

CHAPTER 1

The Scope of Psychopathology

Introduction

Psychopathology is the study of anomalous human experiences, representations, behaviour and expressions.

A proper overview has to take account of several levels of analysis. The lowest levels are groupings into more and more inclusive conceptual entities: in increasing inclusiveness — descriptive, syndromal and nosological. The highest levels provide an increasing sophistication and profundity of the explanation offered for the conceptual entity in question, : functional (psychological), neuropsychological (organic) and metaphysical (phenomenological). All have to do with the nature of what we are dealing with, although the higher levels contain causal implications.

Levels of Analysis of Psychopathology

Descriptive psychopathology

At the lowest level of analysis we have inherited a scheme of observations as to the sorts of experiences, representations, behaviour and expressions which characterize those people deemed ‘mad’ over the ages, and, latterly, a further set of labels for those considered deviant or dysfunctional in some way, short of being ‘mad’.

All this amounts to descriptive psychopathology. It is by no means theory-neutral, because the very descriptions come with a baggage of connotations. Delusions, hallucinations, formal thought disorder, blunted or flattened affect, and catatonia are some of the technical terms for extreme anomalies that we have inherited. But the ‘normal’ component of the psyche or mind which these entities deviate from is quite contentious.

The received view is that delusion is an abnormal belief, hallucination the perception of a non-existent thing, formal thought disorder a disturbance of thinking, flattening of affect a general dampening of emotional life, and catatonia a disorder of movement akin to paralysis. Against any of this, however, there are views to the effect that a delusion is simply a normal response to a meltdown in the perceptual apparatus, that hallucinations are inappropriate projections of definitely existing goings-on in some mental area (precursors of language, subconscious workings), that flattening of affect is only an expressive hiatus in an otherwise rich emotional life, that formal thought disorder is rule-deviant speech and nothing to do with thinking, and that catatonia, far from being a disorder of movement, is a use of the body’s normal movement to express a symbolic gesture.

Descriptive psychopathology, as is evident from the above considerations, is mired from the outset by all sorts of presuppositions about the core terms it supposedly deviates from. Nevertheless, a

number of its technical terms — delusion and hallucination, in particular — have been perennially recognized as what is central to madness, and we need to acknowledge this, and tackle it head on. In any case, a discipline of knowledge is largely circumscribed by its special vocabulary, and anyone entering the discipline needs to know the meaning of the terms they will come across.

Syndromal psychopathology

There is then a level of conceptual analysis which we can call syndromal psychopathology, where some professional observer has drawn links between several descriptive psychopathological entities. This is a relatively new trend, not seen much before the 20th Century. Prior to this there was a tendency to take descriptive entities for nosological entities and to skip the intermediate stage.

An example of a psychopathological syndrome is delusional misidentification, created when it struck someone (Christodoulou and Malliara-Loulakaki 1981; Joseph 1986) that a number of hitherto miscellaneous, eponymous delusional states had something in common, in the form of misidentifying things, people, places or events. Delusions or experiences of passivity or control are another example, first given special status by Kurt Schneider (1946/1959) on the grounds that whichever generic descriptive term — delusion or anomalous experience — one employed, there was an overriding sense of lack of personal involvement or agency in whatever was happening.

Note that the creation of these syndromes cuts across a swathe of psychological functions or mental faculties — e.g. feeling, thinking, acting, willing — as well as embracing a variety of descriptive entities. Note also that these syndromes may encompass diverse regions of experience — other people, things, self, space and even time.

At the level of syndromal psychopathology, therefore, things are looking interesting, and it is no wonder that Kurt Schneider made the passivity syndrome the backbone of his first rank symptoms of schizophrenia.

Nosology

The highest level of purely conceptual sophistication is covered by nosology. Disease status is now conferred on amalgams of descriptive or syndromal entities. But this brings a whole new set of problems, because to call something a disease, even though it is psychic or mental rather than bodily, carries a whole set of implications. There is the presumption that there must be some unifying basis to its nature, which, for most of the 20th Century, was generally formulated in psychological terms only, albeit sometimes metaphorically: for example, Kraepelin's view that dementia praecox (schizophrenia) was an 'orchestra without a conductor'; or Bleuler's opinion that schizophrenia was a 'disorder of association'. Next, there is the supposition that each 'disease' either has some core structural brain disorder which is unique to it or has some other unique biological marker, a supposition that Bleuler certainly held with respect to schizophrenia, even though he thought that it was a matter for future discovery. Thirdly, there is the expectation that each 'disease' will have a discernible life history or course to it, different from other psychiatric diseases: Kraepelin thought that this was true with respect to dementia praecox and manic-depressive psychosis. Fourthly, there are then the repercussions of all this for management and treatment, with assumptions that each nosological entity, like physical diseases, will eventually have their own unique curative, as distinct from palliative, treatment.

