

The Paranoid Simulacrum in Surrealism: From Embracing Madness to the Mechanism of a Mental Illness as the Purveyor of Individual Meaning

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This paper explores the way in which the cultural, psychiatric and psychoanalytic context of the 1930s acknowledged the potential of a specific mental illness, paranoia, to speak (of) individuality. The French surrealists, in particular, hailed a number of mental illnesses as an attempt at a flight from restrictive conventional meaning, that is meaning sanctified by the group or the mass. Among these mental states, paranoia was singled out by Salvador Dali, who utilized the paranoiac's mechanism of interpretation, in order to contrive a systematic procedure for projecting one's own way of interpreting, that is of assigning meaning to the objects of perception. The paranoid simulacra of Dali's images of multiple figurations accommodated the unconscious of the individual, and were the outcome of the paranoid-critical method of interpretation that he devised. In this, he was assisted by Sigmund Freud's elaboration of paranoia, as well as the attention that paranoia had attracted in the psychiatric circles of 1930s Paris. Jacques Lacan's psychiatric treatise, in particular, was to confirm that the mechanism of the paranoid delirium assigned personal meaning to reality in a way that mediated the unconscious of the individual.

Though this be madness, yet there is method in 't.

Shakespeare¹

Ever since the publication in 1809 of John Haslam's *Illustrations of Madness*, the paintings of paranoid patients have always been present in the rise of the appreciation for the art of the insane.² Yet, paranoid paintings have not just served as mere illustrations, symptomatic of a category

1. Shakespeare, *Hamlet* 2.2.1203

2. In *Illustrations of Madness*, John Haslam presented the delusional system of James

of mental patients. In the early twentieth century, the world of art embraced the spirit and creative potential of the insane, and paranoia, still defying nosological grouping, was brought to the limelight of artistic creation. Thus, contemporary scientific findings, a growing interest in the art of the insane, and the persistent R/romantic vision of the “ingenious madman” intrigued artists of the time, particularly the surrealists, who incorporated the world of the insane in their doctrine, and eventually explored specific abnormal mental states. It was within this framework provided by and for surrealism that paranoia was singled out by Salvador Dali. However, unlike other surrealist artists, Dali went beyond simulating the psychopathology of a group of patients in order to produce art. Bearing witness to the potential of paranoia to *speak of* individuality, Dali employed the mechanism of this specific mental illness in order to contrive a systematic procedure for projecting one’s own way of interpreting, that is assigning meaning to the objects of perception. Significantly, it was the treatment of paranoia in the 1930s cultural/ surrealist, psychoanalytic and psychiatric context, as well as the special features of the paranoid mechanism of interpretation that contributed to Dali’s devising a method to purvey individual meaning; namely, meaning which would subvert what has been conventionally accepted as the standard, dictionary meaning, and which would accommodate the unconscious of the individual and be meaningful for others at the same time.

Insanity, in general, has always caught the eye of artists. Yet, it was the Romantics’ glorification of intense emotion that consolidated the conception that supreme artistic creativity and insanity were inherently connected. The “ingenious madman” myth prevailed in the eighteenth and nineteenth century, and survived, almost intact, in the early twentieth century.³ Whether this myth sprang from the Romantic struggle to transgress the epistemological limits set by Kantian rational empiricism, or from the pursuit of the Burckean sublime in terrifying illness, the Romantics paved the way for opening up the field of art to include the insane.⁴ Most importantly, though, the Romantics welcomed

Tilly Matthews, a patient from Bethlem hospital. An intricate drawing of the patient was included in this detailed case description. According to John MacGregor, Haslam’s intention was to provide evidence for Matthews’s insanity, and the reproduction of the drawing served that purpose (32-33). What needs to be foregrounded, however, is that, to my knowledge, this is the first painting of a paranoid patient ever to be published in a scientific text.

