

A Discussion by Desy Safán-Gerard, Ph.D., of

TALENT AND CREATIVITY

by J. D. Oremland, M.D.

Presented at an all day scientific meeting on
Psychoanalysis and Creativity sponsored by the
Los Angeles Institute of Psychoanalytic Studies.

March 29, 1981

I have divided my discussion of Dr. Oremland's stimulating paper into five parts: I will first discuss the potential biases of the therapist in working with creative people. I then will address myself to his distinction between creativity and talent. Thirdly, I will comment on Dr. Oremland's four cases. I will then discuss the peculiar relationship between the artist and his object. Lastly, I will consider some aspects of the therapy of the creative person.

1. Biases of the Therapist.

Dr. Oremland reminds us that Greenacre, Erickson, Kriss and others have agreed that creative people possess a special kind of mental functioning that is not necessarily neurotic and narcissistic. I agree with him that this new shift in emphasis is not typically reflected in the work of clinicians. Artists are still perceived as "difficult", narcissistic patients who elicit strong countertransference reactions in the therapist.

First, as Dr. Oremland suggests, the creative patient is usually not involved with the therapist in the intense way other patients are involved. The therapist is only one object among several others and he or she is certainly less important to the patient than the patient's own work. Since this is difficult for the therapist to handle, the patient will tend to be perceived as distant and self-preoccupied and the therapist will make interpretations accordingly. Also, there is usually envy in the

therapist of the creativity of the patient. At some point in their careers many therapists experience a strong need to do something for themselves rather than always being in the helping role. They experience a sense of being drained, depleted of energy, with a strong need to "nourish" their own lives. As is always the case, envy is not perceived internally as such - unless one is on the couch and being analyzed. It may get translated into a dislike for the patient with accompanying justification. We know that therapy is most successful when the patient's envy of the therapist is kept at a minimum. This applies also to the therapist's envy of the patient.

Another problem in therapy occurs when the lack of understanding of the patient's work by a therapist results in countertransference reactions in the therapist. If the therapist feels unable to aesthetically respond to the patient's productions (and patients want to share these with the therapist), he or she does not know if the lack of response is due to sheer ignorance or envy of the patient's creativity. It is indeed rare to find a therapist who is comfortable with his or her own ignorance. Recently, an analyst friend remarked to me, "This patient of mine has had very good reviews so the work must be good, but I don't understand it at all. All I can do well is analyze. If he provides me with his associations, I can work with them." On the other hand, another analyst acquaintance would not allow a patient to bring in to the session a piece of sculpture for which she had won an award. As per the formula, he saw her request as

"acting out", interpreting her need to bring the work in. This created a sustained crisis between the two of them because the patient felt betrayed. The therapist's denial of the patient's need to bring the work in may have stemmed, at least in part, either from his envy of his patient's creativity or from his avoiding a situation in which his lack of understanding would be evident to him and the patient. His omnipotence would have been challenged and he might have felt narcissistically injured. (The therapist's fear of reacting to the patient's work is not a mere fantasy: artist patients often are disappointed to find out how little the therapist knows about that which is so vital to them).

At one time I believed that artists fear that their creative abilities would be in danger once they started therapy was due to their own lack of understanding of the creative process; any tampering with the unconscious could stop that mysterious process. By talking with therapists who work with creative people and by having had a fair amount of experience with artist patients who have been in therapy before, I realize now that a "prejudiced" therapist can indeed cause more harm than good.

2. Creativity and Talent.

In his paper Dr. Oremland distinguishes between creativity and talent, creativity having to do with originality and talent

with a highly developed skill. Pure unadulterated creativity would be at one end of a the spectrum and exceptional skill for embellishment at the other end. This distinction enables him to discriminate between truly creative acts and what he calls "compromised creativity" which involves the embellishment of someone else's product, or highly skilled derivative work. I am troubled by this distinction because of its implications for therapy. Is the therapist in a position to decide which type of activity, creative or talented, characterizes the patient's work at any given time? And if he or she were able to do so, what would be the implications of the distinction for working with the patient's material? If the distinction is merely academic, only to be used as Dr. Oremland has in the paper - to discuss case material and understand post facto what was happening- there is no problem.