I have illustrated some of the problems inherent in nosological classification with reference to schizophrenia, a concept which, in the overall scheme of psychopathology, is, in one way, quite atypical, as it condenses what is most severe and pervasive about psychopathology, but, in another way, is a good example, because it is relatively free of cultural and labelling issues, as it occurs in every modern society in which it has been looked for. We might also note that schizophrenia exemplifies the erosion of even more boundaries of psychological functions and faculties, and realms of experience, than do syndromal entities, with every aspect of the human condition being, literally, called into question. This, what so few investigators have appreciated, makes it the mirror and enigma of the human condition itself.

A backlash against any concept as pervasive and mysterious as schizophrenia was bound to occur, and rumbles on to this day. Even Kraepelin and Bleuler were reluctant to commit themselves to such an overriding concept: Kraepelin went through several editions of his Textbook before uniting the ‘diseases’ he had been handed on, by Haecker as hebephrenia, by Kahlbaum as catatonia, and by several others as paranoia, as dementia praecox; Bleuler continued to refer to its terminological replacement as ‘the schizophrenias’. Debate about the morbidity or uniqueness of other nosological entities, although substantial, has been rather overshadowed by the schizophrenia issue.

Functional (psychological) analysis

This level which I shall refer to as psychological as well without any change in meaning — as this is how it is conventionally described — is concerned with whether a particular psychic or mental function or faculty is impaired in one of the sets of psychopathological entities. So, for example, one can ask whether deluded people reason illogically, or whether delusional misidentification is accompanied by disordered face perception of a special kind, or whether those diagnosed with schizophrenia have a significant disorder of memory.

There is nothing banal about this approach. It adds to the factual inventory of the nature of the psychopathological entity studied. There is, however, a tendency for investigators to be arrogant in their claims, and to present a simple fact, that, for example, memory is impaired in some or even in all schizophrenics, as overly significant, without asking whether amnesia can really explain the entire field in question. In other words, causal hypotheses insinuate themselves into psychological analysis.

The limitations of a functional analysis are especially shown up when the investigator presents findings, or designs an experiment couched in scientific terms, but where the hypothesis in question is only a supposition valid within the theoretical constraints of the school of psychology which the investigator adheres to. One sees this in relief if one compares psychological studies on some aspect of schizophrenia decades apart but within different psychological schools. Despite changes in terminology it is the same fact that is being presented in different guises rather than any scientific cause and effect relationship which is being established.

For example, here is Freud’s interpretation of schizophrenia:

If we ask ourselves what it is that gives the character of strangeness to ... the symptoms of schizophrenia, we eventually come to realize that it is the predominance of what has to do with words over what has to do with things ... in schizophrenia object-cathexes are given up ... and word-presentations of objects are retained. (Freud 1915)

Here is a social formulation from Cameron in 1944:

It is obviously a short step from Bleuler's Freudian interpretations and Meyer's formulation to the conclusion that schizophrenia is a disorganisation of the biosocial reaction systems that define personality ... and their replacement by behaviour dominated or determined by private fantasy ... The schizophrenic patient, because of his lost social skills, is a daydreamer who cannot completely return.

Here is a formulation from the heyday of behaviourism:

The behaviour of some psychiatric patients seems to be characterised by an increased probability of responses usually of low rank within normal response hierarchies and decreased probability of responses which are usually dominant ... Both motor responses and concept association chains would be disturbed because of intrusion of competing responses usually of low probability.

(Broen and Storms 1961)

Finally, here is an extract from a considered summary of cognitive psychological thinking over the past 20 years:

A triggering event gives rise in a predisposed person to a disruption of cognitive processes. The basic automatic cognitive disturbance may be viewed as a weakening of the influences of stored memories of regularities of previous input on current perception, which leads to ambiguous, unstructured sensory input and the subsequent intrusion into consciousness of unintended material from memory.

