

# Risk Factors in Suicide: Mark Rothko and His Art

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## Abstract

The purpose of this paper is to describe risk factors in the assessment of lethal suicidal intent by means of an examination of the artist Mark Rothko's life history, his art, and his completed suicide. While Rothko's suicidal crisis seems to have been touched off by a diagnosis of a dissecting aneurysm, other risk factors can be seen to have been operating since his childhood. This paper examines both the psychiatric risk factors like early object loss, recurrent depressions, substance abuse, and relationship disruption and as well as more intrapsychic risk factors like affect flooding, self and object splitting, narcissistic vulnerability, and unconscious fantasies of surviving the suicidal assault.

The paper also includes a speculative account of elements of Rothko's art, his extensive use of color/shading, transparency, and translucency that resemble responses on the Rorschach inkblot test that have been shown to predict suicidal lethal intent.

**Keywords:** Affect flooding; Color/Shading blend; Fusion with the victim; Rorschach test; Rothko; Psychological autopsy; Suicide; Translucency; Transparency

## Introduction

The assessment of lethal suicidal intent in patients is one of the most important and difficult tasks that mental health professionals face in their work. Evaluation usually consists of the identification of risk factors in the patient's past history as well as risk factors in the current situation that have been shown to be associated with lethal intent [1,2]. The purpose of this paper is to utilize the suicide of the artist Mark Rothko to illustrate both general risk factors as well as intrapsychic considerations in suicidal assessment. In this sense, the paper consists of a psychological autopsy although the methodology employed is somewhat different [3]. In this case, biography substitutes for the direct accounts of family, friends, and doctors. In addition, the artist's paintings and his published writings are considered as evidence in the retrospective assessment of risk factors. Rothko's suicide will be discussed in terms of a risk factor assessment based on his history and the acceleration of risk factors as he aged. In terms of intrapsychic factors, special emphasis will be placed on the concept of the splitting of the self-representation in a suicidal crisis. Deterioration of self-other boundaries is seen as a risk factor for suicide. The identification of this risk factor has been identified in research utilizing the Rorschach Test. It will be argued that certain aspects of Rothko's painting demonstrate similar characteristics to the Rorschach predictors of suicidal intent.

Mark Rothko (1903-1970) became one of the most important American artists of the 20th century. His paintings hang in the most

important museums in the world. In 2012 his Orange, Red, Yellow (1961) sold for 86.9 million dollars. He was a founder of the New York school of Abstract Expressionism. Rothko committed suicide on February 25, 1970, at age 66 and at the peak of his career. The suicide of such a famous artist often raises the question of the role of mental torment in the creative process as well as questions about the origins of the suicidal impulse. Artists as public figures leave their artistic productions as possible links to these questions. The aim of the article is ultimately a clinical one-to utilize the artist's life and work to better recognize and understand suicidal intent in our own patients.

The paper is fashioned in the following way. A brief review of Rothko's life with emphasis on his childhood, especially early loss as well as his recurrent adult depressions is described as the personal context for his work. Then his art is briefly discussed with emphasis on the role of transparency, translucency, color, and shading in his signature multiform paintings [4]. Finally, unconscious markers of suicidal intent are applied to Rothko's life and work in order to better understand suicidal intent in general. The clinical usefulness of these concepts is discussed in terms of assessing potential suicidal intent.

## Methodological Considerations

Before embarking on the task of reviewing Rothko's suicide, it is important to raise some methodological considerations.

The psychiatric appraisal of a historical person, an application of psychiatric understanding to biography, is an undertaking fraught with methodological hazards that are both considerable and well documented [5-9]. It is controversial still to apply psychiatric understanding to matters outside of the consulting room. The methodology of evidence in the clinical situation, itself relatively undeveloped, rests on the ability of a living patient to associate to the conjectures and interpretations of the therapist in ways that allow for the development of criteria, particularly through transference, for confirmation or disconfirmation of conjectural hypotheses. With the historical figure, as with other objects of applied psychoanalysis, this methodology is not possible.

The methodology utilized in this article rests on a similarity between certain specific artistic productions and responses to the Rorschach Inkblot test. The Rorschach itself rests on an underlying assumption of the Projective Hypothesis, a term coined by David Rapaport [10]. This proposition holds that responses to the Rorschach reflect inner processes, often unconscious, that are externalized onto the blots. In this article, a similarity is highlighted between Rorschach responses and elements in paintings created by an artist. Rorschach evaluation makes use of form, color, shading, and perspective as well as content. In this study of Rothko, the similarity highlighted rests more on form, color, shading, and other qualities of his art rather than content per se. The next step in my argument involves the use of the Rorschach in systematic research, not clinical psychoanalysis, for the evaluation of suicidal intent. The research on this issue is cited as evidence that psychological matters like affect regulation, self-other boundary differentiation, and impulsivity can be seen in representational form in Rorschach responses. While still controversial, Rorschach research has been shown to have a good deal of validity in recent years [11]. Within psychoanalysis, recent interest in the Rorschach is demonstrated by the published study of the Rorschach protocol of Freud's patient, the Wolf Man, with commentaries by noted psychologists [12].

