

Creativity as a healing support in life: The art of Carmen Aldunate

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SUMMARY

Carmen Aldunate is a Chilean visual artist devoted for more than forty years to painting, drawing and engraving. Despite having neither an ordinary education nor a university degree, she has had a fruitful artistic life, receiving national and international recognition. In 2004 she became the first woman visual artist to be made a member of the Chilean Academy of Fine Arts. This study examines the main features of Aldunate's psycho-pathobiography, showing the influence of her family background, life history and mood disorder on her artistic work. The manner Aldunate creates art, using refinement and purity of style, remarkably parallels the way she approaches life: having to fight permanently with extreme mood states that threaten her, she resorts to self control, obsessive artistic work and search for beauty. While for Aldunate creative expression is an end in itself, determining her way of living, it also becomes a medium to preserve or restore her health

KEY WORDS: Art Therapy. Biography. Mood Disorders

LA CREATIVIDAD COMO APOYO TERAPÉUTICO VITAL: EL ARTE DE CARMEN ALDUNATE

RESUMEN

Carmen Aldunate es una artista plástica chilena que se ha dedicado durante más de cuarenta años a la pintura, el dibujo y el grabado. A pesar de haber carecido de una

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educación regular y de titulación universitaria, su vida artística ha sido fructífera, logrando reconocimiento nacional e internacional. En 2004 se convirtió en la primera mujer artista visual nombrada miembro de la Academia Chilena de Bellas Artes. Este estudio examina las principales características de la psicopatobiografía de Aldunate, y muestra la influencia de los antecedentes familiares, la historia vital y el trastorno del humor en su trabajo artístico. El modo como Aldunate crea arte, con pureza y refinamiento de estilo, está llamativamente en paralelo con el modo como se aproxima a la vida: teniendo que luchar siempre con estados afectivos extremos que la amenazan, se ve forzada al control de sí misma, a un trabajo artístico obsesivo y a la búsqueda de la belleza. Mientras que para Aldunate la expresión creativa es un fin en sí misma, que configura su modo de vida, también llega a ser un medio para preservar o restaurar su salud.

PALABRAS CLAVE: Arte terapia. Biografía. Trastornos afectivos

INTRODUCTION

As long as there have been biographies, there have also been patho-biographies. In the lives of some individuals, illness—either physical or of the human mind—plays such an important role that biography and patho-biography smoothly blend into one another, or at times merge to a great extent or even completely.¹ Though some of the literature on the relationship between creativity and mental disorder may be flawed, an abundance of references—a number of them well conducted studies—extends back at least 100 years and suggests that there is some connection between high artistic creativity and mood disorders.²⁻⁶

It is known world wide that women commonly engage in artistic activities and nonetheless when genius has to be recognized they are often underrepresented. Chile is no exception as exemplified by the fact that whereas 65 % of university students of the visual arts are women until 2004 no women visual artist was found amid the 36 members of the Chilean Academy of Fine Art.⁷

We believe studying the life and psycho(patho)logical situation of women artists is a necessary and timely endeavor. In depth studies of creative women that have achieved success and recognition may help clarify issues like the influence of a milieu or a social environment on creativity and, more specifically, whether, how and to what extent creative women are held back by societal pressures. For instance, creative women frequently play contradictory roles in their lives. As artists they have to defy the norms, be adventurous, playful, curious plus individualist and, at the same time, as women they are expected, more often than men, to maintain and foster traditional cultural values. From a broader viewpoint, though Chilean society increasingly accepts



FIGURE 1: PHOTOGRAPH OF PAINTER CARMEN ALDUNATE (BY PERMISSION OF THE ARTIST, SANTIAGO, CHILE).*

that women work outside the home, the responsibility for running the household and socialization of children is still borne principally by them.

In what follows we attempt to carry out the —to our knowledge— first psychopatho-biography of a living Spanish-speaking visual artist from the southern hemisphere. Carmen Aldunate (CA), born in 1940, is a Chilean visual artist devoted for more than forty years to painting, drawing and engraving (Figure 1). She has received national and international recognition, something uncommon and not easy for a woman living at the edge of the world. Her art works are nowadays exhibited in different parts of the world, and despite being a woman who had neither an ordinary secondary education nor a university degree in 2004 she became the first woman visual artist to be made a member of the Chilean Academy of Fine Arts.

The purpose of the study was to describe the main features of CA's psychopatho-biography. Additionally, it aimed at showing the relationship between CA's psychopatho-biography and the evolution of her work. Thirdly, it sought to examine the therapeutic connotation, if any, of her art in the context of her life.

METHODOLOGY

The Case-Study Method was applied.⁶ In our study it mainly involved a qualitative strategy that included gathering, reviewing and analyzing data from different sources:

1) Written material, including:

— Three archives from the National Museum of Fine Arts in Santiago (MNBA).