3. The doctrine of degeneration that associated insanity with hereditary defect was also present in the early twentieth century.
4. See MacGregor’s chapter “Insanity in the Context of Romanticism” (67-90).

madness as the ultimate experience of the individual. The physicians of the time followed the same path and, not yet fascinated with diagnostic categorization, they professed the singularity of each mental patient.⁵ In fact, according to John MacGregor, one of the reasons why the Romantics were drawn to the insane artist was that “the madman was seen as the ultimate expression of the tendency of the individual to withdraw” into one’s private reality (71-72). Later studies into paranoia would make the mechanism behind this tendency and its connection to the production of individual meaning more lucid.

As late nineteenth-century psychiatry took an interest in listing mental patients under specific categories *en masse*, the paintings of the insane served as mere illustrations of diagnosis. With the Romantic enthusiasm over madness having—temporarily, as we shall see—faded in the artistic establishment, when Paul Klee in 1912 suggested taking the art of the insane seriously, he was aware of the criticism his comment would receive (217).⁶ Soon after, however, in 1922, Hans Prinzhorn realized that the public had recently heard so much about “‘mad art,’ ‘the art of the mentally ill,’ ‘pathological art,’ and ‘art and insanity’” that a definition was in order (1). His book, *Artistry of the Mentally Ill*, focused primarily on schizophrenia—and not on paranoia—and, in many ways, anticipated the surrealist movement. For one thing, his study exemplifies the contemporary trend for fusing disciplines, with Prinzhorn, an art historian and psychiatrist, employing psychoanalytic theories to present the cases of individual artists-patients. The fact that one of the criteria for the selection of the paintings was spontaneity, which “arose out of the patients’ own inner needs without any kind of outside inspiration,” couldn’t be missed, as we shall see, by the acute surrealist eye (3).

As it is widely known, within the 1920s cultural framework, surrealism emerged as another modernist *avant garde*, a self-conscious movement that sought to violate representational conventions, and revolted against moral or aesthetic preconceptions. It was made clear from the beginning that the “control exercised by reason” was held accountable by the surrealists for any aesthetic restrictions imposed (Breton 26). The 1924 first *Surrealist Manifesto* heralded the primary aim of surrealism, which was to explore significant

5. See, for instance, the way doctor J. C. Reil, an early romantic, rejected Kantian philosophy by asserting the right of the individual to one’s own health and madness (Thiher 169-70).

6. In the specific excerpt from his diary, where Klee suggested that the work of children and the mentally ill be taken seriously, he invited his reader not to laugh, or consider childishness and madness in an insulting way (217).

aspects of the human entity that the “reign of logic” had ousted (9). According to the leader of the movement, André Breton, these areas of human experience were inhabited by imagination, which rationalism and the “sentinels of common sense” had managed to “banish” or “enslave” (4, 10, 4-5).

This discourse of liberation, which certainly bears a Romantic tinge, was also employed by Breton when he introduced dreams as a locus of enslaved imagination. The “omnipotence of dreams” was asserted in the stylized encyclopedic definition of surrealism offered in the first manifesto (26). Nevertheless, very early on, he also designated the state of madness as the second field to be explored by surrealism (26). The criterion again was imagination. Thus, incarcerated individuals were presented as “to some extent, victims of their imagination,” but at the same time as victimized by restrictions, because of “a tiny number of reprehensible acts” (5).

In a way, Breton validated the priorities of the “dominant Romantic strategy, [which, by] opposing madness to rational empiricism, [annexed] madness to dream” (Thiher 186). Placing specific aspects of psychoanalysis at the forefront, the Bretonian theory favoured the dream state over that of insanity as the locus of enslaved imagination and of those “strange forces” that Sigmund Freud had discovered “in the depths of our mind” (Breton 10). Years before 1924, Breton, along with other dadaists or surrealists-to-be, had already been publishing examples of “stenography of dreams” in the *Littérature* journal,⁷ preparing, thus, the ground for the prominence of “surreality” in their *avant garde* doctrine. There, in surreality, the distinction between dream and reality was to be blurred, yet the distinction between sanity and insanity was sustained in the first surrealist manifesto. Although Breton proclaimed that the “fear of madness” would not “oblige [the surrealists] to leave the flag of imagination furled,” the same phrase posited that there is a clear limit between sanity and insanity (6).

