

Antonio Fusco,
Rosella Tomassoni (eds.)

**Psychology
and artistic creativity**

Proceedings
of the International Symposium
Cassino, 30-31 October, 2014

PSICOLOGIA

*Studi
e ricerche*

FrancoAngeli

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Il presente volume è stato realizzato con i fondi erogati dalla
Camera di Commercio di Latina.

Volume dedicato alla memoria di
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Grafica della copertina: Elena Pellegrini

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Prefazione

di Antonio Fusco e Rosella Tomassoni

Nell'ambito del dibattito psicologico internazionale si assiste attualmente ad una rinnovata attenzione allo studio dei processi creativi poiché la creatività è considerata una risorsa fondamentale che promette cambiamento, novità e successo in tutti i campi.

Quando si parla di creatività, si fa riferimento ad un costrutto complesso che copre varie dimensioni della condotta e viene ad articolarsi su realtà diverse: alcune con un grado maggiore di concretezza, altre più sfumate e soggettive. Con lo stesso termine, inclusi i suoi derivati, si possono infatti indicare i processi psichici che precedono la realizzazione creativa, i prodotti di quell'attività psichica ed anche una caratteristica di globale autorealizzazione attribuibile allo stile di chi opera creativamente. Il tema della creatività, data anche la trasversalità dei contesti in cui è applicabile, si presenta oggi come uno dei più misteriosi e complessi da affrontare con gli strumenti dell'operatività scientifica in campo psicologico. Non c'è da stupirsi, dunque, che intorno ad una materia così articolata si siano coagulati indirizzi di studio e approcci molto diversi che necessitano di opportunità di confronto ed integrazione per arricchirsi reciprocamente. Il Convegno internazionale *Psychology and Artistic Creativity*, organizzato dal Dipartimento di Scienze Umane e della Salute dell'Università di Cassino e del Lazio Meridionale (ed in particolare dalla Cattedra di Psicologia dell'Arte e della Letteratura), è stato concepito come risposta a questa esigenza di dialogo ed integrazione e ha accolto studiosi provenienti da prestigiose Università internazionali (tra cui anche l'Università di Kampala, Uganda) che si sono confrontati sul tema della creatività in ambito artistico. La presenza di varie scuole di pensiero con le loro talvolta spiccate differenze e il confronto nato da questo incontro hanno costituito un momento di straordinario sviluppo del campo d'indagine denominato "psicologia della creatività".

Questo intreccio di apporti ha costituito infatti il *ground* sul quale è nato il dialogo, ricchissimo, che si è sviluppato nel Convegno e di cui troverete

testimonianza in questo testo che raccoglie i contributi di circa trenta studiosi, nonché di allievi e giovani colleghi che hanno partecipato attivamente presentando i loro originali lavori. I contributi toccano gli aspetti più significativi e stimolanti del dibattito contemporaneo e, nel loro complesso, delineano l'evoluzione degli studi sulla creatività artistica e sottolineano la complessità e vastità di tale campo di indagine. Si parte dall'analisi dell'espressione creativa in ambito clinico, considerando i benefici che la *play therapy* può apportare nella terapia di bambini ospedalizzati. Ampio rilievo viene dato anche al rapporto tra creatività e invecchiamento, illustrando le più avanzate metodologie di intervento volte a mantenere in efficienza le facoltà cognitive in età avanzata. Anche la ricerca sperimentale ha avuto ampio spazio nel corso del Convegno, grazie alla presentazione di alcune ricerche volte ad indagare i processi di fruizione estetica nella prospettiva integrata di neuroscienze e psicanalisi ed i processi cognitivi ed emozionali coinvolti nell'espressione creativa. Viene presentato, inoltre, un originale contributo sperimentale che, nell'ottica di indagare i fattori che contribuiscono all'espressione della creatività e del genio, si sofferma sull'analisi della possibile correlazione tra genialità e stagione di nascita dell'individuo creativo.

Diversi contributi, adottando una prospettiva transculturale, si concentrano poi sull'analisi dei fattori socio-culturali che influenzano l'espressione creativa. La riflessione si focalizza, in particolare, sulle varie forme di inibizione creativa socialmente indotte di cui, nel corso dei secoli e per molti aspetti ancora oggi, sono vittime le donne ed i gruppi svantaggiati. Su questa linea di ricerca si pone anche l'interessante intervento del Prof. Matagy dell'Università dell'Uganda che, dopo un'attenta disamina delle determinanti dell'agire creativo in vari contesti, fornisce delle linee guida per favorire il potenziamento della creatività nei paesi in via di sviluppo. Un posto di rilievo hanno avuto anche lo studio della creatività in ambito letterario, filmico e drammaturgico, con la presenza in particolare di contributi che analizzano in chiave psicologica l'opera di Kafka, di Hawthorne, di Sofocle e le similitudini tra il Coro nella tragedia greca e lo psicodramma di Moreno. Non manca un approfondimento sul concetto di creatività nei contesti educativi, in cui la riflessione è centrata sul ruolo delle tecnologie digitali e sull'utilizzo di strategie cooperative e collaborative nella costruzione del pensiero divergente.