Every creative person has moments or periods of untethered creativity and other periods of compromised, derivative work. Even those moments of cutting loose and going to the edge turn out to have been - and we find that out years later - influenced by cultural forces operating from within. One wonders then, is there anything truly original? The only answer we can give is "yes", something in the touch or the form the work takes, but the content is never so. We are immersed in the cultural pool we live in. As we know, every discovery in science as in art is built on earlier discoveries and turns out to be a synthesis of elements that already exist. We are all trapped by the myth that

there is true, out of nowhere creativity. Recognized artists often hide the sources of their inspiration since, if they were to reveal them, their work would be seen as derivative - the greatest sin of all.

There is a constant pull we all feel towards the familiar, those things or people that are known. The new creates discomfort and anxiety. In any given piece of work, we experience this oscillation between the new, or what Dr. Oremland calls true creativity, and the familiar, akin to what he calls embellishment. Some years ago in a class on contemporary music, after listening to Schoenberg, Stockhausen and Berg, our teacher would play a little Mozart. He jokingly called this "detoxification time" as if the new had become toxic or too anxiety arousing and we needed the familiar to ground us.

Working on a painting, I move very clearly back and forth on this continuum of the new and the familiar. Sometimes when I'm not sure where I am going I will focus on a small segment and get lost in it, embellishing it, detailing it as though it had nothing to do with the rest. At a certain point, my need for the familiar seems satisfied and I can look at the whole again and see what the worked part does to the rest of the painting. Sometimes it doesn't fit at all and I'll end up having to destroy it - two hours of work! But if I were to think that way, I would get into trouble. I would be making a commitment to what I did that is unwarranted: my time is not important, the painting is,

and the two hours of work were necessary to allow me to get back to the new with my anxiety level considerably reduced.

Another example: I work with watercolors and although they dry faster than oils and acrylics, they do not dry fast enough for my impatience. So I keep unfinished work in a pile, pieces with problems that I want to get back to. There was this little painting in the pile that seemed too familiar for me, boring, almost like a trap. I had worked it like a tapestry so there was detail all over. At the time I was working on large-size paper with bold, wide, sweeping brush strokes, wet on wet. This little unfinished painting felt so tied, finicky, almost like a prison and I was tempted to throw it away. I could not change it. It demanded detailed work and it had to be finished in the spirit with which it had begun. One day I picked it up and, almost with gratitude, finished it just the way I had to. I am sure that my change in the perception of this painting from boredom and annoyance to liking and excitement had to do with the fact that the new work I was doing was becoming toxic in the sense of Schoenberg or Berg -- too new, too ungrounded.

These personal examples have their counterpart in a view of creativity as a special cognitive style. Research on creative vs. less creative architects, writers, and painters by Barron, McKinnon and others at Berkeley in the 60's, show tolerance for ambiguity to be the clearly discriminating feature of creative people in all fields. If ambiguity and the new produces

anxiety, the greater tolerance for ambiguity and the new by creative people may mean either that they tolerate anxiety better or that they have come to accept it and deal with it in ways other than making negative inferences about themselves. Whereas the less creative person may conclude, when he or she gets anxious, that there is something wrong with him or her or that he or she is not good at the task at hand, the more creative person will reduce anxiety by seeking the familiar without negative self inferences. Current experimental research on familiarity and liking shows that familiar visual figures have an anxiety reducing potential. Under a condition of high anxiety, subjects cathect familiar stimuli more than when they are not anxious.

3. Clinical Material.

I would like now to turn to the four cases Dr. Oremland discusses. In the case of the jazz musician, he describes a situation where the patient's true love for music was compromised by such factors as the effect it had on his father, the bond established with his mother, and the exhibitionism that led him to become a rock star. He maintains that the blues and later rock were but diversions from his sustaining love for jazz. Having reached such conclusions, Dr. Oremland may have made interpretations along these lines. He says, "As the full defensive implications of the music and his instrument became

clear, his talent was markedly interfered with and for a seemingly unendurable period for both of us, he was scarcely able to play." This is where I take issue with Dr. Oremland. Any interpretation that attacks the creative act, however compromised the act might be, will have a negative effect on all creative activity. If it is hard for the therapist to discriminate between compromised vs. free creativity, it is even harder for the patient, who will start questioning all of his motives. As Dr. Oremland himself says later in the paper "their linkage (the artist's) to the unique rather than the usual makes them the constant suspect. Is it originality or is it insanity? A doubt they often share as they struggle with the sense of aloneness of true exploration." He also talks about the crucial importance of how these abilities are first greeted. A painter friend of mine told me recently that he was neglected as a young boy. Unlike many potential artists, no one ever bothered to tell him he could not paint, so he did. The brilliant physicist Dr. Oremland talks about was able to prevail against his parents' fear and criticism of his unusual behavior. He found people who validated him. Less creative people may have no such luck.