It can be argued that the comparison between Rorschach responses and artistic productions involves two different and incompatible frames of reference. The justification for this comparison rests on the fact that both are products of an individual's personality and can thus reveal aspects of the personality that may not be obvious on the surface. Both may be subjected to the projective hypothesis. The assumption in this framework is that the similarity between Rorschach responses indicative of suicidal intent and certain aspects of Rothko's art is not random or coincidental. In this way, evidence from one frame of reference informs the other.

Rosenwald [9] discuss the charge of reductionism in the psychoanalytic biographer's interpretations of his/her subjects. Psychoanalysts are often charged with failing to account for the contribution of neighboring disciplines like history or cultural studies. Kuspit [13] takes up the same concern specifically related to art, art criticism, and art history.

Beres [5] offered a beginning to a list of criteria for the evaluation of the validity of assertions in psychoanalytic contributions to biographical studies. He stated:

- The validity of assumptions in the biographical study rests on its plausibility, how it fits with other available data, and how it will fit with future studies.
- It is strengthened by the unity, the consistency, and the convergence of evidence.

Hanly [7] has added to the consideration of evidence in the methodology of the application of psychoanalysis to biography as:

- Construction in applied psychoanalysis is limited to the status of more or less probable hypotheses. Their degree of probability depends on the richness of the material available and the extent to which the theoretical concepts required to make the constructions can be clinically validated.

In this article empirically validated psychoanalytic concepts are utilized in the assertions about Rothko's art as representative of intrapsychic suicidal risk factors. The similarity between Rothko's art and Rorschach responses remains speculative but may be evaluated in terms of the criteria just stated.

### Rothko's life in brief

The artist Rothko was born Marcus Rothkowitz on September 25, 1903, in Dvinsk in what was then Czarist Russia and is now Latvia. He was the youngest of four children of Jewish parents. He had two brothers, Moishe and Albert, 11 and 8 years older, and a sister, Sonia, 13 years older. His father, Jacob, became a pharmacist, a significant achievement for a Jew of that time in Russia. Jacob married Rothko's mother, Kate, when she was 16. However, economic conditions and anti-Semitism led eventually to the father's emigration to Portland, Oregon, alone, in 1910. The family had relatives in Portland who would prove to be a source of help and support. The father sent for his wife and children and in 1913, Moishe and Albert went first, followed by Kate, Sonia, and Marcus. They arrived in New York knowing no English and having to travel across the country to Portland.

Tragically Marcus' father died of colon cancer seven months after their arrival in the United States. Thus, Marcus was separated from his father for three years, and reunited with him for only a few months before he died when Marcus was 11. Marcus' relationship with his father was troubled before the emigration to the United States. His father had insisted that Marcus attend the orthodox Jewish *cheder* over the latter's strong objections. Rothko described his mother as "very powerful" [14] a view corroborated by Moishe. Rothko's portrait of her, *Portrait of Rothko's Mother*, n.d., shows a large imposing figure with a sad, distant, preoccupied look. It is likely that the separation from her husband, the emigration, and then his death took an emotional toll on Rothko's mother beginning at least when Marcus was 7.

Rothko, himself, was described as a "fragile, sensitive, sickly" child [14]. His sister recalled that he was so sickly that he was not expected to live until he was about four. At that time calcium deficiency was discovered. He had been eating plaster off the walls because he craved calcium. He was sent to a nearby village where a regimen of a quart of milk a day helped him to recover [14].

In Portland, Marcus soon learned English and excelled in grade school and high school. He earned a scholarship to Yale, and he attended for two years before dropping out. He then led a bohemian lifestyle, took some art classes, and determined to be an artist. He met Edith Sachar and married her in 1932 when he was 29 and she was 19. This was the period of the Great Depression, and they lived initially happily in poverty and later increasingly unhappily in marginal economic conditions. They separated in 1943 and divorced in 1944. The artist was seriously depressed at this time. In 1945 he married Mary Alice (Mell) Beistle. He became a United States citizen in 1938 and started going by the name Mark Rothko in 1940.

His mother died on October 10, 1948, at the age of 78. Rothko became seriously depressed again after his mother's death. He and Mell had two children, Kate in 1950, and Christopher in 1963.

According to his biographer, Rothko's suicidal crisis began with the diagnosis of a dissecting aortic aneurysm on April 20, 1968 [14]. Rothko was hospitalized for two weeks and unable to paint for many weeks. He became clinically depressed, sexually impotent, and increasingly angry with his wife, art in general, and the world at large. He separated from his wife on January 1, 1969, and moved into his studio until his death. His doctor ordered him not to work on any picture larger than 40 inches, to lose weight, exercise, and refrain from drinking and smoking. He complied with the first two requests but refused exercise and continued to drink heavily and to smoke. To his friends, Rothko's life seemed to be disintegrating [14].

During the time after the diagnosis, Rothko consulted a friend of many years, Dr. Bruce Ruddick, a therapist/psychiatrist. Rothko unburdened himself considerably in several Saturday sessions and wanted Dr. Ruddick to treat him. The psychiatrist refused on the basis of their long-standing friendship and offered to refer him. Rothko refused the offer. Ruddick recorded the following observations after the artist's death:

- He expressed just his own feeling of despair, these terrible intimations of mortality-plus one fact: his mother's death weighed heavily on him. He spoke of her. He mentioned that it had been a terrible blow.
- He mentioned it as if-and this is an analytic speculation-as if he anticipated some kind of fusion, return in his own dying [14].