* All figures shown in this paper are under Carmen Aldunate permission.

— Documents available from three libraries of the universities she attended (University of Chile and Universidad Católica)

— Book on the work of CA by Leopoldo Castedo ⁸

— Three theses by university students (Arts, 1982;⁹ Psychology, 1992;¹⁰ and History, 1997).¹¹

— CA's speech on her incorporation to the Chilean Academy of Fine Arts¹² and speech of the academican welcoming her.¹³

— 95 press interviews, comments, catalogs, reviews, criticisms and others, distributed in time as shown in table 1.

2) Visual material obtained from the above documents, some of which are shown in the present study by permission of the artist.

3) In-depth interview, under written informed consent, by one of the authors (MM) and additional interviews by a research assistant. The latter included multiple choice questions asked in the context of a wider research project involving 20 visual artists.¹⁴

4) A clinical psychiatric interview, under written informed consent, by a psychiatrist (EJ). Written permission to disclose the information under medical confidentiality was provided.

5) E-mail consultation with CA's psychiatrist, with her consent, to collect first hand medical information.

6) Gathering of second and third hand information by interviewing a number of her acquaintances.

Additionally, for the purpose of this study both authors attended (on separate occasions) the artist's studio. Moreover, over the years, they have visited a number of CA's exhibitions.

TABLE 1: DISTRIBUTION IN TIME OF SOME WRITTEN MATERIAL CONCERNING CA

Decade	Press interviews	Comments, catalogs, reviews, criticisms and others
1970's	8	7
1980's	7	6
1990's	25	20
2000 onwards	12	10
Total	52	43

FAMILY HISTORY

Carmen had little contact with her paternal grandparents. Her paternal grandfather was a diplomat, who was in different periods the Chilean ambassador to France and Spain. Her paternal grandmother is described by Carmen as being «a perfeccionist». On the contrary, Carmen had an intense relationship with her maternal grandparents. Her maternal grandfather was a well known excentric photographer and suffered a bipolar illness. Her maternal grandmother was an outstanding woman, far ahead of most women of her time. She used to wear trousers and ride a motorcycle with a sidecar, became the first woman mayor of the city of Santiago and, being a feminist, in the 20's and 30's promoted laws in favour of women. At the same time she was a very religious person and used to pray at an altar at home.

Carmen's father died at age 80. He was a lawyer but disliked his profession and was, instead, very fond of the arts. As his father before him, he served as a diplomat and was Chilean cultural *attaché* to France and Spain, the same countries his father had served in. Carmen's mother died in her 70's. She was the third of six siblings. Silvia, the eldest sibling, died in a car accident at age 15, together with her governess. This affected her parents immensely, Carmen's grandfather (the photographer) locking himself in his room until his death, her grandmother devoting herself henceforth to God and becoming involved in charity. Of the remaining four siblings at least two (Carmen's mother, Eliana, and the youngest male sibling) developed notorious depressive illnesses. The latter committed suicide. Additionally, Carmen's mother, Eliana, suffered from alcoholism. She painted and was very unconventional. Being the center of the family, «and a hippie so to speak» says Carmen, she involved her family in a free and artistic

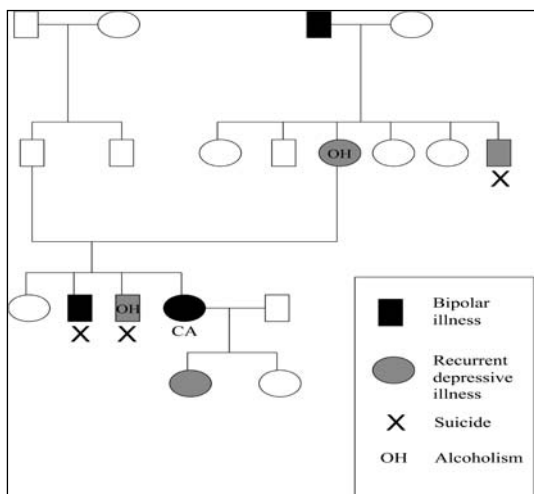


FIGURE 2: PARTIAL FAMILY HISTORY OF CA. FAMILIAL AGGREGATION OF MOOD DISORDERS, SUICIDE AND ALCOHOLISM.

lifestyle differing vastly from the norm. So far, then, the family pedigree of CA shows basically familial aggregation of mood disorders in her maternal ancestors (figure 2). This fact CA has publicly acknowledged in at least six press interviews.¹⁵⁻²⁰

Within Carmen's generation, the familial aggregation becomes clearer, supporting the idea of a genetic predisposition to mood disorders. Her eldest sister, Eliana, named after her mother, lived an unfulfilled life and died at age 50 of pancreatic cancer. The following two siblings, a pediatrician with a bipolar illness and an engineer who had an unipolar depression and suffered from alcoholism, both committed suicide. Carmen was the youngest of the four and, as we will see later, she attempted suicide in the 80's.

