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Visconti and Fellini: From Left Social Neorealism to Right-Hemisphere Stroke

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Abstract

The acclaimed Italian directors Luchino Visconti and Federico Fellini had very different life trajectories that led them to become major figures in the history of cinema. Similarities, however, can be found in their debuts with the neorealist genre, their personalities, creative styles and politicocultural involvement, and ultimately in the neurological disease that struck them at the end of their careers. Both suffered a right-hemispheric stroke that left them hemiplegic on the left side. We review their life and career to put that event into perspective, and then discuss its aftermath for both artists in the light of our current knowledge of right-hemispheric functions. Visconti showed a tremendous resilience following the accident and managed to direct several films and plays as an infirm, whereas Fellini had to put an end to his career but still was able to display his talents to the neuropsychologists that treated him. A speculative account is given of the links between right-hemispheric symptomatology and the premorbid personality of these highly prolific patients.

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Lumping Luchino Visconti and Federico Fellini together in a single chapter might foster the illusion that these two acclaimed film directors had comparable careers. Nothing could be farther from the truth. Although they were compatriots and contemporaries – the beginning and end of their respective careers were separated by about a decade, Visconti starting first – they never worked together and shared few actors and topics. Their backgrounds were enormously different and anyone who has seen their movies can attest to their wide stylistic contrast. However, in a book that concerns itself mainly with neurological disease, the analogy between both artists should not shock fans and scholars. It so happens that both of them had a stroke on the same side of the

brain, the right side. Fellini was struck at age 73 and would die 3 months later from a second stroke, Visconti was 66 and would die 4 years later of influenza. And to clear up that relevant fact from the outset, both were right handed. Starting with these facts, one might feel entitled to delve into the past, taking a look, and comparing their lives and works. What we now know of their histories and symptoms could then be compared, leading to a discussion of patient variability and premorbid determinants of right-hemispheric symptomatology. We might as well also say, from the beginning, that our conclusions will be highly provocative. In the meantime, however, we will have to introduce both directors' lives and works separately, providing an account of each neurological casuistic. Before we go into this, it would also be important to devote some time to their common background in the history and cinema of Italy.

Italy had the misfortune of being the first European nation under a fascist government, from 1922 to 1945. Indeed, the very word 'fascism' was created at the incipience of this period, by the perpetrators themselves (by grouping *fasci di combattimento* as contrived by Mussolini). During that era, the cinema was obviously a tool of propaganda, or at best closely supervised and thereby harmless entertainment for the masses, as exemplified by the vapid 'telefono bianco' movies. It is in this context of dictatorship, anticommunism, media control and muzzled popular culture that the emergence of the neorealist movement immediately following the war must be understood. This will become relevant once we introduce Visconti's and Fellini's work, as both started their careers as neorealists.

For starters, what exactly is neorealism? Unfortunately, answering this question is rather like trying to capture what is or what became of structuralism or deconstructionism, a close to impossible task. Briefly, neorealism was construed as a response to the aforementioned, deplorable state of cinema and culture in postwar Italy, with a clear social and political intent. Story lines depicted everyday life for the working class as they struggled with difficult economic conditions and their moral aftermath. Italy was not in good shape in the 1940s: defeated, poor and still oppressed. These films hence had a Marxist feel to them, as they tried to embody social reality through the eye of the camera. Ideologically, their emphasis was on the need for democracy, a nonjudgmental attitude towards the working classes and the importance of authentic emotions and morality. Fascism was not so much directly denounced as subtly mocked throughout artistic choices. Stylistically, neorealist films were close to documentaries and often staged nonprofessional actors. These films were shot almost exclusively on location, obviously with an emphasis on realism, that is, plausible stories, characters and events. An absence of artificial devices gave the movies a certain 'organic' feel.

The two films most representative of the genre, which were not from the directors discussed here, are Roberto Rossellini's *Roma, Città Aperta* (1946)

and Vittorio De Sica's *Ladri di Biciclette* (1948). Though neorealism per se enjoyed a short life span, it left a broad and durable impact on cinema as a whole. Its influence can still be seen in genres such as the spaghetti westerns of Sergio Leone, the French Nouvelle Vague, the documentary movement in the USA, and more recently the Danish Dogma school.

For the postwar left, a film's value was based mainly on whether an honest depiction of societal issues had been rendered, while hinting at a revolutionary solution. Directors who followed their own imperatives, whether artistic, historical or psychological, were immediately labeled conservative or reactionary, traitors of the 'cause'. As we shall see, this is a critique that would follow Visconti and Fellini throughout their entire careers, and their staunch resistance to being commandeered by any ideology or dogmatic framework may not be irrelevant to their reaction to disease.