He had become "globally depressed" in his physician's view [14]. In the early morning of February 25, 1970, Rothko took Sinequan and chloral hydrate that had been prescribed by his psychiatrist, Nathan Kline, to stem the pain and with a double-sided razor blade made a cut two inches long and one inch deep in his right forearm. He was found in his underwear and socks with his trousers hung neatly over a chair in a six-foot by eight-foot pool of blood with his arms outstretched. He left no note [14]. Mell died a few months later and a bitter lawsuit followed between Rothko's children and the executors of his estate. The children eventually won the lawsuit.

### General risk factors

From this brief history, it is possible to list some general risk factors illustrated by Rothko's life. It is also possible to delineate a period of suicidal crisis during which some risk factors intensified, and others appeared. The general risk factors include early object loss, recurrent depressive episodes, and substance abuse. The suicidal crisis began with the diagnosis of an aneurysm. This seems to have been experienced as a narcissistic blow, touching off a serious depression, increased marital discord, isolation from friends and family, and increased alcohol intake.

Rothko's early losses included his father's leaving the family for America, his trip to the countryside to recover from calcium deficiency, and his father's early death. These early losses may have compounded the effect of his mother's death in adulthood. In the suicidal crisis, he experienced a serious health issue, advancing age, separation from his wife and children, interpersonal isolation, increased substance abuse, another depressive episode, sexual impotence, and restrictions on his painting.

While his friends, family, and doctors recognized that he was depressed, they all seemed to have not recognized the lethal intent that was hidden just out of view. We turn now to a consideration of some less obvious risk factors advanced by psychoanalysts delineating underlying predispositions to lethal intent in suicide. This discussion will be followed by findings from research in Rorschach testing that purports to document some of these risk factors.

### Intrapsychic risk factors

The psychoanalytic view of suicide began with Freud's [15] study of melancholia. In his formulation, Freud reasoned that loss of an important object that is ambivalently regarded leads to a split in the ego in which aggressive feelings toward the object are directed toward the ego. This leads to depression and in some cases suicide in which one aspect of the ego kills the split-off bad part. Fenichel [16] updated this formulation in the light of structural considerations, particularly the role of the sadistic superego in attacks on the ego.

More recent work has confirmed the role of self-attacks and significant object loss in depressed and suicidal patients [17-20]. In addition, other risk factors have been proposed to be associated with suicidal intent: difficulty with affect regulation in the form of inadequate defenses against the mental pain of depressive affect (affect flooding), disturbances in self-other boundary differentiation involving splitting of the self-representation, fantasies of reunion or rebirth involving dead objects [21-26].

Inadequate defenses against the experience of overwhelming mental pain and conflict may leave the depressed person vulnerable to suicide as a way of relieving that pain [2,27]. Narcissistic wounding, self-loathing, murderous hate, hopelessness, despair, and aloneness all contribute to a problem with affect regulation that may become too much to defend against. Suicide becomes the alternative to painful depressive anguish, particularly when accompanied by fantasies of the transcendence of death associated with disturbed self-other boundaries.

A number of authors have pointed to disturbances in self-other boundary as another factor in suicidal intent in those depressed people who experience early object loss and are prone to self-attacks [17,20,23-27]. In vulnerable patients, the onset of depression may lead to fragmentation of self-other boundaries as more adaptive defenses become inadequate to contain the mounting affective pain. Suicidal thoughts may lead to suicidal fantasies of fusion with a dead object with the idea of surviving the suicide and merging with the all-powerful other [17,25-27].

The attainment of stable self and object representations is crucial to the achievement of identity and other aspects of psychological health. However, because identification with aspects of the mothering figure and later the fathering figure begins early in life we all retain the capacity to regress to these early identifications not only in times of stress but in moments of sexual ecstasy, substance intoxication, group experiences involving religion, spirituality, and mysticism as well as in emotional reactions to artistic productions. Winnicott [28] seems to have had this in mind when he wrote about "transitional phenomena." These experiences may involve fantasies or experiences of merger or fusion with early objects or relationships.

Orgel [25,26] has elaborated a defensive position that he called fusion with the victim, and he connected it with a complex view of suicide. He writes:

- Fusion with the victim corresponds to an exact opposite of identification with the aggressor, although defenses against it may take the form of identification with the aggressor itself and paranoid reactions; and decompensation may lead to symptoms resembling melancholia. The idealized object, still largely fused with the primary narcissistic self, is seen not as omnipotent, but as a victim; while the subject, instead of turning passivity into activity and externalizing the aggression or imitating the aggressor, turns the aggression against himself, becoming one with the victim-object [25].

He goes on to describe that a tendency to this kind of defense creates conditions that favor regression in the height of the oedipal phase, adolescence, or in the case of the death of a parent in later childhood. He wrote that fusion with the victim is the “earliest infantile prototype” of many pre-suicidal states in later life.

