

high blood pressure. The real strength of the booklet is in its understanding of the emotional difficulties which beset middle-aged marriages, more frequently these days than previously because of the great changes in our social structure and patterns of living. These include the man who has not reached his goal, or the one who, reaching it, finds it is dust in his hands; the woman whose children are fledged too early for her and whose highly automated kitchen no longer produces nursery puddings and pies. They will be helped to find courage to come to terms with the half of life which remains. The harassed parent, wondering how his pliable ten-year-olds have grown into most surprising monsters, may be helped to discover what it is all about. The couple faced with making a home for their own parents will find helpful and practical advice, and those who have been so deeply immersed in the struggle of work and rearing a family that they have had no time to take a long cool look at their own marriage may be reminded to do so.

Last, but most cheering to all middle-aged couples, is advice on how to be a grand-parent and the lovely prospect of all the fun and none of the responsibility.

Hilary Halpin

SEXUAL HARMONY IN MARRIAGE

By J. H. Wallis. (*Routledge & Kegan Paul, 14s.*)

There have been many articles and books written on the problems of sex and sexual harmony. Too many of these in the past seem to have been mainly mechanical in approach. In some quarters, mainly in the U.S.A., orgasmal adequacy has become the criterion of sexual harmony, especially where psychiatrists have influenced the writer's thinking.

It is most refreshing, therefore, to read a book where sex is regarded neither as a mechanical encounter nor as an orgasmal graph, where the highest peak must represent success! The relationship of the all-human personality of man and woman is viewed in the framework of marriage, using sex in the words of D. H. Lawrence, "as a mirror of life". The author shows that "harmony is something more subtle than a mechanical technique or a bargain". This wise and profound book analyses the male and female expressions of this harmony and explains how the split between sex and loving can occur in many ways, according to the many backgrounds and standards of the couples concerned.

Its approach is simple and lucid, in the tolerance and warmth which it brings to the many problems reviewed. This book can be heartily commended to all those faced with these problems, whether they be the married couple themselves or those—either doctor, social worker or minister of religion—who have to advise them. I have rarely read a book packed with so much wisdom per page and with so few clichés to spoil it. I strongly urge all concerned to read it.

Bernard Sandler

OTHER REVIEWS

ARTISTIC SELF-EXPRESSION IN MENTAL DISEASE: THE SHATTERED IMAGE OF SCHIZOPHRENICS

By J. H. Plokker. (*Charles Skilton Ltd., £4 4s.*)

Professor Plokker is an eminently qualified author for this subject. He is both psychiatrist and artist, and comes from Holland, a country renowned for its advanced and civilised approach to mental health. He has presented us with a deeply penetrating study, which is indispensable for those who deal with art and the mentally ill.

In this well-produced, extensively illustrated book, the author introduces his subject and examines the history and phenomena of schizophrenia. In the second part, he turns his attention to well-known artists' paintings, to creative therapy, and to a dissection of the pictorial works of his patients. Here, we have some very valuable definitions and distinctions.

Reading the account of "what is known about schizophrenia" left me with the impression that this section was not (for artists like me) unequivocally simple.

"... Thus, Wyrsch, for example, wants to replace the schizoid-syntonic polarity by that of 'an-sich-halten'—'aus-sich-heraus-gehen' thereby approaching Klage's views concerning 'the quality of the character, whereby he describes the 'system of motives' by the contrast 'combining mental energy' (self-preservation)—'liberating mental energy' (self-abandonment)."

The publishers describe this book as "not only for psychologists, psychiatrists and artists, but for all who are interested in man and his art". But the latter groups must not be disconcerted. Once this short initiation is over, and the author turns to "what is observed", both the patient and the illness emerge with clarity. Under the heading of "emotional disorders" in schizophrenia, we read of patients' slow change of mood, of the dawning of a vague, unattached, "feeling of dread". We are gradually drawn into the schizophrenic world, where the flattening of emotional life, even within itself, seems selective. The disorders of ego, thought and instinct become much more than dry textbook symptomatology. These chapters have an eloquence which is testimony, not only to the undoubted sensitivity of the author, but also, surely, to the rare skill of his translator, Ian Finlay. These chapters illuminate not only the pictures, but a wider world of literature—the writings of Antonia White, for instance. In addition, they can give a breadth of understanding to all whose interest or vocation has led them to the personalities, or products, of the mentally ill.

The second half of the book, "The Pictorial Work", is concerned mainly with an analysis of the 95 drawings and paintings which are distributed throughout the text. Here, one would wish for a closer connection between the pictures and the text. This would prevent the irksome game of shuttlecock one is obliged to play with the pages, in order to relate the commentary to its relevant picture.