Back to the musician. Dr. Oremland describes how this patient began to experience fully the emptiness related to his abandoning mother and the continuous ties with a caretaking woman. Only then was he able to generate original tunes. I believe that only through the full experience of his intense need, rage and fantasized destruction of the love object could he move out of the

defensive contempt of girls he experienced when he was a rock star. Dr. Oremland notes that the patient fully experienced both the abandoning mother and the continuing tie with the woman caretaker. My first reaction to reading this was to ask him, "which one?" But I realized that the two experiences were intimately linked. The memory of the caretaker woman reassured the musician of his goodness as much as the abandoning mother might have convinced him of his destructiveness. Up to that point, his head was "filled with the tunes of others," which Dr. Oremland sees as a holding onto aspects of others, a compromised creativity. It may have been the case with this patient that working through his dependency and rage freed him to engage in the new, but he would probably have many periods where his head would be filled with the tunes of others, especially each time he needed them to fill himself up with the raw material that would contribute to his own creativity. After all, even though we artists experience the Muse and the ideas as coming from somewhere else, they are in part the product of what we have taken in, and that is no minor achievement. Being exposed to a lot of music does not necessarily make a musician, just as being in contact with nature does not inspire many people to paint. Creative people have a capacity to use the object: take it in, digest it, incorporate it. A major accomplishment for that musician was filling himself with the tunes of others. To interpret that as compromised creativity might have had a paralyzing effect: everytime he heard the tunes of others in his head, he would want to obliterate them in order to create his own

tunes, thus creating a struggle that may have blocked his creative work.

In the case of the poetess, it was the full mourning for a mother with whom there was an intense hostile bond that allowed her to start writing. Like the musician, she was dealing with the experience of need/anger/destructiveness towards the primary object. It is interesting that in both instances spontaneous creative action emerged out of the full experience. Generating life, creating something new, is waiting in the background to emerge only after need/rage/destruction are fully experienced as figure. I am impressed anew each time at the paralyzing effect of an emotion not fully experienced. The paradox is that the more the patient wants to create and move out of this state, the less he can. The more he gives in to what is - the figure - the more movement. This movement "happens" to the person from nowhere, like the musician's first original tunes coming to him or the unselfconscious poetry writing of the poetess. For tunes, lines, ideas to come to you, one has to open the door.

I talked earlier of the capacity to fill in, to take in - a perceptual openness in the creative person. Leaving the door open works like long-term memory - you ask yourself a question to be answered later. The answer comes to you, very much like the tunes to the musician or the lines of poetry to the poetess. Some people have the capacity to take in, but they require what they take in to stay there, locked in, filling up emptiness. The

creative person takes it in but lets it out in this unselfconscious way. As Dr. Oremland points out, creativity is a special relationship with the work where the sense of self and object is irrelevant. Winnicott's transitional space is where that can happen, that space which is neither inside nor outside us. Staying in that space longer and more fully is the aim of every creative person. It is a selfless state and yet in it one has the best possible sense of oneself. The practice of psychotherapy can have that quality, especially when one works with creative people who are not fearful of losing their boundaries in the process.

I was impressed with the beautiful account of the few interactions Dr. Oremland had with the woman painter. He told her that he thought her symptom, puckered mouth and indistinct, speech represented a fear of speaking for herself. As in the other two cases, I see the fear of speaking for herself as also having to do with the awareness of her own infantile needs, anger and destructiveness. This case is a marvelous example of psychoanalytic psychotherapy working most parsimoniously. An apparently superficial interpretation revealed the acute sensitivity of Dr. Oremland to his patient's situation. Also, he made full use of his power as an authority figure to permit her to separate from the old man in himself and have her own life. When later on the patient said, "I am very grateful to you. I have

thought of calling you several times but there really was no reason to," she was actually saying that there was no reason to connect and live through someone else. That she selected the post card she did may not necessarily mean she wanted to give the symptom to a man, but it may have been a carry-over of her earlier identification with an older artist, this one successful, which additionally validated her. The reversal Dr. Oremland mentions of the use of the snow to beautify rather than cripple may represent an instance of the full experience of the negative aspect of the snow giving way to the opposite feeling, previously hidden in the background. I thus do not regard the reversal as necessarily defensive but as possible evidence of her internal movement and change, a positive sign. As Marion Milner points out in her book, On Not Being Able to Paint, these reversals are the earmark of the creative process.