Orgel also posits that one of the preconditions for fusion with the victim is the failure in the 6-15-month-old period of infancy for the caregiver to provide a limit-setting response to the infant’s aggressive demands in order to provide a “reliable aggressive resonance” [25]. He illustrated these ideas in a careful study of the poet Sylvia Plath utilizing the facts of her life as well as her poems as evidence of his assertions [26].

It is more difficult to say with certainty that Rothko possessed the unconscious risk factors described above or that his suicidal crisis unfolded as described. I shall argue that his art and what he wrote about it may provide clues to vulnerabilities that may have made him prone to affect flooding and the splitting of his self-representation in a way that allowed him to lethally attack his body in the interest of preserving his split-off ideal self.

Rothko can be understood as having a history of attacks on his body through smoking, overeating, and alcohol abuse. The news of an aneurysm led to impotence, an order not to paint large works, and restriction on his drinking, eating and smoking. Although he ignored the last three restrictions, he seems to have suffered a narcissistic wounding and a deep depression. In the throes of affect flooding, it is not implausible that he split his self-representation and could murderously attack the body that let him down. It is also not implausible that he sought fusion with dead parents in a fantasy of reunion and immortality. Dr. Ruddick noted such a fantasy in Rothko’s remarks about his mother and her death. It is noteworthy that Rothko died on the day his Seagram paintings arrived at the Tate to be installed in the Rothko Room, something that he wished would continue “in perpetuity” [14].

In support of this narrative, I wish to turn to research on psychological test indicators of risk factors in suicidal intent in order to argue that some aspects of Rothko’s art bear a striking similarity to these indicators. Specifically, color/shading responses and transparent, translucent, and cross section responses on the Rorschach test have been shown independently and together to be predictors of lethal suicidal intent.

### Rorschach signs of suicidal intent

The use of the Rorschach Inkblot test to assess suicidal intent has achieved greater validity in recent years [21,29,30]. The Rorschach has been used to assess the major factors in suicidal intent-depressive self-hatred, affect regulation, and boundary disturbance. I wish to review these findings in some detail because the Rorschach offers some surprising similarities with the creative artist’s use of content, space, texture, and color. The Rorschach has been found to assess depressive self-hatred in the form of “morbid” responses involving death and decay, affect regulation in the form of color/shading blends, and boundary disturbance in the form of transparent, translucent, and cross-section responses [21,29,30].

Assessment of the personality by means of the Rorschach includes consideration of elements of the subject’s responses in terms of location, form, color, shading, movement, and content [29,31,32]. Assessment of the personality is derived from consideration of these elements in combination. One can readily see the connection between the theory behind the Rorschach and the elements such as size, form,

color, shading, movement, space, and content that are all used by the artist in the process of his/her creative work. Artists, of course, vary in the relative emphasis given to one or another of these elements. In addition, all artists who employ color/shading and transparent/translucent elements do not commit suicide. Conversely, not all people who commit suicide exhibit these Rorschach signs. I am suggesting only that these elements in Rothko’s art may suggest vulnerabilities and risk factors associated with the risk factors of affect flooding and self-other boundary disintegration that would better help us understand his eventual suicidal crisis.

### Empirical Rorschach studies of suicidal intent

Several empirical studies of suicidal intent using the Rorschach have been conducted with promising results. Exner [29] developed the Suicide Constellation Scale (S-Con) that demonstrated considerable predictive validity in regard to near-lethal suicide attempts. Fowler, et al. [30] developed a suicide index that included four Rorschach markers that predicted with great accuracy those patients who would make near-lethal suicide attempts in the months following the administration of the Rorschach. 122 adult patients admitted to Austen-Riggs were divided into lethal-suicidal, parasuicidal, and non-suicidal groups (control) of equal size. This study hypothesized three unconscious processes that would predict suicidal behavior based on a psychoanalytic understanding of suicidal intent: affective flooding, self-other boundary disturbance, and a morbid preoccupation with death and inner decay. Certain Rorschach markers that could be scored with high reliability measured each of these unconscious risk factors. Color/shading blends were the markers for a predisposition to affect flooding. Self-other boundary disturbance was assessed through transparent, translucent, and cross section responses. Morbid responses were assessed by content combined with form level. Statistical tests were performed, that distinguished the three groups to a statistically significant degree on the hypothesized markers. These markers, called at this time the Riggs Index, then predicted with 80% accuracy which patients would be in the near-lethal suicide group and which would be in the non-suicidal group. Exner’s [29] S-Con scale predicted with 74% accuracy. It is important to note that demographic variables like age, education, IQ, the total number of psychiatric diagnoses, or Global Assessment of Functioning did not predict suicidal intent. The index consisted of summing each instance of color/shading blend, transparency, morbid depictions of death and decay, and cross sections. They concluded:

- A total score of 5 or greater predicts those patients who later made a near-lethal suicide attempt, as against those who later engaged in a parasuicidal activity or no suicidal activity.
- The overall correct classification rates of 80 percent for near lethal versus parasuicidal and 81 percent for near-lethal versus nonsuicidal indicate strong predictive validity [30].