Breton and other surrealists would soon change course, as they focused on considering—besides automatic writing—specific pathological mental states, including paranoia, for the purposes of surrealist representation. What was evident even in the first manifesto was that one of the vehicles of surrealist exploration, that is “unrestricted language,” was to be found in madness (Breton 33). Thus, in Breton’s pursuit to “exempt [language] from any aesthetic or moral concern,” insanity was utilized as an example of the way language ought to be employed “surreally” (26, 34). The following dialogue between a doctor and a madman was cited:

7. See Alexandrian 56-58.

Q. "How old are you?" A. "You." ...

Q. "What is your name?" A. "Forty-five houses." (34)

For Breton, the value of the use of language by this madman lay in freedom, in the fact that he was "free not to care any longer about his age or name" (35). Language was thought to be used *surreally* by the madman, because it defied the restrictive conventional usage. According to Breton, habit and the use of language to perform the function of carrying out a conversation had effaced the definition, the dictionary meaning of words. As he claimed, in the case of a conventional dialogue, one's words are treated as the other one's enemy, inviting, thus, the interlocutors to distort each other's utterances in their replies (33, 35). For Breton, the outcome of wearing out language like that is that their meaning found in dictionaries is eventually rendered obsolete. In contrast, the process of using words *surreally*, as in the case of the short dialogue between the madman and his doctor, resulted in remembering the "forgotten" definition of words (34).

It goes without saying that Breton was not interested in reinstating the "proper," the dictionary meaning of words. Re-membering language, or the "re-learning" process that he suggested in the first *Manifesto* focused on releasing language from its habitual use, on liberating the force of the imaginary and of the dynamic unconscious that Freud had discovered (34). In this evidently R/romantic treatment of madness, the emphasis was on unleashing these "strange forces," which would impregnate language with whatever logic and habit had banned from it, rather than on whether the language of madness "had a meaning," or whether it could *speak of* the individual. As we shall see below, Salvador Dali's method was soon to challenge this.

In the second half of the 1920s and in the early 1930s, madness and psychiatry came to the foreground of the surrealist endeavour. Interestingly, the spotlight was turned on insanity at that point in the history of the movement when the possibility and nature of surrealist painting was discussed by the group.⁸ Dali joined the surrealists then, at a time when their stance towards psychiatry was rather ambivalent. On the one hand, they attacked psychiatrists and asylums, and, on the other hand, they welcomed some psychiatrists to their group and journals, and employed psychiatric jargon.⁹ On the one hand,

8. The question of painting *surreally* troubled the group after 1925. Some of the surrealists then measured surrealist painting against the art of the insane, with Robert Desnos, in *What is Surrealist Painting?*, maintaining that the drawings of madmen can, to some extent, correspond to the definition of surrealism (qtd. in Spector 105).

9. The most prominent example is Jacques Lacan's article entitled "Motifs du crime para-

they doubted the very existence of mental illnesses,¹⁰ let alone the maze of vague psychiatric classifications, while, on the other hand, they employed the same classifications in their discussion of specific mental states.¹¹ All in all, the border between sanity and insanity was beginning to blur, and madness fitted the revolutionary-political profile of surrealism, which was enhanced in the late 1920s and early 1930s. As Théodore Fraenkel's *Letter to the Chief Doctors of Asylums* illustrates, in this phase of the course of the surrealist movement, the mentally ill were regarded as "the individuals, victims *par excellence* of social dictatorship" (qtd. in Béhar and Carassou 194; my translation).

The breakthrough, however, would come with the simulation of abnormal mental states that Breton and Paul Eluard undertook in *The Immaculate Conception*, published in 1930. Differential diagnosis among mental illnesses, a most useful tool in the hands of psychiatrists, was now transmuted by the two surrealists into differential diagnosis of discourses produced by madmen "suffering" from different mental states. Whether the outcome of the simulation of the four distinct mental states examined was differential, and whether it was different from other surrealist texts is debatable.¹² Yet, Breton and Eluard's experiment, which included the simulation of the paranoid delirium,¹³

noïaque: le crime des sœurs Papin," which was published in *Minotaure* in 1933. The fact that Lacan's doctoral thesis on psychiatry was discussed by René Crevel the same year in *Le surréalisme au service de la révolution*, and Maurice Heine's note on the psycho-biological classification of sexual paresthesia, which appeared in *Minotaure*, again in 1933, are evidence that there were instances of fruitful dialogue amidst the confrontation of the two fields.