I have used actual instances of perceptual figure-ground reversal in my teaching about the creative process to illustrate the kind of full immersion in the figure that is needed in order for reversal to take place. Frustrated students have told me that as they decide to give up the task, the flip occurs and they catch on fairly soon that there is no volition involved here but a state of relaxed attention. Back to Dr. Oremland's painter. Her new interest in male nudes may not have reflected a continuing effort to master her conflicts over castration concerns but a renewed openness to male beauty as a result of having given herself permission to live her womanhood. The lack of aesthetic

appreciation for male nudes might have guaranteed more of a pathological interpretation than the new discovery of beauty in males. Her previous use of the older artist and fusion with him would not have allowed her to see men as separate from her and as something to be appreciated and enjoyed.

Dr. Oremland was suspicious of the thirteen year old patient's real dedication to the cello since he also longed to be with friends and to be normal. The boy's concern with the cello had to be in conflict with his need - so pervasive at that age - to be accepted by his peers. Dr. Oremland claims that "it was easy for him to recognize that the cello represented hanging on to his mother, control of the big instrument of his father, but most of all, a male companion he could control rather than fear." The patient thus appears to have accepted Dr. Oremland's interpretation as reality. He later became a teacher and helped youngsters. His obvious sensitivity to young adolescents, especially to those not accepted by peers, makes me think that he had also identified with the therapist who had helped him in a similarly sensitive way. His primary interest was, according to Dr. Oremland, to teach and help children, not in the cello and music. Could it be that he came to regard the cello and the music the way Dr. Oremland interpreted it in the earlier therapy? What would have happened if instead of pointing out his neurotic

overdetermined interest in the cello, the therapist would have validated the conflicts between playing the cello and his need to be with peers? What if the therapist never questioned his interest in the cello and concentrated solely on what the patient was bringing into the therapy situation? Perhaps he would have decided to become a teacher anyway, but then we would know that it was his decision, not the therapist's.

I have had patient artists who have told me how their therapists actively discouraged them from pursuing their craft, suggesting that their ambitions were "unrealistic." Most therapists are more subtle than that, of course, but in many ways convey their suspiciousness of artistic involvement and point to loneliness and isolation as a necessary price. I strongly feel that if an interest is not genuine and backed by creative potential, it will drop out of the patient's life as he or she becomes aware of his or her ongoing experiences - the figure. And there is no telling either for the patient or the therapist what's in the background waiting to be revealed. The cellist, whom Dr. Oremland regards as neither talented nor creative, may have identified with the therapist and his values and thus relegated other possibilities permanently to the background. The only reason that leads me to believe that Dr. oremland may have

been right is that a true artist would have fought, sooner or later, becoming one of those "difficult patients" who drop out of therapy.

4. Relationship to Objects.

Dr. Oremland suggests that the artist has a different order of object relatedness, which Greenacre calls "collective alternates." Impersonal and personal object relationships are more enmeshed with each other than portrayed in traditional psychoanalytic theory. Some years ago, while working with artists in a group, I was struck by their ability to apply what they were learning about their own creative process to the world of close relationships. Of course, I wholeheartedly agree with Dr. Oremland when he says that we have to free ourselves from regarding interpersonal relatedness as the highest order of functioning.

A songwriter patient of mine consulted me because of his conflict between the relationship to his music and to his five year long relationship with a woman. He was not sure if his two year long creative block was due to the fact that he could not hold two relationships at the same time. He also did not want to

blame the woman for what might be strictly his difficulty. This is not an unusual case. Artists are often torn between an interpersonal relationship and the relationship to their work in a way similar to a married person trying to sustain an affair. The difference is that the artist does not know for sure which one is the "spouse" - the solid one - and which one is the affair. They often complain about their inability to maintain both or to give the best of themselves to each. Recently, Keith Finch and I were hanging a two person show. I said looking around the gallery, "You damn Keith, your paintings seem to be on fire and mine look like they are fading away!" To which he replied, "What do you expect, you give your blood to your patients!"