Carmen Aldunate has been married for nearly 46 years. She and her husband have had two daughters. The eldest, a painter like her mother, has been diagnosed—the artist has publicly stated on as a minimum two occasions—^{15,20} as having a panic disorder and depression. Though there is a likelihood of the youngest also suffering from a mental disorder CA has never mentioned her youngest daughter's health in public.

PERSONAL HISTORY

CA was born in Viña del Mar in 1940, «just by chance» she says. The family was spending the summer holiday in Viña and her mother delivered her at the family summer home. Her siblings were much older than she, the brother before Carmen being 12 years older. Therefore, due to this age difference, she did not have the experience of living abroad when her father was appointed cultural *attaché* in France and Spain. She spent most of her time with her maternal grandparents, her maternal grandmother



FIGURE 3: PHOTOGRAPH OF CARMEN ALDUNATE IN HER CHILDHOOD, WITH HER MOTHER AND GRANDMOTHER (BY PERMISSION OF THE ARTIST).



FIGURE 4: MISS ROSE, 1996-1997, OIL ON CANVAS, 130 X 115 CM. (BY PERMISSION OF CARMEN ALDUNATE).

being a strong influence (figure 3), and mainly with her governess, a lady of unknown origins, although most likely from Germany or the United Kingdom, who requested that she be known as «Miss Rose» (figure 4). As there was some suggestion that she came from Germany, the family liked to imagine that she was princess Anastasia or Eva Braun. It must be said that Miss Rose lived up to the age of 100 years old, still living with the Aldunate family, and died the same year (1984) as Carmen's mother. We will come back to this particular year later on.

As a child our painter was something of a happy spoiled child. Little was expected of her, not even her attendance to primary school. It was felt that having her governess to teach her and stay with her was enough. Both her mother and her maternal grandmother painted but the latter kept it secret. At home the family had a studio with nude models and an art teacher, so it is no surprise that instead of a pencil and a notebook the first things Carmen had were oil paints and brushes.

A determined child, Carmen went to primary school on her own initiative. Her parents did not oppose her wishes and she attended a school run by nuns for only two years as she was unable to fit in because of her unconventional upbringing. She later attended an experimental school where things went more smoothly.

Some years later, due to her rebelliousness and her striving for justice, she abandoned secondary school three months before finishing. Later she is expelled twice from the Catholic University where she was studying art. On one of these occasions the reason was that as it was so natural for her to paint nude models (something that was forbidden at the Catholic University at the time) she hired with her own money the model who posed nude at home. This caused a scandal that led to her dismissal.

In short, CA never obtained a degree, neither when finishing school nor after attending university where her talent was undoubtedly acknowledged.

In the meantime, at 21 years of age our artist got married to an engineer one year older than herself. Recently married, the couple lived in the United States of America (USA) because CA's husband obtained a scholarship to pursue postgraduate studies there. In the USA, Carmen attended the Art School of the University of California, at Davis, where she got to know and work with important visual artists such as Willem de Kooning and Wayne Thiebaud. The couple lived in the USA twice, the time period amounting altogether to nearly five years.

Though she says she has been in love for most of her marriage the marital relationship has been ambivalent and difficult. This she has recognized in public repeatedly.^{20,21,22} When asked for the reasons behind her husband's manners, she implied that he resents her success as an artist, his behaviour being a kind of revenge. In addition, Carmen states that until a few years ago she used to feel and say she was deeply in love with him. The latter, plus the fear of being abandoned, is the reason she gives for not leaving him. However, although CA feels old now, she declared she does not exclude the possibility of still leaving her husband. In the past she has said it would have been better not to marry.

Mental illness and psychiatric assistance

Some time after the death of her eldest sister, Carmen's mother and Miss Rose both died (1984). Then, within a short period of time she additionally experiences the death of her two male siblings, both of them by suicide. Between these two deaths she also loses her father. This is the period that CA calls the «black hole» era. In a brief autobiography, CA describes her feelings then: «Suddenly, the blow that massacres, hurts and kills. A whirlpool in which, suddenly, one after the other, before catching breath, my grandparents, uncles, governess, all my brothers and both parents were caught. One last bow, almost in unison and the curtain drops. The black hole».⁸

It was around this time period when, in addition to the several above mentioned losses, Carmen faces another painful event. Feeling vulnerable and having for the first time in her life to act as the main pillar of the family, she abided a marital breakdown.^{20,21,27}

CA does not remember feeling depressed before her marriage. Though she seems to have occasionally experienced low moods prior to her wedding, the clinical history clearly suggests that it is only after the events that we have mentioned that she developed the first episode of major depression. The symptomatology she well describes, for example when in an episode of depression her mood is regularly worse in the morning. Additionally, she speaks of a black cloud pervading all her mental activities

and of life becoming harder to bear. We will not go further into her symptoms, merely point out that during the first episode she went as far as attempting suicide through the ingestion of a mixture of whisky and drugs. She reports that later she has frequently experienced suicidal ideas.