Di notevole interesse risultano infine l'analisi del rapporto tra parola e immagine nell'arte pittorica antica e bizantina nonché i contributi che, adottando una chiave di lettura psico-antropologica, si soffermano sullo studio di prodotti creativi che attingono alla cultura popolare. Come si evince da questa sintetica presentazione degli interventi dei convegnisti, il tema della

creatività artistica è stato trattato da molteplici angolazioni, fornendo una panoramica ampia ed articolata di questo affascinante campo di ricerca che ha ormai una sua validità indiscutibile. I curatori del presente volume, che da anni ormai conducono ricerche nel settore, non possono che augurarsi che il dibattito si mantenga sempre così vivo e fecondo.

1. The case of influence of the artistic creativity as playtherapy with children in hospital.

A Social Clinical Psychology issue

di Anastasia-Valentine Rigas

1. Introduction

Creativity attempts to generate new and useful concepts, ideas, processes, objects, associations or other activities. Creativity has been the subject of a great deal of research over the last 50 years, focusing on how individuals can be creative at work, in the arts and sciences in solving tasks and in marketing i.e. children's creativity, creativity of important scholars and how people can be encouraged to think creatively (Fritz, 2012).

Clinical Sociology and Social-Clinical Psychology is interested in searching the Social, Political and Ideological context.

This can be defined as an application theories or research finding to the understanding of social problems, the works' conditions and the subjects behavior. Clinical sociologists often have education and a multidisciplinary training and practice for social support and intervention (Rigas, 2002).

Clinical Sociology and Social Clinical Psychology need to be creative in order to be innovative / novel as well as useful. Between the methods and practice that Clinical Sociology / Social Clinical Psychology use in working with individuals and groups is the artistic creativity especial the artistic creativity with children that Ivony Lindquist (1977) called play therapy and she has created through play therapy with children in Hospital in Paediatric clinic at Karolinska Hospital in Stockholm in 1973. The same year the National Board of Health and Welfare in Sweden was put in the new Law in Child Care that play therapy should be introduced for every hospitalized child-throughout the country. «The principals of any hospital or other institution receiving children for care are obliged to make proper arrangements for children, to participate in activities of the same kind as are provided by pre-schools or leisure time centre», January 1st, 1977 (Lindquist, 1977).

2. General objectives of art therapy and creativity

Art as therapy, constitutes an organized attempt to bring art into the lives of troubled people, it is also a response to this unfulfilled need.

The idea that self-expression through art, is good for people and especially for unhappy people, has been widely accepted. Psychiatrists, psychologists, family doctors, social workers, advise their troubled clients to find solace and satisfaction in art.

Art programs are being established in prisons, training schools, and hospitals, in homes for disturbed children and homes for the aged, in neighborhood houses and clubs. This quest for salvation through art, is gaining ascendancy at a time, when art has all, but disappeared as a normal ingredient of daily life. When most things are produced by machine the average person misses the sense of well-being, that comes about, when the pattern of life is reflected and confirmed by physical appearance of the environment. It is no longer possible to contribute to these forms simply by working with one's hand on tasks that are part of everyday life. The goal of art therapy and the skills that are brought to it, go beyond the aims of recreation or of art education.

However, if we want to understand how art therapy actually functions, we must recognize how, profoundly both the absence of a living tradition in the fine arts and the lack of art, in everyday life, influence the work of the art therapist.

Important above all, the art therapist who works with children's groups will, as a rule, base his therapy, in some methods, developed by those educators who have influenced the art education of current methods, even though they may modify them considerably according to the children's specific needs. Children, will usually have had some experience with art at nursery and elementary school, where the teaching is also based on method developed by pioneers of modern art education, such as Cizek, Lowenfeld, Cane, Nguyen and others, although their ideas may often have been squeezed into the rigid molds of the public school syllabus, watered down and misunderstood. Lowenfeld used art as a means of the sense of identity, particularly in handicapped children, and Cane was one of the first art teachers to develop techniques, to combat blocking and stereotypes by setting up situations and she encouraged movements that engage the whole body in the act of drawing; projection of images; concentration on memories and inner experiences.