10. See Théodore Fraenkel's *Lettre aux médecins-chefs des asiles de fous*, which was published in the third issue of *La Révolution surréaliste* on April 15, 1925 (qtd. in Béhar and Carassou 192-94).
11. From Louis Aragon and André Breton's text on "The Quinquagenary of Hysteria" it becomes obvious that the authors were familiar not only with the terminology of psychiatry; the names of Galen, Charcot, Babinski and the School of Nancy illustrate good knowledge of the history of psychiatry (qtd. in Waldberg 61-62). As we have seen, Breton's short internship in Vâl-de-Grâce asylum from January 1917 until July 1919 cannot be held as the only source of information.
12. The concept of simulation was treated with suspicion by some of Breton and Eluard's contemporaries. See Paul Valéry's "Difficulté de définir la simulation," and André de Rolland de Renéville's discussion of *The Immaculate Conception* in "Dernier état de la poésie surréaliste," published in 1927 and 1930, respectively (qtd. in Béhar and Carassou 198-99).
13. Apart from the paranoid delirium, Breton and Eluard simulated the mental states of general paralysis, acute mania and dementia praecox.

asserted that the language of madness was to be employed as a means of poetic expression. Again, it was because the language of the insane defied restrictions that madness was seen as a privileged state that allowed access to hidden realms of the human mind. However, in contrast to the Romantic tendency to view insanity as the ultimate introspective act of the individual, Breton in the 1930s accommodated madness in the anti-institutional surrealist doctrine as “a reservoir of moral sanity” that had the power to reach the mass (qtd. in Béhar and Carassou 196; my translation). Thus, in a way, the subversive power of the language of insanity left the hands of the individual, and became a mass medium that served the goals of the surrealists.

It was within this framework that paranoia became an object of appeal for Salvador Dalí. From the beginning, the Spaniard's stance to the surrealist movement, as well as to the way it treated insanity, was rather equivocal, and to some extent, this was dictated by his commitment to psychoanalysis and psychiatry. Dalí soon realized the potential for surrealist art of a mental illness that by definition—as we shall see—subverted the rationale of the binary opposition between the right and wrong perception of reality. In this, he was assisted by current psychoanalytic and psychiatric studies on paranoia, which had charted the mechanism of interpretation in the paranoid mental state. More specifically, as we moved towards the 1930s, psychoanalysis and psychiatry focused on tracing the way the paranoid assigned—what would conventionally be regarded as—“false” meaning to the objects of perception.

Employing the term paranoia for something different from a mental illness was not Dalí's invention. In fact, it was the ancient Greeks who had coined the term from the words *παρά* (“beside”) and *νοῦς* (“mind”) and its original meaning was “to think amiss” (*The Compact Oxford English Dictionary* 1271). The word was only vaguely connected to madness, until Hippocrates in the fourth century BC used it as a synonym for delirium (Kaplan and Sadock 816). After the classical era, the term sank into oblivion, and it was only in the mid-nineteenth century that it re-surfaced in psychiatric writings. In the midst of the late-nineteenth and early-twentieth-century trend to orderly classify mental illnesses, paranoia kept eluding definition. In particular, the psychiatrists of the time may have—to some extent—agreed upon the fact that it was a chronic illness or they may have been questioning the nature of disposition involved. Nonetheless, it was the stable system of paranoid delusions in this abnormal mental state that had attracted their attention.¹⁴

14. The following definition of paranoia by Emil Kraepelin in 1907 best summarizes the

As psychiatry leaned towards the case histories of individuals, and as the delusional systems of paranoid patients were explored, the unique way in which each individual perceived reality would soon lead scientists to the connection between paranoia and the notion of “interpretation.”