It is following the initial depressive episode that she first came into contact and treatment with psychiatrists. In all, four psychiatrists have seen her but only one colleague on a more or less regular basis. He was contacted by the authors, with Carmen's consent, and stated that over a 16 years period he has seen her twice on a regular basis, first during 1988, then during 1995, and then saw her once in 1999. Since then very sporadic telephone checks have taken place, perhaps once a year, usually in springtime when her mood symptoms and feelings of guilt tend to appear or exacerbate. Asked about her progress, her present psychiatrist says on the whole Carmen has shown a positive although partial response. She has suffered both recurrences and residual symptoms but they do not appear to inhibit her from engaging in artistic activities. Neither her creativity nor her interest in arts is impaired by the worsening of her mood states. According to her psychiatrist and to CA herself, only very severe symptomatology has occasionally interfered with her artistic performance in the past. The artist told us that, most of the time, when depressed and anxious, painting «saves» her. In those cases, she says, her studio acts as a shelter («or as a kind of uterus devoid of natural light and strange noises, where I isolate myself from the world») and painting as usual, or just scrabbling or loosely drawing, make her feel safe and secure. At the time of the psychiatric assessment carried out during this study, Carmen was taking sertraline 100 mg/day (which she usually increases to 150 mg in springtime) and diazepam 10 mg/nocte. It is the psychiatrist's view (EJ) that, when interviewed, she was slightly depressed.

Worth noting are two additional clinical observations made by her psychiatrist. The first is that her depressive symptomatology seemed to worsen premenstrually when she was fertile. The second is that in 1988 the psychiatrist witnessed hypomanic symptoms developing in response to the administration of trimipramine, which diminished when lowering the dose.

As regards individual psychotherapy, our artist is reluctant to engage in it. Once with her husband they tried couple therapy but did not persevere.

Artistic work and illness

In her beginnings, CA painted abstracts, which were in fashion at the time. But then while in the USA, she emphasized drawing and tried her hand at painting figures, very colorful, californian, joyous and carefree (Figure 5), completely different as we shall see from what she painted later.

As regards these initial stages, she has said: «Certain abstracts contributed to my formation regarding color and composition, and I could do a relatively harmonious and

good painting, but it wasn't what I wanted. I was eating my heart out. There (in the USA), I began with the figure painting that I have never abandoned. The paintings were in a very small format because I lived in a mini-apartment and I had two small daughters. I did the most incredible things to help raise them. I worked as a maid, I was a companion to a huge blind woman who loved sports and enjoyed jumping from the highest diving board at swimming pools».²²

CA admits that her immediate environment, like the time of restrictions described above, influences her art work, for example as it has just been described the format she uses.

After her return to Chile, CA develops the figurative style she is mostly known for: the depiction of female figures with heavy clothing, armor and other bindings and the presence of pricking pins and sharp objects. These women remind the observer of, or trigger associations concerning, the formal characteristics of Piero della Francesca, the nudes of Lucas Cranach and the fine details and exquisite clothing of Flemish painting. She, in fact, admits the influence of the mentioned artists.

Regarding the reiteration of the female image, CA has stated: «Many times people have said to me that I have insisted too much on women, but my battle isn't finished yet and I can't abandon it. I insist on women because they were left by the wayside for thousands of centuries, and I rebel against the typical response from men, name some famous women. But they never let her out. And the battle continues to be valid today. I don't intend to compete with men, I only seek justice».²²



FIGURE 6: DYPTICH (RIGHT SIDE), 1991, OIL ON CANVAS, 100 X 80 CM. (BY PERMISSION OF CARMEN ALDUNATE).



FIGURE 5: MOTHER'S MILK, 1973, OIL ON CANVAS, 35 X 33 CM. PRIVATE COLLECTION. (BY PERMISSION OF CARMEN ALDUNATE).



FIGURE 7: TO NOBEL PRIZE WINNER GABRIELA MISTRAL, 1988, PENCIL ON PAPER, 109 X 76 CM. (BY PERMISSION OF CARMEN ALDUNATE).



FIGURE 8: UNTITLED, 1984, OIL ON CANVAS, 110 X 40 CM. (BY PERMISSION OF CARMEN ALDUNATE).