(Garety *et al.* 2001)

One might well ask if anything other than a simple fact is demonstrated, and further ask if it is not better presented straight from the horse's mouth, so to speak, as in this personal account related to me:

I was lying on my bed and reality somehow passed inwards as if my brain turned round. I then became more interested in memory than perceiving reality around me. As my illness progressed reality became rather threatening, separate, boring. A woman would become a name; she would then become a symbol for all my sexual feelings. Some of these names would become overdetermined, charged with emotion, and whereas I would respond to people very flatly, the name would be very emotional.

Although the actual investigations carried out in the course of a functional analysis usually conform to what is a valid scientific experiment, they are not for that reason alone able to establish the ultimate and sufficient cause of a psychopathological entity, whether the focus be a descriptive, syndromal or nosological variety. Notwithstanding an author's claims on this very point, which are widespread in psychological research, and which Bolton and Hill (1996), in their book about psychic and mental causation, try valiantly to support, the sorts of entities which are claimed to be able to act as mental or psychic causes of human behaviour are nothing of the sort. Consciousness, emotion, attention, memory, thought, belief and even perception, are not causes in the way psychologists think they are.

In the first place, they are completely disparate entities among themselves: consciousness is known knowledge of the widest sort; emotion is knowledge of the value of something; attention refers to the psychic or mental correlate of a process whereby a lure in the environment or world captivates the drives or mind; memory is the re-presentation of the past; a thought is an objectivization of matters in the internal realm; belief is the representation of matters which have a

bearing on action; perception is the process whereby some, already attended to, matter in the external or internal realm is brought to knowledge, whether objectified or not (as well as covering the fruits of that process in the form of an appearance). These brief definitions may seem off-the-cuff, but they highlight the heterogeneity of the entities, functions and faculties of the psyche and mind. I cannot emphasize enough the sterility of a psychological approach which simply shuffles these around, all on an equal footing, as potential causes of psychopathological entities.

Secondly, however, this is not to say that some aspect of the psyche and some part of the mind cannot be ‘causes’, in some way, of human behaviour. What is needed prior to accepting any of this, however, is a more profound examination of the nature of causation, which I shall discuss later (p.327).

In conclusion, a functional or psychological analysis of psychopathology looks to be merely a more sophisticated analysis than either descriptive, syndromal or nosological.

Neuropsychological (organic) analysis

This level of analysis is even more contaminated by causal concerns than is the functional one. What we have to consider here is the state of the brain in the various psychopathological, syndromal and nosological entities and there is a vast literature on this. But, although a finding, such as right parietal dysfunction in schizophrenia, can be construed as causal, it is also, if genuine, a fact of the condition which invites further causal enquiries. Moreover in a non-schizophrenic entity such as depressive illness there is good evidence that left frontal dysfunction (from a stroke, for example) and an adverse life event in someone of a certain personality can both act as a sufficient cause, and there is no evidence as yet that the latter scenario does so by producing left frontal dysfunction. In other words there are apparently two routes to the final common pathway of a depressive illness, each sufficient but not necessary.

A neuropsychological analysis, therefore, is, first and foremost, a further illumination of the nature of the entity in question, and, certainly more so than a psychological analysis, a focus on either an actual proximal cause of the entity or at least a homing in on the sorts of causes that are plausible and a filtering out of those that are implausible.

Metaphysical (phenomenological) analysis

The final level of analysis is the metaphysical, including extant phenomenological varieties. I do not use the term philosophical here, because there are many branches of philosophy, all with some relevance to psychopathology — e.g. ethics, philosophy of science, epistemology. What we are concerned with primarily in psychopathology, however, is the very nature of the human being who experiences, represents, expresses, or behaves in accordance with, a changed world or environment, and with their actual experiences, representations, expressions and behaviour as filtered through to us, the observer, a topic which is covered by the philosophical term *ontology* — the study of beings — and we could refer to the level here as an ontological analysis. I prefer to consider the issue as a metaphysical one, so as not to side-line the psychological and neuropsychological analyses of psychopathology, which we can consider ‘scientific’. Scheler (1920’s/2008), for example, in his treatise on metaphysics, regarded this as the super-ordinate discipline, which included both science and what he referred to as ‘eidology’ — the study of the essence of anything

— of which ontology was only a part (because all beings had an essence and were derived from this). In any case, I wish to raise the stakes of what we are dealing with as high as possible, and metaphysical has the right connotations.