In early-twentieth-century France, most psychiatrists concentrated on the paranoid delirium, and drew a distinction between the latter and hallucination or illusion, which they considered the result of sensory lesions. What made this distinction clear was that the paranoid delirium involved intellectual reasoning that had a real event or sensation as a point of departure (Sérieux and Capgras 7). The outcome of this reasoning on the part of an individual, however, was an alternative version of reality, one that was generally considered false. For Paul Sérieux and Jean Capgras, two prominent French psychiatrists of the time, false reasoning or “delirious interpretation”—as they termed it—was the major symptom of paranoia. The fact that this viewpoint on paranoia discredited a standard view of reality was in tally with the surrealist doctrine, and did not escape Dali’s attention.

The study of the two psychiatrists was highly influential in France, and their terminology was employed by Dali, as well as by Breton and Eluard. Most importantly, though, by redefining “paranoia” as “delirium of interpretation,” Sérieux, Capgras and a number of other psychiatry researchers focused on the idiosyncratic way the paranoid interpreted, made “sense” of, the object of their perception. Working in a different field, a contemporary of theirs, Sigmund Freud, took this idea one step further. Freud had taken an interest in paranoia since the mid-1890s, and he gradually reached a complete theoretical proposition around 1910. In one of his letters to Wilhelm Fliess in 1895, he had described paranoia as a psychosis of defense against an undesirable idea, whose sexual nature he soon after identified (*The Complete Letters* 107-8). At the same time, Freud also acknowledged that the peculiarity of paranoia lay in the abuse of the “normal” mechanism of projection. Thus, projection in paranoia was described as the mechanism whereby the affect connected to an undesirable idea is retained within the ego, whereas the con-

psychiatric knowledge concerning paranoia of the time: “PARANOIA is a chronic progressive psychosis occurring mostly in early adult life, characterized by the gradual development of a stable progressive system of delusions, without marked mental deterioration, clouding of consciousness, or disorder of thought, will, or conduct” (423). In addition, constitutional factors were examined in terms of the types of deliria in cases of paranoia. Some psychiatrists of the time related psychopathic constitution to the degeneration doctrine, which was still present in early-twentieth-century French psychiatry.

tent or image-component of that idea is warded off from the ego and projected onto the external world (110-12).

Just before 1910, that “undesirable idea” was identified as homosexual impulses that the ego was trying to repress. It soon became evident that the study of paranoia was intertwined with Freud’s theory of the development of the libido, from auto-erotism, to narcissism and then eventually to investing the objects of our perception, reality that is, with libido (Freud and Jung 128-29). The emphasis was on the way the libido mediated an individual’s perception of reality. Thus, while refining his libido theory, Freud detected another special feature of paranoia, namely that in this mental illness the libido was detached from the so-called “objects-loved” (121). For Freud, this is what defined paranoia as a pathological mental state, whereas he regarded the paranoid delirium as just an attempt on the part of the patient to reconstruct the external world of which the illness had deprived him (“Psychoanalytic Notes” 211, 209-10). This attempt at reconstruction involved making sense of what was projected onto the external world, and, in this way, assimilating the reality perceived and appropriating it into one’s unconscious wish. In 1896, Freud had already referred to these delusions as “assimilatory” (*The Complete Letters* 168). By 1911, and in the light of his libido theory, paranoid delusions were treated by him as interpretive delusions.

The differentiation between paranoia, the illness, on the one hand, and the paranoid delirium, on the other, allowed Freud to look into the specific characteristics of the fictional world that the paranoid individual constructed via projection. Therefore, when he came across the memoirs of a paranoid patient, Dr. jur. Daniel Paul Schreber, Freud foregrounded the homosexual wishful phantasies, the persecutory personas, the delusions of grandeur, the narcissistic elements that, camouflaged as products of external perception via projection, reached the consciousness of the paranoid.¹⁵ As projection in paranoia by-passed the mechanism of repression, all this unconscious material would find its way into the paranoid delirium, which now appeared as a discourse that mediated between the unconscious and consciousness.