It has been said that the female figures she paints have thoughtful, melancholic faces which bear a subtle hint of sarcasm, and that this symbolize «her obsession with women who have been pushed aside and imprisoned».²² Once a journalist said to Carmen, when commenting on some of her paintings: «They say that the clothing of these figures is from the Renaissance». To this, she replied: «I completely disagree. It is armor, shrouds, bindings, and rags for defense. This is very important because if it's true that I leave the face practically uncovered, it's a way of shouting Here I am, but at the same time I am bound, leashed».²²

In this context, it is certainly not a coincidence that the speech she delivered when incorporated to the Chilean Academy of Fine Arts was entitled «Rebellion».¹² When once asked why she does not paint hair, her response was «hair is only ornamentation», «since in my time women were treated as beauty objects I wanted to stress that women have brain and ideas».¹⁸

Many of the press interviews she gives show the various links between her life and her art work. As regards themes and colors she uses, they vary depending on internal and external factors such as mood states or the season of the year. Her exhibition in mid winter 2004, very autobiographical as are all her exhibitions, was entitled *Maldita primavera*, that is «damned spring». It represents, the artist has said, an attempt to conjure away the spring season which usually brings about a worsening of her depressive symptoms.

Concerning beauty, CA was once asked: «What does the beauty of the linework represent in the women?». She answered: «I very much like “ugliness”, deformity, or the dribblings in other artists, I am attracted to that and I enjoy it. However, I look for the aesthetic (figure 6), the beauty. Sloppiness bothers me, I consider it a kind of trickery. I prefer something stricter».²²

«Strict like yourself?» the same journalist asked. She replied: «I love the craziness of others, but I can't do it. I allow it in them and I enjoy it. Perhaps I have a great fear of insanity and I so set myself boundaries».²²

The following two paintings somehow depict her times of crisis and depression (figures 7 and 8). Figure 8 was painted in 1984, the year corresponding to the «black hole» era, according to CA. Regarding the portrayal of depression, it is interesting to quote the answer she once gave a journalist. When asked «what are the melancholic and sad women you paint thinking about?». She replied: «About all women, they are thinking about all women».²³ Hence, it is not surprising that her work has been described as being as seen above obsessively marked by the theme of the difficulties of womanhood.²⁴

In contrast to previous paintings, *Gracias a la vida* (Thanks to life) (figure 9) emerges as a symmetric picture with colorful and vibrating fruits. Perhaps as a way of identification, the title is taken from a well-known Chilean song composed by Violeta Parra who exhibited as probably Carmen does a heightened and sharpened perception of extreme mood states. Ironically, Violeta Parra, committed suicide some time after composing this song in which she gives thanks to life. In relation to this painting, CA once said: «I must recognize that my paintings have in general been more anxiety-provoking and a struggle; and that I painted this in one of those moments in life in which one, for no reason at all, experiences great joy».²⁵

This is certainly interesting as it raises the possibility that Carmen might have painted the picture during a state of elevated mood. This will be analyzed further in the discussion.



FIGURE 9: THANKS TO LIFE, 1990, OIL ON WOOD, 120 X 140 CM. PRIVATE COLLECTION. (BY PERMISSION OF CARMEN ALDUNATE).

CA's extended artistic life has been fruitful. Besides attaining several distinctions throughout her career, she has held a considerable number of individual (26) as well as collective (64) exhibitions, and her paintings and drawings are today exhibited in Chile, the USA and Europe.

Other medical considerations

As a school girl CA developed episodes of fever which were very intriguing as her doctors could not determine their cause. Interestingly, when local physicians gave up she was taken to Buenos Aires, Argentina, where a doctor said her fevers were of psychological origin, linked to restrictions imposed at school, and suggested her parents to move her to a different school. As soon as this was done the fevers ceased.²⁶

Besides her mood disorder, by far the medical condition which CA thinks has influenced her life the most, other illnesses are present in her life. About 25 years ago she consulted an ophthalmologist reporting she had «anxiety in one of my eyes».¹⁸ The physician at first laughed but then on examination was struck to discover a macular disease, little was known about it at the time, apart from the fact according to Carmen that it affects women more commonly than men, and people with lighter coloured eyes rather than dark. By chance, a reputed British ophthalmologist from Moorfields Eye Hospital, who had operated four women with a similar ailment, was then visiting Chile and was asked to examine Carmen. Eventually he successfully operated Carmen's left eye (by contrast, the other women that underwent surgery supposedly became blind).¹⁸ CA felt her recovery was a miracle. However, in 2004 the problem returned and at present instead of reading books she listens to audio tapes for blind people. Oddly, the disorder does not affect her painting as long as she finds an adequate focusing distance. Still, this condition CA says: «is like having the sword of Damocles hanging over me».