The handful of psychopathologists in the middle decades of the 20th Century — especially Minkowski and Binswanger — who were trying to apply philosophy to psychopathology are often referred to as phenomenological psychiatrists, and I regard their endeavours as metaphysical in nature. Their writings ran in parallel to mainstream psychiatry throughout the 20th Century, barely noticed by Anglo-American psychiatrists, except in the dramatic and distorted version presented by Laing, though in Germany between the Wars it almost achieved mainstream status. For the last 50 years it has lain dormant, but is now having something of a revival. Essentially, the thesis proffered — by Minkowski relying on Bergson in the cases of schizophrenia and depressive psychosis, by Binswanger relying on Heidegger and Husserl in the cases of schizophrenia and mania, by von Gebattel relying on Scheler in the case of obsessive-compulsive neurosis, and several others to be discussed — was that the schizophrenic or depressive or manic or obsessive-compulsive was a person who had undergone a complete qualitative change in their way of being a human being, of an order inexplicable in terms of compromised mental faculties, whether ‘functional’ or organically-induced. The question facing the psychopathologist, if such be the case, is therefore what philosophy to apply. The explicit preferences in mid-20th Century were Bergson, Husserl, Heidegger or Scheler, of whom all but Bergson are deemed phenomenologists whereas in the last 20 years there have appeared psychopathological accounts explicitly based on Aristotle (Stanghellini 2004), Descartes (Fulford 1995), Kant (Hundert 1989), Merleau-Ponty (Fuchs 2005*a*) and Wittgenstein (Nordenfelt 2007) as well as Husserl (Sass and Parnas 2007; Wiggins and Schwartz 2007) and Heidegger (Kraus 2007). Scheler is almost the only major 20th Century philosopher not to figure in the recent field, a field which is becoming as crowded with philosophical options as it once was with psychological options.

So, where do we go from here? The issue concerns nothing less than the nature of the human being, and this is not something that any psychopathologist can rightly arbitrate on unless he or she sets up as a philosopher, which is essentially what Freud did, although he denied it. I can only suggest that the psychopathologist of the future will have to be philosophically sophisticated to make any progress, as well as make explicit their philosophical allegiances, which indeed the best psychopathologists of the 20th Century did. My allegiances are with Scheler, and to a lesser extent Heidegger, and I shall deal with them at length in Chapter 6.

CHAPTER 2

Descriptive Psychopathology

Introduction

Descriptive psychopathology is the inventory of facts concerning a human being's anomalous experiences, anomalous representations, anomalous behaviour, and anomalous expressions. It is the bedrock upon which further conceptual and causal analyses can be elaborated. We therefore need to know what experience is, what representations are, what determines behaviour, and what expressions consist of.

Experience

Experience is registered knowledge, and comes in two forms — non-objectified and objectified. Following Scheler (p.297), we can deem non-objectified knowledge a psychic manifestation, and objectified knowledge something that requires the supervision of mental faculties (as, according to Scheler, only a living being with *Geist* — mind — has the capability of objectifying knowledge).

Non-objectified experience comprises: 1) a sense of resistance, which informs any living being that they have come up against a real being of some sort, and is their only way of knowing that something really exists; 2) a sense of attraction or repulsion to something, which registers a rudimentary notion of what something is; 3) an emotion, which is a sign that the living being has been affected by the value of something; and 4) an integration of the former three sorts of knowledge, whereby the existence, whatness, and value of something coalesce to provide a sense that something is available for use: a new level, where the critical novelty is that a temporo-spatial matrix accrues to the objective pole of the erstwhile, rudimentary knowledge, along with a growth in the creature's sense of their own corporeality within the subjective pole.

The first three levels provide, respectively, the raw knowledge that something exists, that it is of this or that nature, and that it has a value. Or, alternatively, in Scheler's terminology, there is knowledge as to something's *Dassein* — that it is; as to something's *Wassein* or *Sosein* — what it is; and as to something's *Wertsein* — its value.