The authors further conclude that their findings lend support for the idea that “intrapsychic risk factors” for suicide include disturbance the capacity to regulate affective experiences combined with vulnerability to self-object boundary disturbances. Maltsberger [27] and Schneidman [2] have concluded that the driving force behind the suicide is a psychic pain. Patients who cannot utilize effective defenses to deal with psychic pain are at the greatest risk for despair, hopelessness, and suicide.

Fowler, et al. [30] assert that the Rorschach color/shading blend response may represent the experience of “intolerable affective arousal” with the inadequate defensive capacity to contain it. However, they also point out that self-object boundary disturbance are also a

condition which predicts suicidal intent. They observe that for many suicidal patients, death is conceived as an escape from the unbearable pain that can be survived and transcended. They suggest that the transparency, translucency, and cross section responses may represent the self-other boundary disturbance and the failure of reality testing inherent in the transcendent suicidal fantasy.

Fowler, et al. [21] replicated this study utilizing 25 in patients who made near-lethal suicide attempts and 25 psychotherapy outpatients who made no suicide attempts during the six-month follow-up period. The Index used was based on the Riggs Index but now called the Implicit Risk for Suicide Index (IRSI). This index again measured affect flooding, self-other boundary disturbance, and morbid content with death, damage, and decay. The results showed that a previous suicide attempt and the IRSI accounted for 60% of the variance in predicting suicidal intent. A further study using an inpatient control sample increased the predictive power of IRSI alone to 80%. Demographic factors including psychiatric diagnosis showed little predictive power.

### Color/Shading blends

How color is perceived and dealt with on the ten Rorschach plates is hypothesized to be associated with how the person organizes and processes emotion [31]. This psychological hypothesis is quite consistent with many artists' philosophy of the use of color to achieve their artistic intent. Rothko's eventual signature color field paintings relied almost exclusively on color to convey his artistic intent as he eliminated some elements of form from his work [33]. In answer to the charge that he was a mere colorist, Rothko replied:

- My interest is only in expressing basic human emotions—tragedy, ecstasy, doom and so on and that a lot of people break down and cry when confronted with my pictures shows that I can communicate these basic human emotions [34].

Some subjects mention no color in their reactions to the Rorschach plates and are hypothesized to be inhibited in their emotional expression in general. Others see color but without form and are hypothesized to be emotionally impulsive and having difficulty in the capacity to exert control over their emotions.

Clinicians, as well as researchers, are loath to pick one Rorschach variable as a predictor of behavior. However, perceiving shading in the colored areas of the blot has been found to be associated with completed and attempted suicide. Appelbaum, et al. [35] found a statistically significant difference in the color/shading responses between those who completed or attempted suicide and each of the control groups. Those who completed suicide had a greater incidence of color/shading responses than those who attempted suicide, but both of these experimental groups had significantly more color/shading responses than any of the control groups.

Appelbaum, et al. [36] conducted a subsequent study in which they compared hospitalized psychiatric patients who had attempted suicide with a matched group of those patients who were hospitalized but did not attempt suicide. There were statistically significant more Rorschach color/shading responses in those patients who attempted suicide than in those who did not. The authors accounted for this sign as an indicator of suicidal intent in the following way. The attention to color represents the strength of emotion while the attention to shading represents an exquisite sensitivity to nuance and a capacity to step back and be cold-blooded at the same time. It is this combination that makes for the capacity for suicidal acts in the author's estimation.

The color/shading blend was used in the Austen Riggs study of suicide prediction and found to be a significant factor in the Riggs

Index [21,30] and in the Implicit Risk for a Suicide Index replication study. Color/shading blends were a predictor of suicidal intent by themselves but not to as great a degree as when combined with other Rorschach markers. Fowler, et al. considered the color/shading response to be an indicator of a vulnerability to affect flooding.

There are other Rorschach markers of psychopathology that are important such as form level and texture. Form level has been shown to predict psychotic functioning but does not play a part in the empirical findings on suicidal intent. Rothko did use texture extensively to produce his effect of depth and translucency in his paintings.

### Transparency, translucency and suicidal intent

Blatt and his colleagues [37-40] have studied spatial representation as a measure of the level of psychological organization. Psychoanalytic, cognitive, and developmental psychologists have described the importance of the achievement of self and object constancy as well as a relation, sequence, and boundary constancy in healthy development. Blatt and his associates attempted to integrate concepts from cognitive psychology, experimental child developmental psychology, and psychoanalysis. Their emphasis was on identifying spatial representations of psychological experience. For example, as the child develops he or she develops the capacity to define the self and important objects independently of their physical presence or nurturing function. Disturbance in these constancies over time is correlated with and an indication of various forms of psychopathology. Blatt and his colleagues [37-40] identified specific spatial characteristics in the manifest representation of psychoanalytic associations, dreams, and psychological test responses like Rorschach percepts which assessed the degree of development of self and other differentiation which in turn were shown to be indicators of psychological organization/disorganization and thus of psychopathology. As an illustration, they also offered examples from literature and art.