Also, many years ago CA developed hypothyroidism following an episode of hyperthyroidism whose main manifestation was an, at first, unexplained loss of weight. This is adequately controlled with daily levotiroxine. In addition, CA has recurrent episodes of urinary tract infections, for which she has been prescribed antibiotics for long periods. None of these two medical conditions has had a major influence either in her biography or in her artistic endeavor.

Worth mentioning are some of Carmen's personality traits. Apart from being a perfectionist, which is shown in her painting in not allowing herself to paint in a freer and looser manner (as she says she would like to), she perhaps partly due to her upbringing permanently experiences feelings of worthlessness, insufficiency and guilt.^{19,26,27}

Although she is a good looking woman, in the 80's she underwent cosmetic surgery because she felt ugly. In line with what Miss Rose, her governess, had taught her («never explain, never complain»), though she feared the operation and her husband was against it, she went on with it, paying the surgical procedure with a painting.



FIGURE 10: THE PHYSICIAN'S WAITING ROOM, 1996-1997, OIL ON PAPER. PRIVATE COLLECTION. (BY PERMISSION OF CARMEN ALDUNATE).

While grateful for the assistance psychiatrists have given her during her life, CA resents some situations women have to go through when seeking medical help. In her painting «The doctor's waiting room» (figure 10) she depicts wounded modesty. The naked woman, with her boots on, her handbag and her purse on the floor, plus the presence of threatening objects create a situation that well illustrates the shame or nuisance many women experience in medical settings.

Then, we would like to stress the important therapeutic and cathartic role CA attributes to her painting. In the interview with one of the authors (EJ), but also in many previous press interviews, she has said that if she had not had her art she would be dead.^{19,20,28} Sentences she has expressed, like «for me living is more difficult than painting»,¹⁹ «painting for me is breathing»,²⁰ «painting has saved my life»,¹⁸ underline the vital importance CA attaches to creating art. Moreover, she strongly believes art has a therapeutic potential beyond herself. She eagerly emphasizes that if her siblings had painted or been involved in art they would not have committed suicide.

Lastly, Carmen knows that psychological distress tends to run in families and that her mood instability and proneness to mental illness is shared by some of her close relatives. Once a journalist asked her: «What is the inner part of yourself that appears in your paintings?». She replied: «The dread of becoming mad. The fear that makes me behave more prudently than I would otherwise do. I am controlling myself all the time. I dread becoming mad, perhaps genetically, maybe it is the family. There have been too many cases in our family, I feel near the edge».¹⁹

The journalist then went on to enquire: «Perhaps what you call madness makes you more creative?». She answered: «No, it does not make me more creative, it paralyzes me with terror».¹⁹

«How would you describe that experience?», went on the journalist. Carmen replied: «I am terrified, because experiences in my family are not good. They may spend a fantastic five minutes but always end in suicide».¹⁹

The sharing by the family of a tendency to psychological suffering is well depicted in «Self portrait with my daughters» (figure 11). When commenting this painting in an interview, she stated: «You know, the three of us are all tied up in knots. It could be something genetic».²⁹

DISCUSSION

From a diagnostic viewpoint, the case for a mood disorder in CA is strong. First, her family and personal history indicate that both she and many of her first and second degree relatives suffered or suffer periods of persistent depressed mood, leading in some cases to suicidal attempts or suicide. In addition, a number of her relatives developed full-blown bipolar illnesses, as well as alcoholism, conditions also associated with increased suicidal risk. Furthermore, as far as CA is concerned, the report from her psychiatrist and our own examination points towards the presence of recurrent depressive episodes, as well as residual symptoms in between episodes. Also premenstrual and springtime exacerbations of her depression are well documented.

Of interest, to pinpoint the precise nature of her mood disorder, is CA's assertion that she painted «"Thanks to life" (...) *in one of those moments of life in which one, for no reason at all, experiences great joy*». The hypothesis that she might have painted the picture during a state of elevated mood should be raised. To support this view is the report of CA's last psychiatrist, who told us that in the 1980s he had witnessed an hypomanic state secondary to the administration of the antidepressant trimipramine. In line with conceptualization of mood disorders current at the time, in the 80's our colleague believed she had a recurrent major depressive disorder and considered the hypomanic symptoms as being of pharmacological



FIGURE 11: SELF PORTRAIT WITH MY DAUGHTERS, 2000, OIL ON WOOD, 90 X 130 CM. (BY PERMISSION OF CARMEN ALDUNATE).

origin.³⁰ Nowadays, most psychiatrists would maintain and we support this view that CA's mood disorder should be included within the bipolar spectrum. What in the 80's was thought of as being a recurrent major depressive disorder today would be considered a pseudo recurrent major depressive disorder. There is at least clear evidence to postulate a type III bipolar disorder, whose essential feature is the occurrence of one or more major depressive episodes accompanied by at least one hypomanic episode associated to use of antidepressants.³¹ However, a type II bipolar illness, with mood elation appearing not only in response to medication but also spontaneously, cannot be ruled out.³²

