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Portrait of the Artist as a Young Patient: Psychodynamic Studies of the Creative Personality by Gerald Alper. Published by International Scholars Publications, San Francisco, London, Bethesda, 1998; 243 pages; £15.95

Andrea Sabbadini 

Mary - a schizoid artist for whom therapy functioned as a bridge between a rich inner world 'blessed, or cursed, with a surcharge of runaway creative energy' (p. 139), and a depressingly dull external life.

Dan - a would-be rock star who believed he was being tape-recorded by his therapist and whose psychotic pathology deteriorated into fully-fledged paranoid episodes. His analyst joined him as a companion into his delusional system, in an attempt to help him become more empathic to his own intrapsychic and interpersonal persecutory objects.

Katherine - an 'emotionally volatile, manic actress who acted out her rage at having to be a waitress by pouring coffee on a customer's coat' (p. 31). Her therapist was amazed by the remarkably few credits she could show after 12 years' labour Off-Off Broadway, in spite of her obvious talents, and 'the low priority she put on relationships that lay outside the sphere of her art' (p. 39).

Steve - a musician who invited his analyst to his debut concert as a solo pianist. 'He walked sheepishly across the bare stage,' his therapist vividly recounts. 'Seating himself at the piano, Steve suddenly - with his familiar self-torturing indecisiveness - began to wonder if the height of his stool was correct. For about two minutes, as the audience waited, Steve repeatedly raised the stool, then lowered it...' (p. 5). As soon as he started playing, he was transformed into a self-confident, competent professional delivering 'a dazzling exhibition of performing virtuosity' (p. 5).

Harry - a playwright dying of brain cancer who, using denial as his main defence, impressed and moved his therapist with the 'unwavering single-mindedness with which [he] seemed to be carrying out his soldierly resolve to live his life as independently as he could right up until the end' (p. 118).

Gerald Alper - a psychotherapist who practised at the New York City Community Guidance Service where he acquired the unique clinical experience of analysing young, talented, aspiring and often poor artists, such as musicians, writers, actors and painters, mostly presenting symptoms of work inhibition, narcissistic depression, creative blocks and paralysing feelings of inner deadness. The case histories that constitute the bulk of the book - Mary, Dan, Katherine, Steve, Harry - are powerfully written in a literary style comparable to Robert Lindner's popular *The Fifty-Minute Hour* (1954) and reflecting Alper's own experience as an author of fiction. It must be said that Alper's technique - even if we accepted the need for introducing Kurt Eissler's 'parameters' when working with such an unusual psychotherapy population - would raise many a psychoanalytic eyebrow: the setting and its boundaries are precarious and the patients' wishes are more often gratified than interpreted...

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- 390 -

My reservations about this book, however, do not primarily concern the objectionable quality of Alper's therapeutic interventions, but rather some of his editorial choices. A large proportion of the text fails to fulfil the promise that we would be offered portraits of artists through a psychodynamic study of their characters, for much of the clinical material presented, while of interest in respect of narcissistic, schizoid or paranoid conditions, is of minor relevance to the connections between psychopathology and the 'creative personality'.

In other words, the content of the book is not the one implied by its title (no reference, by the way, is made to the James Joyce's (1916) novel which it paraphrases); and its purpose is different from the one stated by the author in the Preface: to demonstrate that 'the artist is a highly *atypical* patient, and his narcissism... rather than being an explanatory model for the etiology of creativity, or even a by-product of it, is, instead... a necessary, intrinsic part of the artistic process itself' (p. ix). A central difficulty in this respect is that Alper talks about 'artistic talent' without attempting to define it (a challenging task, of course!) or at least to question its genesis. Its existence, it seems, should be taken for granted as something artists are 'naturally' endowed with in vast amounts. The author limits himself to compare talent to the Kohutian 'grandiose self' and to observe that depression, the presenting clinical symptom of many artists, is often the consequence of a narcissistic loss of hope.

If, then, *Portrait of the Artist as a Young Patient* disappoints our expectation to provide us with a new model for the understanding of the origins and nature of the creative process, it offers nevertheless (especially in the excellent opening chapter, entitled 'The Artist Comes To Therapy') a comprehensive outline of the psychological and pathological features of those young patients who, often reluctantly at first, had come to the author's consulting room for therapeutic help.

I also appreciated Alper's thoughtful considerations on the complex rapport between artists and their audiences, which apply particularly to performing actors and musicians. For him 'the dynamic of the relationship between artist and public... is a symbiosis of reciprocal selfobjects' (p. 15) - what Masud Khan might have called 'a perversion of intimacy'. In this respect, the central dilemma of artists is that they attempt to become emotionally involved with an anonymous, fickle, and narcissistically demanding public, a phenomenon which is then repeated in the transference as the patient is put into the role 'of nonreciprocal intimacy with a professional

stranger' (p. 17). Not unlike Don Juans, artists move easily from audience to audience to get the gratifications they need - and audiences retaliate. In fact, Alper concludes, there is no true libidinal tie between them, only an illusory one. Artists collude with their public in creating a schizoid mythology about themselves as misfits, special, different and incapable of adjusting to reality.

The author's most valuable theoretical contribution is perhaps his concept of 'double-bind'. This is different from Gregory Bateson's original formulation as applied by researchers to the etiology of schizophrenia, as well as by individual and family therapists. Alper's double-bind describes instead the phenomenology of a situation concerning the implicit request of emotional closeness within a professional relationship. In his own words, the analytic double-bind is not then

one of paradoxical, mixed messages and conflicting levels of communication. Instead, we see it arising from a conflict of incompatible levels of intimacy... In a dyadic setting evocative of

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- 391 -

profound intimacy [the analyst] is constrained to behave in a manner largely dictated by an impersonal, professional technique. (p. 203)

In other words, the main inequity in the analytic relationship - and, by implication, in the relationship between artist and audience - is not one of power and control, but one of nonreciprocal intimacy.

In this connection, the author applies Winnicott's differentiation of 'true' and 'false' self to the analytic situation. The latter, Alper claims, can feel 'false' because, while it can never be experienced as a whole relationship, it nevertheless asks itself to be viewed as most intimate and meaningful.

At least some of what is usually called the patient's resistance *will* be an attempt to... break through the false and unreal-seeming analytic situation *per se*, in an effort to find and talk to the suspected hidden true self of the analyst... This is why [Alper rather provocatively concludes] ... the technique we are using, the role we are assuming, is not so much a facilitator as a barrier to the patient. (p. 188)

The therapeutic, containing 'true self' of the analyst (instead of a more sophisticated technique or the analysis of the patient's resistance) would be the best answer to the patient's charge of falseness and unreality of the analytic situation. We are also reminded here that it is patients, and not just analysts, who need to learn about therapeutic technique: that silence is not always meanness or withholding, that neutrality does not have to be emotional deadness, and that the analyst not volunteering anything personal is not necessarily hiding or afraid.

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- 392 -

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