A good interpersonal relationship requires a matrix of differentiated, self-object representation that contains ambivalence and a good work relationship has a similar matrix of self-object representation that contains the potential for change. A person who cannot accept ambivalence as part of a relationship cannot truly love; a person who has trouble accepting change in the self or in the work at hand is unable to create. Dr. Oremland points out that if we accurately understand the true structure of the complaint about an artist's difficulty with his art, therapy can help with these also. There is precious little attention paid in the psychoanalytic literature to work and to the understanding of dysfunctional work.

5. The Therapy of the Creative Person.

Psychoanalytic psychotherapy makes use of the transference - what is happening right there in the patient's reactions to the therapist - as the best tool for the understanding of early schemata and the freeing of the patient from distortions and misperceptions of significant others. This is always important. In addition, however, Dr. Oremland talks about the therapist as a patron who "shields, supports and most importantly ideally never competes with the art." I fully agree that the therapist has to identify with the artist's aims as something worth pursuing. I would like to amend this characterization of the ideal therapist. I was talking earlier about the tolerance of ambiguity characteristic of the creative person. I believe that the capacity to tolerate ambiguity and change can be greatly increased during therapy. The therapist can model such tolerance for the patient by not allowing him or herself or the patient to jump to conclusions prematurely, by encouraging the examination of all the aspects of a problem without necessarily reaching a conclusion, and by being comfortable leaving the door open to new information or interpretation. My patient songwriter, for example, wanted to understand certain feelings about me and his reactions to something I had said the previous session. I noticed his discomfort with not reaching a clear understanding then. I suggested that we leave it alone, like an unfinished song that will be picked up later. This was an experience he could relate

to -- he had known how to wait at times and it had served him well. It was a little messy, but it was OK to leave it open and unfinished.

In a session with another patient, a writer, he complained at some point that he was annoyed at not being able to follow what I was saying and asked me to repeat. I suggested that instead of trying to be a good listener, he should follow the distracting thought and we followed it all the way, fantasies and all. It was certainly much more important for him to go into this self-discovery than to be on the receiving end of my wisdom. His problems with his writing were clearly related to his need to control the outcome, not allowing the distracting material in. The less he tries to control the outcome, the more interesting the material becomes -- something he is learning right in the therapy hour. In these two cases, the problem has to do with excessive control and the therapeutic process can be used to admit increasing doses of chaos into the patient's thinking. In other cases, the problem is not lack of free expression, but the inability to exercise judgment of what is produced. The patient goes from one thing to the other without understanding how they might connect. In this case the therapist has to help the patient slow down the process to understand the implications of what he is saying.

Dr. Oremland suggests that individuals with unusual abilities present a considerable diagnostic problem. Attempting

to differentiate between true creativity and talent, the overdetermined artistic activity, does not seem as useful to me as it is to determine whether the patient's thinking suffers from excessive control or from a lack of discrimination and judgment of what he or she produces. The therapist can see evidence of these dysfunctional cognitive styles in the way the patient thinks in the therapy hour. He or she can be coached into experimenting with different ways of dealing with his or her own material in the session itself. For me, this kind of intervention is as valuable as an interpretation. Patients learn that anxiety is a natural reaction to unresolved, unclear, messy chaos and if they begin to allow themselves to stay in that chaos a little longer each time, they will have their eyes open to what is going on, conflicts included. An interpretation, even if ripe, can be filed away as insight and leave the patient unprepared to face the next bit of chaos in his life or work. I see the therapist as the reassuring presence of someone who intensely values what the patient is after and who will help him or her to think both more freely and more fully, not only about the problems presented by his or her art, but about other life problems as well.

I am grateful to have been given a chance to discuss Dr. Oremland's challenging paper. It has greatly helped me think through some of the issues he raises and find out how I really feel about them. The way in which he tried to integrate the disparate patient material and place each case on his continuum of

originality and talent seemed most interesting. I especially enjoyed the case of the woman painter and his clinical skill and sensitivity in that one consultation with her. I only wish more therapists were indeed fearful of destroying the creativity in their patients as he assumes they are. It would be nice indeed to know that therapists are aware of the power they have to block or foster the creativity of their patients. I believe that a therapist who does value creativity and finds a way of expressing it in his or her own life will naturally accept and foster it in the patient without undue envy.

For a long time I have felt quite alone in the pursuit of understanding the creative process and its dysfunctions. I felt myself to be in good company while reading Dr. Oremland's paper. Thank you all very much.