Paranoid discourse, however, went beyond releasing the unconscious, as the surrealist doctrine ordained. Freud would endow Dali not only with a treatise on paranoid discourse, but, most importantly, with one on the mechanism of paranoid interpretation. More specifically, in the Schreber case, he detected the mechanism whereby an unconscious wish shaped the paranoid patient’s interpretation of reality. For Freud, the unconscious wish which affected the

15. See the second part of Freud’s Schreber case (“Psychoanalytic Notes” 168-195).

process of assigning meaning to the reality that the paranoid perceived was primarily a homosexual one; and, like a true grammarian, he traced how the various types of paranoid delusions that structured paranoid discourse resulted from the variations of the proposition “I, a man, love him” (“Psychoanalytic Notes” 200-04).¹⁶

It was becoming clear that what Freud had discovered in paranoia was a metapsychological tool for the study of the “psychology of the unconscious,” which stretched beyond that of the individual paranoid patient (*The Psychopathology of Everyday Life* 259).¹⁷ Freud did not fail to take notice, however, of the creative potential involved in the formation of delusions in paranoia. Nor did Dali, as the “paranoid-critical method of interpretation” that he devised was principally a creative process, which aimed at the “art of conception,” rather than the “art of perception,” a postulate he had adopted even since his early career in Spain (*Oui* 30). Dali was first drawn to paranoia for its capacity as a mental state to “[organize] reality in such a way as to utilize it to control an imaginative construction” (112). Thus, set within the framework of surrealism, the “paranoid-critical method of interpretation” was originally presented around 1930 as a creative process that would imbue reality with unconventional images that involved the individual’s imaginative capacity. Dali’s double images and images of multiple figurations were the outcome of this method, which was not confined to celebrating or simulating the liberated imagination of the insane, but which established “cognitive relations which are removed from our habitual experience” (63). Dali singled out paranoia and systematized the conception of madness for surrealism by coming up with a method to produce new images, “new simulacra,” as he termed them.

These “new simulacra” originated in the unconscious of the individual. The mechanism of paranoid interpretation—as this was described in psychiatry

16. Freud employs syntactic terms to refer to the formation of the four variations of the delusional proposition “I (a man) love him.” Thus, there is inversion of the verb when the basic proposition becomes “I do not love him—I hate him, because he persecutes me.” In erotomania, there is a change of object in the variation “I do not love him—I love her, because she loves me.” In delusions of jealousy, the subject changes, as in the following proposition: “It is not I who loves a man—she loves him.” Finally, in megalomania the whole proposition is negated. Thus, “I (a man) love him” turns into “I do not love at all—I do not love anyone—I love only myself.” See “Psychoanalytic Notes” 201-03. The allusion to Lacan’s postulate “the unconscious is structured like a language” is intended, yet such a discussion is beyond the scope of this paper.

17. For example, in “Civilization and its Discontents,” Freud suggests that “[t]he religions of mankind . . . be classed among the mass-delusions” of the paranoid kind (269).

and psychoanalysis—provided Dali with a method in which the unconscious of the individual would be projected onto the external world. Thus, the “Invisible Sleeping Woman, Horse, Lion,” for instance, which was the first successfully completed paranoid-critical painting, went beyond the chance encounter of diverse objects on the canvas (Fig. 1).¹⁸ The new simulacrum in the centre



Figure 1. Salvador Dali's "Invisible Sleeping Woman, Horse, Lion."
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of the painting was signally unconventional, and the relations established by the co-representation of a woman, a horse and a lion upheld the Freudian doctrine of psychical determination. As Dali expounded in “The Rotting Donkey,” the “representation of an object that is also . . . the representation of another entirely different object” accommodated the unconscious obsessive ideas of the individual (*The Collected Writings of Salvador Dali* 224). Set in the foreground of the famous barren Dalian landscape of vastness, the paranoid simulacrum represented and/ or projected morphologically the obsessive idea that linked

18. The reference here is to *Compte de Lautréamont's* famous postulate from the sixth song of *Les Chants de Maldoror*. The phrase “beautiful as the fortuitous encounter on a dissecting table of a sewing machine and an umbrella” became the banner of surrealism, as it encompassed the movement's faith in the creative potential of chance and juxtaposition, and Dali elaborated on it in his account for his illustrations for Lautréamont's work. See Dali, *The Collected Writings* 279-82.

the three seemingly disparate objects of perception. Thus, the highlighted reclining body of a woman is formally linked to the body of a horse, whose head is the figure of the woman's arm, and whose horsetail forms the fierce mane of a lion, constituting, in this way, an image of multiple figurations.