All this is within any moderately complex animal's capacity, and remains within the repertoire of human beings at a subconscious level, even though, in their case, it can be consciously elaborated — consciousness being only known knowledge; and even though human beings have more intricate ways of ascertaining the nature and value of something; and even though the human being is privy to other ranges of emotion, which come into play when mental and spiritual values are involved. The 'normal' human being, however, never loses what is, in fact, a law of any even quite primitive animal, that it experiences: reality as resistance, the rudimentary nature of anything as a pull or push, and the value of something as an emotion or proto-emotion.

Before dealing with the next, the fourth, level of experience, alluded to above; we need to know

what knowledge itself is. Experience, as I said, is registered knowledge, or a sign that knowledge has occurred. Knowledge itself is a participation by a knower-to-be in a known-to-be, whereby part of the known-to-be becomes part of the knower-to-be — hence the latter becomes a knower in this respect and the former is now known, but without the known-to-be changing in any way. It is the knower that has changed. In respect of the sorts of knowledge so far considered, the real known-to-be is encountered as resistance and this is registered as a sense of being thwarted; what that something is at the primordial level is objectively a lure (or a turn-off), and subjectively a pull towards (or a push away from) this ‘something’; and the objective value of this ‘something’ is experienced as a positive (or negative) emotion — of agreeableness (or disagreeableness).

But in higher animals these three sorts of knowledge are integrated into a new level, as I said, which Heidegger called *Zuhandenheit* — ready-to-hand-ness — which is tantamount to a sense of usefulness on the part of the living creature. Prior to this supervention, knowledge was acquired through direct contact with the to-be-known: it was a ‘hands-on’ or ‘paws-on’ or ‘mouth-on’ affair. In this fourth level, however, the ‘useful’ item may be beyond the boundary of the organism, and yet it still knows that a potentially valuable entity is at large, as in the example of the shark, exquisitely sensitive to miniscule amounts of blood in the ocean, or the bee signing to the rest of the hive where the nectar is. All this is the central theme of Heidegger’s *Being and Time* (1927/1962). As *homo faber* you have a sense that the hammer is by your side, available, but without your actually seeing it as a thing, the hammer.

So far, all this is non-objectified knowledge and experience. There is no ‘thing’ or ‘quality’, and, to all intents and purposes, what we have been referring to constitutes the environment of a living, psychic entity.

But the human being is also an objectifying being. It projects things and qualities outside itself. It has a mind as well as a psyche, and this mind has the capacity of intention, whereby entities, which were in the animal psychic stage merely images (*Bilder*) and attractions/repulsions, are now invested with objective form by virtue of what the intentional process projects on to the erstwhile images. (If you want to talk about phenomena, it is these pre-mental images that are the phenomena for Scheler, and what is invested on them is a mental idea, the co-incidence of these two — image and idea — constituting the very thing or quality that the human perceives and assumes wrongly were hanging around in the world all along.)

Not only this, but the human being is further able to direct its mind on to the very essence of the things and qualities — chairness, redness — so invested, grasping their essential nature as well as seeing them as this or that. The ideas with which it invests the images are crucial in this activity, but are neither transcendental nor ante-natal to the human, as in Plato’s idealism; they are triggered by the images and the task in hand, and they have been built up during the early life of the human being by the stripping of the images of their casual spatio-temporal encounters and partisan viewpoints (see p. 304).

So much for the essential nature of experience, which we shall find can be anomalous along several parameters — chiefly, pervasiveness and accessibility.

But this experience, or, better, these forms of experiences, as we have already identified six levels, each with an objective (i.e. knowledge) and subjective (i.e. experiential) pole — resistance and sense of being thwarted or free; pull-and-push and sense of attraction or repulsion; value and emotion; temporo-spatial environmental matrix (i.e. image) and ready-to-handness (i.e. corporeality); thing or quality and intentionality; and essence and idea — are not just occurrences in the

external world, and nor is the external world the only source of reality. There are other realms of the human being which furnish experience, no less than seven altogether including the external world, according to Scheler (see p. 291) — external world, internal world (i.e. mental realm in its objective aspects); environment, life centre (i.e. psyche); and We, Thou, and I. Each of these contains entities, whose existence, nature, and value, differ fundamentally from entities in the other realms, and some of these are potentially available to a knower in the form of one or more of the six sorts of knowledge we outlined above.

This means, for example: we can experience the external world; we can experience our experiencing of the external world by focusing on our internal world; we can experience our environment, just like an animal does, in rudimentary but powerful ways; and we have a different take on all this depending on what is ours, yours, or mine. If all this sounds overwhelmingly complex and daunting, then so is the human being and its psychopathology.