In this section, I was hoping for the artist to emerge from the psychiatrist, but this occurred less than I expected. There was often an emphasis of subject, subservient to style, where the paintings were merely illustrations of the clinical aspects of the book. But we do also have a valuable dissertation on some of the pictures from the aesthetic standpoint. "Are these pictures *art*?" he enquires. The approach is cautious, but the conclusion is in no doubt. "It all depends on what you mean by '*art*'.¹" The author draws his main distinction between "form" and "content", and relies on the study of form to determine the answer. Taken from a creative and social standpoint, the professor regards "schizophrenic art", for the most part, as a contradiction in terms. This aesthetically purist approach is endorsed by a comment that "schizophrenic art exhibitions" are, in fact, not "*true art*". But we use the word so widely now that the term "*folk art*" is accepted. Children now do "*art*" at school without claiming to be artists, and boxers who learn the "*art*" of self-defence would hardly claim to be "*arty*".

I would nevertheless agree that few "*works of art*" are produced by schizophrenics, though surely exhibitions of their work have a wider value than appearing to rival the art galleries. I doubt whether the two large exhibitions we have had at the Institute of Contemporary Art would claim to do this. Their purpose was to point out artistic similarities and to illustrate to the layman what schizophrenia is.

I would wholly agree, however, with the author's comments on the general attitude to "*art*" of many who should know better—particularly non-figurative works. He says:

"The average person considers it a narcissistic offence if he is confronted at an exhibition with a work he cannot fathom intellectually... it is then very easy for them to regard the creator of the unintelligible work as 'mad'."

This myopic view of art is reflected even in some of our own psychiatric hospitals (my own being a fortunate exception) which do not even accept the full benefits of creative therapy for the patients. This may be due to the new wave of a physical attitude to treatment—at the expense of a less obvious, more aesthetic, approach. Even now, patients may, in some cases, be given the choice of industrial therapy (which often means the disintegration of telephone equipment) for a financial reward—or "*creative therapy*" without a cash payment of any kind.

Similarly, the ludicrous salaries awarded to qualified artists in hospitals reflect this attitude on a national level.

Let us see what Plokker says of the creative therapist (whom he terms the leader):
"Much depends on the leader who must be an artist (italics are mine) and at the same time sensible enough not to force his personality on the patients..."

This necessary passive approach has also created, in a wider sphere, an attitude of misunderstanding to our work, and even the idea that it is a form of occupational therapy. In fact, The British Association of Art Therapists now insists on its members having artists' qualifications before being accepted.

During the last two decades, the artistic work of patients has undergone a subtle change. When I first started my career as a creative therapist under Dr. Eric Cunningham Dax, in my present psychiatric hospital, the surroundings were very different. As the treatments and restrictions changed, the "Prinzhorn type" of drawing gradually disappeared, and a much freer type of work resulted, almost as a corollary to the abolition of padded cells and bars. But I cannot help missing the wonderful characters of those days—full of gusto and panache. They, too, have vanished almost entirely. Now, I work in a different world to the one I first entered, but it is a freer world.

This eminently quotable work has many profundities—almost as asides in the commentary. The author, regarding the creative therapist as a *teacher*, says something to which *all* teachers should lend an attentive ear:

"The good teacher is not primarily the man who imparts to his pupils a method or who provides him with knowledge but the man who caused him to discover it for himself..."

A wider education in art is needed, and a wider use of this method. One receives encouraging reports of the use of art in schools for the maladjusted. This could prevent many from ever reaching the doors of a psychiatric hospital. I must confess to be one who makes large claims for the curative effects of art, with examples from King Saul to the "Night of the Iguana".

The works of art that the author does produce are indeed too few. This is perhaps because his sphere of reference is confined to his own hospital.

Nevertheless, Professor Plokker has produced an educational work of great value. He seeks, in a cultured and civilised manner, to view scientifically the vast panorama of schizophrenia and (dare I say it?) art.

Edward Adamson

MENTAL HEALTH ON A NEW HOUSING ESTATE (MAUDSLEY MONOGRAPHS, No. 12)

By E. H. Hare and G. K. Shaw. (Oxford University Press, 38s.)

"New town blues" was first described before the war by Lord Taylor as "suburban neurosis". (This work is strangely absent from the references here, as are the publications of the Institute of Community Studies.) The basic ingredients were: change from a long-familiar environment, separation from relatives, lack of public amenities, and absence of social cohesion as a result of "keeping ourselves to ourselves". With this, there was often financial strain due to higher rents, travelling costs, and the need for new furniture. In 1957, a study in a new housing estate in North London by Dr. F. M. Martin and others showed that there was a high rate of mental ill-health, compared with the national average. Hare and Shaw say this does not necessarily mean that the excess of illness was due to the social conditions of the estate. To find the effect (if any) of the environment, the population there should be compared with a similar population living in an older place. This is what they have done in Croydon.

The results were similar to those of Taylor and Chave in a new town outside London, but different from those of Coleman at East Kilbride. No difference was found between the mental health of people in the new estate and those in the older district, but physical health was a little worse in the older area. In both populations, those