Unlike the surrealist group led by Breton, for Dali this was not just an act of releasing the unconscious associations or phantasies of the individual from any restrictions or conventional representation. It was crucial that the new simulacra that resulted from the paranoid process, the *paranoid simulacra*, should be communicated and be valid for others as well.¹⁹ Thus, for Dali, the representation of a multiple image involved the representation of two or more objects "without the slightest pictorial or anatomical modifications," so that they would be "recognizable" for others (224). The studies by Dali for the "Invisible Sleeping Woman, Horse, Lion" illustrate the significance he laid upon allowing the three objects of paranoid thought to remain visible, and also upon not making this paranoid simulacrum a product of fusion (Fig. 2). Thus, the



Figure 2. Salvador Dali's study for "Invisible Sleeping Woman, Horse, Lion."

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19. One needs to note that, in this sense, the "paranoid-critical method of interpretation" was a follow-up to the anti-artistic trend that Dali had joined since 1927. In his essay "My Paintings in the Autumn Salon," he defined his paintings as "anti-artistic and direct . . . immediately comprehensible" (*Oui* 16)

self-inclusive body of the woman is positioned and sketched in a way that would enable the painter to simultaneously represent the body of the horse, as its legs underneath her body illustrate. Setting a head on the rear end of the woman's body not only prefigures that of a lion, but also echoes Dali's sketch in the background, which resembles the lion-woman form of the Sphinx. As the painting that emerged from this study demonstrates, the representational autonomy of its components made the paranoid simulacrum accessible to others. Dali proclaimed that in the paranoid-critical paintings "the reality of the external world [would serve as] proof" that would validate the "reality" of the unconscious of the individual artist (223).

Mediating between the unconscious of the individual and other subjects was an asset of Dali's method. Yet, the "paranoid-critical method of interpretation" was not circumscribed as a system that would bring the unconscious of the individual to the surface. It would also enable one to catch a glimpse of the workings of the unconscious. Thus, within the framework provided by psychoanalytic and psychiatric studies—which after 1932 included the studies of young Jacques Lacan as well,—the paranoid mechanism in Dali's method was primarily a mechanism of interpretation. Importantly, paranoid interpretation, as this was utilized in Dali's surrealist method, was "no *a posteriori* intervention of . . . reasoning" or thought (259). Jacques Lacan, an aspiring psychiatrist then, who had just defended his doctorate on *Paranoid Psychosis and its Rapport with Personality*, was of the same opinion. In fact, Dali hailed Jacques Lacan's thesis that the paranoid delirium was not the outcome of a process of interpretive reasoning. For Lacan, the paranoid delirium was itself "an *interpretive* activity of the unconscious," whereby the unconscious assigned "personal signification"—to use Lacan's terms—to aspects of reality perceived (293, 211-12; my translation). In a similar way, for Dali, the double or multiple image, the paranoid simulacrum, was already an interpretation of reality which originated in the unconscious of the individual and which was assigned meaning in a way that was meaningful for others, as well.

In the 1930s, paranoia was an elusive term that traversed different disciplines. Within the surrealist framework and in the hands of Dali who interacted with the fields of psychiatry and psychoanalysis, paranoia was treated as the mechanism *par excellence* for the production of individual meaning, that is meaning that accommodated the obsessions and the unconscious of the individual in a way that is valid for others. Thus, paranoia, a mental illness, became a means for the modernist withdrawal from consensual language, and the paranoid simulacrum, denoting "the triumph of a mental image over external reality," formed a bridge between the unconscious of the individual and

the mass (Ades 459). Most importantly, though, the paranoid images that Dali created brought to light the very mechanism in which the unconscious of an individual assigned meaning to the objects of perception. In Dali's method, paranoia, a mental (ab)normal state, speaks the unconscious in a way that reveals the way the unconscious speaks.

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