We shall consider the last in detail below, but, to set the scene, we might note that emotional disorder, hallucination, illusion, qualitatively anomalous experience, and agnosia, are the established psychopathological terms for five sorts of deviant modes, respectively concerning the value, existence, thingly nature, qualitative nature, and essential nature, of whatever we experience. There are numerous subdivisions, to do with the sensory modality, structure, content and completeness of the anomaly — e.g. visual, Lilliputian, musical, pseudo-hallucinations, in the case of hallucination — but the fact that the overriding classification, which was achieved independently of any explicit philosophical framework, is actually into groupings which dovetail with metaphysical notions, suggests that a metaphysical basis to psychopathology is what we should be looking for.

Representation

Whatever term one employs here — alternatives being belief, concept, schema — there is, in all human beings, and in animals of quite primitive form, a subjective re-presentation — *Fürsich* (for-itself) — of what they have experienced. *Representation* seems to me the most appropriate, generic term in this context, as *belief* has connotations of the predictability of future events, *concept* has implications of a rather rudimentary bringing together of imagistic similarities (and Scheler uses the term in just this way), and *schema* suggests a loose array or draft or blueprint of several psychic projects or concepts (and Scheler uses it in this way to illustrate how an idea from the mind can govern the more parochial concerns of the psyche). Representation has the added advantage of conveying the point that the living creature, and even more so the human being, is forever re-presenting some fact about their situation in ever more sophisticated ways, re-presenting representations in short.

As for the process of representing, Scheler's view was that every living being had an *Innesein* (inward being), a characteristic which was virtually axiomatic for him of what it is to be alive, and it was a rule of any living organism that this potential for subjectivity received its content from the objective encounters with its environment, and, in the case of the human being, from its world as well. Such objective encounters at any early age then determined the structure of the subjectivity, which, in later years, then determined how your experience was structured. As Scheler put it:

What was an object of love becomes a form of love, in which a limitless number of objects can now be loved. What was an object of will becomes a form of volition, and so on. [*On the eternal in man*, 201, *Eng. tr.*]

Each realm, moreover, has its own particular sort of representation.

A whole raft of psychopathological entities result from derangement of such representations. Amnesia, for example, is a failure of temporal re-presentation. A loss of mental representation of space can occur (Bisiach and Luzzatti 1978), in addition to, or independently of, visual neglect — this last being an experiential anomaly: a native of Milan with this condition, asked to imagine what buildings lie around the Piazza del Duomo, will fail to mention all those down one side. Dementia — as a descriptive psychopathological entity — is a multi-faculty representational disorder, amongst other things. There are layered representations of the self, the higher representing what the lower have represented, a situation which explains the multifarious sorts of disorders of selfhood. Thinking is not a unitary process, there being at least two sorts of reasoning (Evans 2003), and therefore disorders of actual thinking come in at least two forms.

The status of delusions in any psychopathological scheme is problematical, because of the enormous difficulties psychopathologists have had in pinning down precisely what they are. We shall consider this later. For the moment they can at least be regarded as eccentric or anomalous representations, as, by exclusion, they are neither experiences, behaviour, nor expressions.

Behaviour

Some psychopathology, on the face of it, is purely eccentric behaviour, and, whatever its more intricate nature and cause, it cannot be regarded as anomalous experience or representations. The addictions, pathological gambling, and anorexia nervosa, are of this sort. Nor are they simply expressions. As we shall see, some of them, the neurological varieties, are aimless and purposeless, and are rather snapped off fragments of some erstwhile intended sequence, whereas others, although purposeless, are not entirely aimless, but are set in train by anomalous or parasitized drives, and yet others are purposeful but aimless.

Expression

Psychopathology is also concerned with human expression, both automatic and deliberate.

The blunted facial and vocal affect displayed by a schizophrenic; the overwhelming impression of despair conveyed by the face, voice and demeanour of a depressive; the terror in the eyes of a delirious subject; the emptiness of the dement; the infectious jollity of the manic: all these are automatic, as are catatonic postures.

There are then the deliberate expressions of the new meanings that subjects in the throes of a psychopathological condition employ in their speech, writings and paintings, and, on the other hand, the unavailable means of expression prominent in aphasia.