As relevant as psychiatric diagnostic issues is our finding that to follow CA's itinerary as an artist is to follow her psychopathobiography. Tracking the vicissitudes of her life one can easily see the close link between her life (including her illnesses, mainly her mood disorder) and her artistic work. Thus, the fact that she is a woman and suffers from depression has shaped her pictorial output in a way that makes her take full advantage of the possibilities of that language. Interestingly, behind the refinement and purity of her style elements that first capture the attention of the observer one notices an ominous content. Thus, every so often CA tries to speak for dominated women whose screams of rebellion have not been she feels fully heard. As somebody said, «her heroines, tied and frozen in past times, are enigmatic statements against oppression».²⁴

On other occasions it is evident that the mood disorder that has affected her and some of her relatives influences her art work. Numerous examples, either titles she has given to art pieces or exhibitions, or simply her visual proposals, some of which are included in this publication, are a witness to this.

Now, regardless of the content, whether gender-related or health-related, it is striking that in most of her paintings the anguish is shown quietly, to be discovered gradually. According to the very pertinent text that presented her exhibit in Key Biscayne, Florida, in 1992, the women CA paint are chained and unable to liberate themselves from attachments. It further adds: «They wear masks reflecting serenity, and even though, they might be suffering, they do so, in silent quietness. Nevertheless, they seem to possess a powerful interior strength, filled with sensations and tenderness, and very specially, they project a firm aura of self-assurance, and consequently of self-confidence. To this summary of the physical and spiritual significance of many women in the paintings by Carmen Aldunate, it should be added that, their entire mystery is not shown in them; the spectator remains with the impression that if the truth was really reflected, such truth would be dramatic, in a superlative way».⁸

Next, in our view the «strategy» (not necessarily conscious) that CA applies when creating art, that is using refinement and purity of style to reveal an ominous content, parallels the way she has approached life: having to fight permanently with extreme mood states that threaten her (and her family one should say), she resorts to self control, obsessive artistic work and search for beauty. Though this might be related to personality traits,

the assumption that inhibition of uncontrolled and violent depiction of inner contents is gender-related seems worth investigating, specially considering that, as regards women's issues, Chile may be more conservative than other South American countries.³³

The therapeutic relevance CA attributes to her art we have already mentioned. In this respect, it can be said that benefits from art-making are manifold. They range from exercising the coordination of the seeing eye and the re-creating hand to being rewarded by contemplation of the art product which enhances identity, self control and personalizes our living space. They include enhancing our interest through conscious creative expression in the objective world plus the revelation of unconscious psychic material. In mental illness art is effective as a method of nonverbal communication but also contributes to recovery through encouraging independence, not just occupation. While for real artists creative expression is an end in itself, which determines his/her total way of living, it is also true that sometimes, as in the case of CA, it additionally becomes a medium to preserve or restore health. Not surprisingly, so called art therapy is nowadays employed in many different clinical settings with many different types of patients. Likewise, it is used in non-clinical settings as well, such as in art studios and workshops focusing on development of creativity. A number of articles and books provide a comprehensive view of contemporary practice.³⁴⁻³⁸

Finally, we will return to the beginning of this paper where we stated that in the lives of some individuals, illnesses either physical or of the human mind play such an important role that biography and patho-biography smoothly blend into one another, or at times even merge completely. This is described in a masterly manner in a sentence our artist once said, which was quoted when she became the first woman visual artist to join the Chilean Academy of Fine Arts. To show how her life and artistic endeavor were shaped by her illness and suffering CA remarked: «If only I had one day of peace, one of those days when you remember feeling normalcy as something tangible, or when you feel your own body is somewhere you can live in; if I had just one of those days when what I seem to be is what I really am, maybe my art work would not be what it is!».¹³