One of their findings was the linkage between representations of transparency, translucency, and cross-sections and suicidal ideation and intent. They write:

- An emphasis on transparency or translucency is an attempt to establish three-dimensional representations before the capacity to represent volume and aspects of the object not immediately perceived is fully developed.
- Though depth is perceptible, it can be reconstituted only as a sequence of layers and not represented by opaque surfaces.
- Particular emphasis on transparency (e.g., a room divided in two by a glass partition, or by layers of clothing perceptible through the sheer fabric) was consistently observed in patients with suicidal ideation or intent.

Several literary works, for example, De Maupassant's *The Horla* and Nabokov's *The Defense* closely link suicide with representations of transparency [39].

This study suggests that there is a link between representations of space and the relative constancy of self and object representations in a stable sense of identity. Spatial representations of more diffuse or weaker boundaries correlated with a greater disorganization of a sense of self. Transparency and translucency were two such spatial representations, and they correlated strongly with suicidal intent. Sylvia Plath's work was replete with images of transparency including the central image in her famous novel *The Bell Jar* [26].

Blatt followed this initial work with a more in-depth explanation of transparency and suicidal potential [40] and a separate study

of Rorschach responses of transparency and translucency [38]. In addition, Blatt and a colleague [37] took part in a blind assessment of a subject along with a number of colleagues using various psychological assessment techniques.

Behrends and Blatt [37], utilizing the Rorschach, predicted a vulnerability to intense depression with suicidal potential in the case of a 35-year-old Native American attorney who was the subject of this assessment. The subject had three transparency responses on the Rorschach. Behrends and Blatt were the only clinicians to correctly assess the subject's suicidal ideation and intense depressive affect.

### Rothko's Art in Brief

Rothko came somewhat late to a career as a painter at age 22. After dropping out of Yale he wanted to "wander around, bum about, and starve a bit" and was interested in art. He said that he chose art because of the nude models [14]. One of his first teachers was the Armenian immigrant, Arshile Gorky, who himself committed suicide at the age of 44 in 1948.

Rothko's artistic style went through several transformations. In the 1930's he painted scenes of urban life with representations of people and places with form. Examples are *Street Scene*, 1936 and *Subway Scene*, (c. 1938). In the 1940's his style became surrealist. Examples include *The Omen of the Eagle*, (1942), *The Syrian Bull*, (1943), and *Slow Swirl at the Edge of the Sea* (1944). He became interested in myth and the role of automatism and chance in the creative process, elements of surrealist art. It was during this period that Rothko stopped painting for a year, perhaps due to a depression associated with the end of his marriage. During this year he worked on a manuscript which was later found by his children and published as a book, *The Artist's Reality*, edited by his son, Christopher [41].

It was in 1946 that Rothko began to paint in what was to become his signature style, the multiform or color-field in which he gave up the depiction of the recognizable form [33]. The multiforms consist of formless colors and eventually stacked rectangles that seem to float against a contrasting background. These paintings are usually untitled and often unframed giving the viewer the opportunity to involve him/herself with the painting without preconceptions. A description of one example of these paintings by Breslin [14] focuses on the essential elements of Rothko's most important style:

*Untitled* (1948) {Kate and Christopher Rothko Collection} is built up of a multiplicity of glowing, brightly colored, softly edged, translucent, predominantly horizontal, two-dimensional forms... Lacking solidity and weight as well as the sharp definition, many of these diaphanous color patches—the white, yellow, blue/gray and red/orange ones above and below the painter's center appear to float, ethereal and unattached, on the picture plane [14].

In developing this style Rothko devised a way of mixing his paint with substances like egg white or glue that allowed him to paint his colors in layers that give the paintings a particular luminosity and translucency that he sought. This technique helped produce the floating effect of one layer of paint over another that produces a sense of great depth to the colors and a powerful emotional effect.

In 1957 Rothko began working in darker hues and this trend continued until his death. He became increasingly successful financially and influential in the world of art. He received several large commissions. In 1958 he was commissioned to do murals for the Seagram Building in New York and its Four Seasons Restaurant. He finished the murals but resigned from the commission. He painted a triptych for the Holyoke Center at Harvard University in 1962. Harvard

was initially leery of the paintings but a personal meeting between President Nathan Pusey and Rothko at the artist's studio produced the collaboration. Rothko told Pusey who found the paintings "sad" that the paintings represented Good Friday and the Resurrection, themes of the mythic cycle of death and rebirth that had preoccupied Rothko for years [14].

In 1965 Rothko was commissioned to produce a set of murals for a chapel to be built by the de Menil family in Houston, Texas. The chapel has eight walls and Rothko produced 14 large panels in very dark hues. Breslin describes the effect in this way:

- Because of its size, the interior black predominates, looking sometimes like a flat, dense, monolithic void, at others like a semitransparent, thin, black veil. At still other times, areas of shiny greenish-white emerge, breaking up the black, hinting at the ghostly traces of human forms [14].

The Rothko Chapel was finished in 1971. The Houston murals were Rothko's last major works. After his aneurysm, he continued to produce smaller multiforms using acrylics and paper or canvas. Acrylics made it harder to produce the luminous and translucent effects, but its quick-drying properties allowed for the signature layers of color of his earlier work.

