik, '100 Jahre Heidelberger Psychiatrie', in his *Psychopathologie als Grundlagenwissenschaft* (Stuttgart 1979).
21. Hans Prinzhorn, 'Das bildnerische Schaffen der Geisteskranken', *Zeitschrift für die gesamte Neurologie und Psychiatrie* 52 (1919), 307–26. The importance of Lombroso as the model for many of these later studies can be seen from the fact that Lombroso followed his studies of the insane with studies of the drawings and graffiti found in prisons; Prinzhorn followed his study of the art of the insane with *Bildnerei der Gefangenen* (Prisoners' Artistry) (Berlin 1926).
22. The best overviews in German on Prinzhorn are the three post-war catalogues of exhibitions selected from the collection: Wolfgang Rothe, *Bildnerei der Geisteskranken aus der Prinzhorn-Sammlung* (Heidelberg 1967); *Bildnerei von Psychisch-kranken, aus der Sammlung Prinzhorn* (Bonn 1973); and Hans Gercke and Inge Jarchov (eds.), *Die Prinzhornsammlung* (Königstein 1980). In English there is a translation of Prinzhorn's 1922 monograph *Bildnerei der Geisteskranken* (Berlin 1922) available under the title *Artistry of the Mentally Ill* (Berlin 1971). There is also a monograph by Roger Cardinal, *Outsider Art* (New York 1972) which deals with most of the Prinzhorn material.
23. Paul Schilder, *Wahn und Erkenntnis: eine psychopathologische Studie* (Berlin 1918).
24. These texts are now collected in Thomas Anz (ed.), *Phantasien über den Wahnsinn: Expressionistische Texte* (München 1980). See also Wolfgang Rothe, 'Der Geisteskranke im Expressionismus', *Confinia Psychiatrica* 15 (1972), 195–211.
25. Anz, op. cit., 58.
26. Anz, op. cit., 127–32.
27. Walter Morgenthaler, *Ein Geisteskranker als Künstler* (Bern 1921).
28. Theodor Kirchhof, *Handbook of Insanity for Practitioners and Students* (New York 1893), 23. For an overview of the topic see Richard M. Goodman, *Genetic disorders among the Jewish people* (Baltimore 1979), 421–31.
29. See my (together with Wolf Von Eckardt), *Bertolt Brecht's Berlin* (New York 1974).
30. Adolf Hitler, *Mein Kampf*, trans. Ralph Mannheim (Boston 1943), 258–59.
31. The best overview on nazi art politics is Franz Roh, 'Entartete Kunst: Kunstbarbarei im Dritten Reich' (Hannover 1962).
32. See the translation by William C. Bunce, *Degenerate 'Art'* (Redding, Conn. 1972).
33. C. Schneider, 'Entartete Kunst und Irrenkunst', *Archiv für Psychiatrie und Nervenkrankheit* 110 (1939), 135–64.
34. Alexander Mitscherlich, *Doctors of Infamy: The Story of Nazi Medical Crimes*, trans. Heinz Norden (New York 1949). The power of the association between madness and art,

between the 'abnormal' and the 'undesirable', can be nowhere better seen than in the nazis' poster campaign 'Parole der Woche' which, during the week 2–8 September 1937, plastered Germany with posters showing 'the true products of mental degeneration', with works of art by Nolde, Schwitters, and Dix as illustrations. The text attacks that 'clique of hacks, psychopaths, Jews, and Jew-lovers'. See Franz-Josef Heyen (ed.), *Parole der Woche: Eine Wandzeitung im Dritten Reich 1936–1943* (München 1983), 44.

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