This kind of knowledge and the enlightened methods that grew from it, made art teaching infinitely more adaptable, than, it had been previously. How much of this enlightened art teaching, actually occurs in current practice in public schools, camps, neighborhood homes, etc.?

How much, has been corrupted and perverted as once revolutionary insights, become common coin? How well, do teaching methods developed years ago, fulfill the needs of today's children? (Rigas, 2012).

3. Art and play

The freedom of art links it to imaginative play. They both constitute islands wherein the reality principle is partly suspended. Forbidden wishes and impulses can be symbolically expressed. Painful and frightening experiences that had to be endured passively can be assimilated by actively re-living them on a reduced scale.

Affect can be safely discharged in play and also in art.

The rules of play are simple: the child must learn to distinguish play from real life, and must develop the ability to suspend play when necessary. Young children often welcome the adult's participation in their imaginary play. But usually the adult is supposed to stay out of the magic circle of children's play, or, if he is invited to join it he must for the duration subordinate himself to the leadership of the children with whom he is playing (Kramer, 1974).

In art it is different. The adult is a visitor and he is rarely allowed to depart before he has admired each child's work. The aim of art is the making of a symbolic object that contains and communicates an idea. The idea depends largely on the child's wishes and fantasies, but the making of the object is a complex ego function that engages his manual, intellectual and emotional faculties in a supreme effort.

Very often play and art overlap, so, we could observe how play is for a moment transfigured. For example a little girl chanting to her doll makes music; young boys putting on war paint to play soldiers transform themselves into beings of truly ferocity. But art that is embedded in play does not prevail for long, so, play goes on as art falters.

Play is the prerogative of childhood. Art in its harmless form makes greater demands on the child's abilities and on his moral courage than does play. Art therapy with children utilizes it as one of the areas of symbolic contents that remain accessible.

4. Artistic creative therapy with children in hospital

Art creative therapy is a type of mental health or development intervention which is designed to help children grow up as happy and well-adapted as possible. It uses the play to communicate with children between them or

children and adults to help them learn, to solve problems and to change their negative behaviours.

Art creative therapy gives children an opportunity to explore and open up themselves more than usual or to express a variety of feelings and problems (Van Fleet, 1998).

The child does not learn as well by merely observing or through passive listening but he must participate actively, often with his whole body, so that he can learn about himself and the world he is living in.

The desire to learn is insatiable, this goes all too often unrecognized by the grown-up's misunderstanding and lack of search for the information. All children should be given opportunities to develop under the most favourable conditions.

So, they should be offered a stimulating environment, where they can watch, listen, touch, discover, experience, learn and develop physical skills and learn to control their bodies, where they can find expression for their experiences and emotions where space is sufficient for moving about both indoors and outdoors.

Children must to be free to explore their emotions and allowed them to be as active as their physical conditions permit. Because all activities that are natural to children are developing and constructive, the same is happened of children in hospitals.

For a young child 2 to 6 years old "hospital" means a strange, fearful and unknown environment. Children in hospital must be given the opportunity to be stimulated and healthy developed. Playing is an important part of their treatment, because when children play, they confront their fears and are helped to understand and handle difficult and painful treatment.

Researchers worked with the development and emotional life of children in hospitals, have formulated their ideas that they fear being separated from their parents. Many of the children also fear physical pain i.e. injections, whilst others suffer from insecurity and anxiety.

All these can leave lasting marks on children so a stay in hospital can have a bad effect on their emotional and mental development, especially children admitted to hospitals for a long period (Lindquist, 1981).

Playthings have quite important role in therapy, also the toy material we use is not as specialized as many would expect. They are toys the most suitable for children of different ages who may be handicapped. We have every kind of plaything available to children 2-10 years old that we use some of them can be used in many different ways.

When children come to play room for the first time nervous and afraid of everything and everyone, it is seldom possible to get them to choose playthings right away.

Every child needs to be treated as an individual. Most of the children express their feelings through play, assimilating experience, sorting out fact from fiction, and rehearsing what they think may happen to them in the future. In a way it is a concrete form of talking to themselves.

Over and over again they play out experiences and learn to manage situations over which they have no control.

Hawey and Tooke (1972) propose the following play materials that we can use for play therapy and children activities:

- a) creative and constructive play materials for making things, including Lego, model-making, paint and brushes, paper of different shapes, sizes, colours and textures, cartons cardboard, waste materials etc.,
- b) fantasy play materials as home corner, shop corner, hospital play nurses' and doctors' instrument syringes, stethoscopes, masks, chairs, tables, dolls, dolls' house etc.,
- c) formal materials as simple science kits, magnets, liquid measuring flasks, diaries, collections of stamps etc.,
- d) music, radio television, books and board games, pets, plants and bird tables etc. and
- e) outdoor games at the hospital playground (Robertson, 1974).