### Rothko and Color/shading

As mentioned earlier, Rothko's use of color gradually shifted from the bright and cheerful yellows, oranges, reds, and blues of the 1950's to darker hues. The Houston Chapel paintings of 1964-1966 rely on dark red pigment, the shade of clotted blood. The "Dark Paintings" of his last three years are mainly black, gray, and brown. One critic sensed "impending doom" in the dark colors (Ashton as quoted in Breslin, 1993). It is not difficult to correlate Rothko's darkening moods with his dark colors. However, it has been pointed out [42] that Rothko continued to paint in bright colors as well in his last days. Dark color per se may not be the crucial representation in his painting that portended suicide.

In the light of the Rorschach research cited above, it is also noteworthy that Rothko extensively used color and shading to produce some of his most significant effects. His fields of color are not separated from each other; they shade into and blend with each other. This creates the effect of depth and luminosity, sometimes conveying an inner glow in the paintings. Rothko employed special techniques in the mixing of different substances in order to create these effects. This combination of color and shading also creates a kind of translucency that is another of the Rorschach markers that have been shown to predict suicidal intent. Fowler, et al. [21] regard color/shading as a representation of a vulnerability to affect flooding.

### Rothko and transparency

Rothko's unique and powerful style, his ability to make a two-dimensional canvas both glow with luminosity and convey a sense of depth and an organic, floating effect owe much to his use of translucency and transparency. Christopher Rothko [43] asserted the idea that the stacked rectangles were like windows looking inward. The idea of the color-field paintings as windows is another allusion to transparency and translucency possibly giving these qualities even a more central role in the appeal of his art.

Rothko's use of transparency predated the multiforms. Consider Breslin's description of his *Slow Swirl at the Edge of the Sea*, (1944) that was painted during his surrealist period and originally bought by Peggy Guggenheim:

Against a softly luminous, pale tan atmosphere, two large, not quite fully evolved human figures slowly swirl upward from a brownish sea, toward a rosy dawn sky. In this painting, human and animal, male and female, inside and outside-before at odds in Rothko's work-coexist in a buoyant rhythm of blending and separating. At first, the green figure on the left-more distinct and further evolved; the object of the gaze of the more primitive figures on the right-holds our attention. But whether clothing or skin, her very thin covering is transparent, as if her body, not yet fully incarnate, existed as a rising, weightless, hour-glass shape. Still in the process of assuming form remains partially, and happily, merged with sea and air. As human life swirls up from its watery origins, boundaries, marking the difference between the human and the natural, the figure and the ground, inside and outside, have yet to be sharply defined. Gazing toward the bosom of the female figure, out of two large blank eyes in a skull-like head, the figure on the right, with enormous, bulging shoulders, suggests a grinning prehistoric muscleman on the beach. Yet his skull is transparent, as are his shoulders, which float weightlessly, while the remainder of his body consists of a series of hovering circular, sometimes saclike shapes, culminating not in legs and feet but in the tail of a sea animal. Yet the point is finally that these open-formed, transparent figures are too elusive to fix with any sexual identity as if something had enabled Rothko to reach back to an early stage of psychic life that preceded sexual difference [14].

I quoted this sensitive description of one of Rothko's early paintings at length for several reasons. It shows that transparency and translucency were an integral part of his artistic style before the multiforms. In addition, the critic-biographer suggests several themes that are germane to the psychological perspective of this paper. While the critic sees the painting depicting birth or re-birth, we might speculate that the painting also refers to what Mahler [44] called the "psychological birth" of the infant, the development of the sense of a differentiated self in what she called the separation-individuation phase of development. This indeed would take place before the awareness of sexual difference and roughly in the period that Orgel saw as crucial to the development of the stable sense of self, protecting against fusion with the victim. The painting also seems to represent the fluidity of boundaries that the Austen Riggs study found could lead to psychic fragmentation and an inadequate defense against psychic pain.

Rothko's later paintings may reflect the artist's own sense of self and identity and invite the viewer to discover his/her sense of self through visual and visceral interaction with his art. Breslin declares: "The self is a multiform" [14]. Thus, if the paintings are intended to be an invitation to view one's self as well as that of the artist, the elements of transparency and translucency, affected by the use of color and shading reflect a sense of self seeking unity with an early object representation yet fearing separation, disintegration, and the primitive aggression that Orgel postulates is part of the experience of fusion with the victim. In his art, as in his life, Rothko was looking for what he called "freedom-within-stability" and what he later called a "live unity" [14]. But the very elements that give Rothko's paintings their strong emotional, even spiritual appeal are those elements of a fragile self that can disintegrate into self-doubt, self-reproach, self-attack, and suicide. Transparency and translucency, according to Blatt and his colleagues, are maybe the spatial representations of that fragile self.

### Rothko on death

Rothko's paintings often evoke strong feelings in observers, but the content is not morbid in the same sense as the Rorschach markers associated with suicidal intent.

The artist, however, made many comments about his art and had a well-developed if sometimes contradictory philosophy of an

explanation of his art. He sometimes characterized his paintings as like organic beings and at other times he referred to his paintings as reflections of his self-image [14]. Rothko was preoccupied with the subject of death for much of his life and saw death as the subject of his artistic intent: "The only serious thing is death. Nothing else is to be taken seriously." This was his view in the 1930's. He also saw his paintings as involving violence as well:

- To those who think of my pictures as serene, I have imprisoned the most utter violence in every square inch of their surface [14].