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REFERENCES

1. van Lieburg MJ. Famous Depressives. Amsterdam: Organon International; 1988.
2. Nisbet JF. The Insanity of Genius. New York: Charles Scribner's Sons; 1900.
3. Post F. Creativity and Psychopathology. *Br J Psychiatry*. 1994;165:22-34
4. Jamison KR. Touched with fire. Manic-depressive illness and the artistic temperament. New York: Simon & Schuster; 1995.
5. Lauronen E, Veijola J, Isohanni I, Jones PB, Nieminen P, Isohanni M. Links between creativity and mental disorder. *Psychiatry*. 2004;67:81-98.
6. Andreasen NC. The Creating Brain. The Neuroscience of Genius. New York/Washington DC: Dana Press; 2005.
7. Adams J. Women and the visual arts in Chile. A case study. ECLAC Document LC/IN.132 (United Nations Economic Commission for Latin America and the Caribbean); 1993.
8. Castedo L. Carmen Aldunate. Drawings and Paintings. Santiago de Chile: Ediciones Tomás Andreu; 1998.
9. Campaña C. Carmen Aldunate y su obra. Tesis de licenciatura. Santiago de Chile: Facultad de Artes. Universidad de Chile; 1982.
10. Palma C. En torno al proceso creador: algunos artistas visuales chilenos. Tesis de licenciatura. Santiago de Chile: Escuela de Psicología. Pontificia Universidad Católica de Chile; 1992.
11. Gumucio A. Carmen Aldunate: tradición o innovación en el lenguaje pictórico. Tesis de licenciatura. Santiago de Chile: Instituto de Historia. Pontificia Universidad Católica de Chile; 1997.
12. Aldunate C. Rebelión. Discurso de incorporación como Miembro de Número de la Academia Chilena de Bellas Artes. Santiago de Chile; 2004.
13. Galaz G. El arte como enmascaramiento. Discurso de bienvenida a la Sra. Carmen Aldunate como Miembro de Número de la Academia Chilena de Bellas Artes. Santiago de Chile; 2004.
14. Marinovic M. El papel de los sueños en la creatividad y producción pictórica de artistas visuales chilenos. *Aisthesis*. *Revista Chilena de Investigaciones Estéticas*. 2006; 40:119-47.
15. Valdes C. Imágenes que capturan vacíos (interview with Carmen Aldunate). *El Mercurio*. 1998 September 6; E24, E23.
16. Novoa L. Delirios en la pintura (interview with Carmen Aldunate). *La Tercera*. 1998 August 1;12.
17. Miranda S. Carmen Aldunate. No concibe la vida sin pintar (interview with Carmen Aldunate). *Cosas*. 1998; 577:11.
18. Fernández F. Carmen y su maldita primavera (interview with Carmen Aldunate). *Caras*. 2004;7:40-4.
19. Cardone IM, Armendáriz S. Vivir me cuesta más (interview with Carmen Aldunate). *La Tercera*. 1988;1: 10-11.
20. Gardeweg C. Vital, «neura» y genial (interview with Carmen Aldunate). *Somos*. 1987;8:64-7.
21. Rojas M. Voy con la piel viva (interview with Carmen Aldunate). *La Tercera*. 1993;5:21-2.
22. Narvarte B. Close up on women (interview with Carmen Aldunate). *Volando*. 1988;11:19-23.
23. Vial A. Partes Privadas (interview with Carmen Aldunate). *Caras*. 1998;10:30-2.
24. Aninat I. Chilean Contemporary Painting. Santiago de Chile: Grijalbo; 2002.
25. Comandari ME. Pinceladas de mujer (interview with Carmen Aldunate). *Ladeco*. 1994;34:106-12.
26. Guzmán R. A veces juega a mujer mundana (interview with Carmen Aldunate). *Ercilla*. 1977;12:41-4.
27. Larrain AM. Pinta los demonios de la edad adulta (interview with Carmen Aldunate). *Carola*. 1984;7:10-3.
28. Palma C. Carmen pintó a la mujer (interview with Carmen Aldunate). *La Tercera* 1995;5:12.
29. Romero T. La lujuria es hoy una virtud capital (interview with Carmen Aldunate). *Caras*. 2002;9:38-41.
30. American Psychiatric Association. Diagnostic and Statistical Manual for Mental Disorders. 3rd ed. Washington DC: American Psychiatric Association; 1980.
31. Akiskal HS, Pinto O. The evolving bipolar spectrum. Prototypes I, II, III and IV. *Psychiatr Clin North Am*. 1999;22:517-34.
32. American Psychiatric Association. Diagnostic and Statistical Manual for Mental Disorders. 4th ed., Text Revision. Washington DC: American Psychiatric Association; 2000.
33. Women in Chile. Left behind. *The Economist*. 2006 August, 12th
34. Marinovic M. Fundamentos de las terapias de artes. *Revista de Psiquiatría y Salud Mental*. 2002;19:34-39.
35. Oster I, Svensk AC, Magnusson E, Thyme KE, Sjödin M, Aström S, et al. Art therapy improves coping resources: a randomized, controlled study among women with breast cancer. *Palliat Support Care*. 2006;4:57-64.
36. Frisch MJ, Franko DL, Herzog DB. Arts-based therapies in the treatment of eating disorders. *Eat Disord*. 2006;14:131-42.
37. Malchiodi CA. *Handbook of Art Therapy*. New York: Guilford Publications; 2003.
38. Case C, Dalley T. *Handbook of Art Therapy*. London: Routledge; 2006.