The goals of play therapy in hospital are as follows (International College of Pediatrics, 1980):

- to use playing and stimulate what is healthy in the child in order to prevent detrimental effects of the hospital stay;
- to give the child the opportunity, by means of play, to practice kinetic skills and others functions that may have been weakened due to accident or illness;
- to enable children to confront and handle their experiences from their stay in hospital by means of play;
- to help children overcome their fears and vulnerability through creative activity and the company of their peers;
- to support and help the parent in cooperation with hospital staff;
- to work for a child-adapted environment in the hospital.

5. Objectives of play therapy

Play therapy has two main objectives: working *directly with* the children and working *indirectly for* the children.

The direct work with the children will be have the best to prepare the child and his parents, creating an atmosphere of security and understanding

by explaining the operation or difficult examination to come; all their efforts must be wrecked in no time if the child is taken over by doctor or a nurse who does not know things about children's emotional needs and who might refuse to let the mother stay near the child during the procedure (Lindquist, 1981).

The indirect work comprises a spreading to all categories of hospital staff that have to deal with children, information, understanding of the situation and the needs of the child and his parents when they come to the hospital, either for admittance of the child or just to see the doctor.

6. The development of play therapy at the General Hospital of Rethymno Town at the island of Crete, Greece

Play therapy in hospital has been developed over the last 20 years in co-operation between the Department of Psychology of the University of Crete and the Programme of Physiotherapy of the General Hospital of Rethymno, influenced by Ivony's Lindquist ideas and the Swedish model of play therapy (Lindquist, 1977; Plank, 1977; Rigas, 1976; Rigas, 2005).

Children in playroom are grouped in family style with mixed ages rooming together. All children have storage space for their own personal playthings. Students first participate in a pre-training assessment period to see how they like working with young children and to be assessed as to suitability for the job. During training, students participate extensively in the play therapy activities with the play staff members.

The corridor is light with lovely color, bright pictures and many of the children's art work and playthings within children's grasp are in use. Inside children's painting of several themes adorn the walls of the play room. The atmosphere is homey and comfortable. Play environment is chosen with a therapeutic use, for example for children with eye problems, playthings feature interesting sounds and textures, children with orthopedic disabilities have equipment to allow their both socialization and activity.

The play room is arranged in zones to invite children to group themselves according to their own interest. Toys for children of all ages – 2 years old to 10 years old – are placed to the playroom. The play equipment includes puzzles, tubes, paints, pencils, dolls, bears and picture story books as well as blocks, construction materials, doll house open to two sides, sand, boxes, plasticizes carts with games also climbing equipment and musical instruments. Tables and chairs are arranged in the right corner of the playroom with boxes with construction materials inside. Children with disabilities can have fun with these materials (Hardgrove, 1972).

The play therapist can arrange to supply the medical staff with adequate material toys which they can use for establishing contact with the child for building up good relations with him. Every child needs to be in touch with a play therapist that will listen to, talk to and help him find out suitable activities (Lindquist, 1981). It is so important to help children to feel and estimate their own talents or help them to express their feelings and thoughts.

7. Artistic creative therapy with children in hospital

Artistic Creative activities are used as a therapy, because it is the natural way to express the child him/herself freely. It is common sense applied from the background of pedagogy to enable the sick and disabled child to function with resources at hand. In a well organized creative program, the sick child will have the opportunity to grow in all dimensions and to cope with difficult emotional problems. When a child is hospitalized, he needs to express his feelings, his fear and anger, nightmares etc.

Stimulating the child to be creative with material, helps to express his feelings, to develop his imagination, sensitivity and his personality. The atmosphere of the play room helps the disabled/sick child to become more active, it helps the child to forget his own problems getting a contact with the surrounding. The sick child would find expressions for his latent abilities and he could release suppressed feelings of frustration. Playtherapist must encourage the child to be creative by providing him with several materials, i.e. clay, sand, paints, water etc. She must guide the child to choose toys and other play things from the play room. The success of the creative therapy program depends on the skill of the therapist in discovering stimulating the child's interests and finding out the child's ability, on the good cooperation between hospital personnel (Bjornsdottir, 1974). We must encourage the sick children to be creative by providing them with plenty of good and simple free-expression materials, such as paints, clay, dough and encourage them to experimentally use these materials without fear that they will make a mess and get scolded for it.

8. Play therapy and creative arts with physical disable children

Play therapy, the use of toys and creative arts in therapy, is a technique that can be readily adapted to accommodate children with physical debilities. Play therapy can help these children to gain self-confidence, self-acceptance and feel a warm and supportive environment.