In answer to the anticipated question of why he chose his method of painting he asserts:

- I can only answer that this is the way in which I could achieve the greatest intensity of the tragic irreconcilability of the basic violence which lies at the bottom of human existence and daily life which must deal with it... That such violence remains endurable [in a work of art] can be compared to the ritual celebrating the power of a God whose potential is destruction, who must be propitiated by the very image of this potential if one is not himself to be destroyed [14].

This passage is significant in the light of Rothko's later suicide and gives some sense of what the act of painting may have meant to him.

### Discussion

The assertion that Rothko's art represented unconscious aspects of his psychological functioning that constituted risk factors for suicide, rests on the assumption that certain aspects of his art, color/shading blends, and translucency/transparency, correlate with comparable elements of Rorschach responses found to be predictive of lethal suicidal behavior. This linkage is open to question because the work of the creative artist is not the same as responses to a projective psychological test in several important respects. The artist paints for a variety of conscious and unconscious reasons and is able to exert considerable conscious control over his/her productions. The artistic choices are also constrained by conformity to issues like artistic philosophy, aesthetic goals, media properties, and even commercial potential. While Rothko wished not to be constrained by such considerations he could not escape them entirely. The Rorschach is usually administered in the context of the assessment of psychopathology or the experimental study of personality. Despite these and other differences, artistic productions like Rothko's share with the Rorschach choices of spatial management, chromatic and achromatic color, texture, form, depth and perspective, and, to some degree, content. The non-representational nature of his paintings may have made unconscious or preconscious choices more accessible without the constraints imposed by form.

Rapaport [10] enumerated what he believed were the elements that constitute the necessary and sufficient conditions for an assessment technique to be regarded as projective. He concluded that *choice* of form or content, as well as the organization of elements, were characteristics that were hallmarks of projective techniques like the Rorschach. Choice and organization are vehicles for the representation of unconscious processes and thus may be observed in artistic productions as well. Still, the equation between Rothko's artistic color/shading and translucent/transparent elements and similar Rorschach responses remains speculative but suggestive in the light of the empirical studies of suicidal intent.

The artist's friend, Dr. Ruddick, was referring in his comments about Rothko's last days to what Maltzberger [45] has described as grandiose schemes for self-preservation by means of the jettison of the body. Maltzberger labels this fantasy "grandiose survival and

body jettison” [45]. By using the word ‘fusion’ Ruddick seems to be anticipating aspects of Orgel’s [25] thinking as well.

Asch [17] emphasized fantasies of transcending death by fusing with an idealized other. Orgel [25,26] identified fusion with an idealized but dead other in his concept of fusion with the victim as important in suicide.

Ruddick’s description of Rothko’s reference to his mother’s death and the psychiatrist’s speculation that Rothko was alluding to a fantasy of fusion with her in order to transcend his physical death fits these formulations of fusion with a lost other rather well. Although Rothko refers to his mother’s death in his conversations with Dr. Ruddick, Rothko experienced a separation from his family when he was sent to a farm when his calcium deficiency was discovered, separation from his father when the pharmacist left for the United States, and then experienced his father’s death when he was 11.

We also know that in the last months of his life Rothko negotiated a gift of eight murals to the Tate Gallery in London. These were the murals commissioned for the Four Seasons Restaurant in New York that were never delivered. Rothko had wanted his work at the Tate to be displayed in a room dedicated exclusively to his work and requested that his art is on display “in perpetuity” [14]. Rothko clearly was expressing his wish that at least his work would live on forever. The Tate agreed to the space requirement but would not promise to display the work permanently. The murals were packed, shipped to London, and arrived the day Rothko’s dead body was discovered in his studio.

The risk factors of early loss, current loss, serious illness, substance abuse, and narcissistic assaults are all important risk factors for suicide. However, other more intrapsychic risk factors like affect flooding, attacks on the self, and self-other boundary disturbance leading to death-transcendent fantasies are powerful predictors of lethal and near-lethal suicide as well.

## Conclusion

The purpose of this paper has been to describe risk factors in the assessment of lethal suicidal potential. Some of these factors can be determined by history and current circumstances. Psychoanalysis has contributed to the notion of intrapsychic risk factors, some of which are unconscious. The artist Mark Rothko’s life and suicide are discussed from the standpoint of these risk factors. Certain features of his art, color/shading, and transparency and translucency are speculatively discussed as representations of unconscious risk factors as they correspond with research on responses on the Rorschach test that have been shown to predict lethal suicidal intent.

This study is offered as a possible pathway to the assessment of suicidal potential in that unconscious risk factors are not always easy to pin down. Evidence of affect flooding and self-object fluidity, fusion, or disintegration may signal the need for immediate psychiatric intervention. References to transparency, translucency, and color/shading may be clues to the presence of or vulnerability to these intrapsychic factors. In Rothko’s case, this recognition of the lethal intent behind his depression came too late.

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