Luchino Visconti

Life and Work

Visconti's life could arguably be a topic for a great movie. From his prestigious familial origins to the combative ending of his career, we revisit a uniquely strong character filled with fascinating contradictions. Count Don Luchino Visconti di Modrone was born November 2, 1906 in Milan. He is the descendant of a noble family that ruled Milan back to the Middle Ages. His grandfather, Duke Guido Visconti, was the director of the famous opera house La Scala and his second son, Don Giuseppe, married the immensely rich Carla Erba, heiress of an important pharmaceutical company. Luchino, the fourth son of these two, was thus raised in an environment of outstanding wealth and style, surrounded by famous figures of the cultural and social scene. A strikingly handsome young man, he became a womanizer and paid little attention to any formal education, going from private school to private school. He also discovered his homosexuality very early on, and remained quite ambiguous about this for the rest of his life. Before he became an acclaimed director, Visconti's main passions were horses and driving fast cars. The former came from his experience in the army cavalry and led him to become a successful race-horse breeder. The latter resulted in the death of his chauffeur in an accident where Visconti was at the wheel, and in his subsequent, temporary retirement to the Tassili region of the Sahara desert, a period we know little about and, during which his view of life apparently changed profoundly. The aristocrat then traveled in Europe and America.

In France, Visconti met Coco Chanel, who introduced him to Jean Renoir, a successful French film maker in the 1930s. Visconti became his assistant

during the period of the Front Populaire in Paris. From Renoir, he imbibed a spirit of realism and the sense of refined lavishness, which are really antinomic concepts but, nevertheless, would end up characterizing the new Italian cinema. Contrary to the pure standards of neorealism, Visconti would never sacrifice estheticism for realism, as was also true of Fellini. Favorite topics were the disintegration of the family and the decadence of aristocracy and the bourgeoisie, which he knew first hand. His family had split up in 1924 following the separation of his parents, who would never see each other again. His sister, Uberta, was to transmogrify into his replacement mother.

His first movie was *Ossessione* (1943), a transposition of James Caine's novel *The Postman Always Rings Twice* to fascist Italy, which many argued would truly launch the neorealism movement. Showing the reality of misery in low social classes was quite revolutionary at the time, as was any portrayal of homosexuality, or openly challenging traditional institutions such as marriage. The movie was immediately condemned by the Catholic Church. It was even said that holy water was spread on screens where it had been shown. Visconti was just beginning to discover that he was a scandalous man and this movie was an extraordinary debut for him.

Visconti filmed poverty again in *La Terra Trema* (1948), a movie funded by the Italian Communist Party, with which he would remain affiliated. He then departed from the strict purity of neorealism with *Senso* (1954), where he began to display his taste for the theatrical and grandiose, and for the first time in color. The films which followed are among his best known works: *Rocco and his Brothers* (1960), *The Leopard* (1963), *The Damned* (1969), *Death in Venice* (1971), and *Ludwig* (1972). However, the editing of *Ludwig* was interrupted by a stroke. As we will describe in the next section, he made two more films afterwards: *Conversation Piece* (1974) and *The Innocent* (1976), which was posthumously shown as a premiere at the Cannes Film Festival. Most of his films were derived from famous literary works, but Mendes Sargo (1963–1964) notes that: 'He approached these works as a pretext, as it were, to make films that stand on their own feet and not to make films as mere illustrations or adaptations of books.' Indeed, he mixed the most scrupulous faithfulness to texts with wild liberties of his own. However, this proved completely impossible for what he saw as the project of his life: adapting Proust's *A la Recherche du Temps Perdu* to the screen. The project was disproportionate and he seemed to have abandoned it even before his stroke, as the problems he faced seemed insuperable [as others after him would also learn, see Ifri, 2005].

Dirk Bogarde, one of Visconti's favorite actors, asked himself: 'Was he decadent? I never witnessed that. Homosexual? Though I never held him the candle, I always supposed he was. Cruel? Sometimes. And arrogant? Seriously. Generous? Very so. Amusing? I don't think so. I rarely heard his laughter. Only

a few times, I saw him vaguely smile, an eyebrow raised. This was generally in front of a good cook, as he was himself fond of cookery. I heard a loud laughter, like a dog barking, then he quickly spoke in the cook's own dialect. But I never knew anyone like him, certainly not in the world of cinema, who could speak of Klimt, Karajan, Proust, "Peanuts", Mozart and Mantovani (he liked the Eurovision song contest), Duse and Doris Day' [Bogard, 1990].

Politically, Visconti was criticized for 'voting left and living right'. Salvador Dali sneered that 'he was a Communist who only liked luxury'. Indeed, his productions were increasingly lavish and created an ever-heightened sense of melodrama. His late films explored the nature of high-society's decadence. For a time, he had some curiosity and admiration for fascism. He even went to Germany to see the nascent Nazi displays. But soon, especially as he gradually came to terms with his homosexuality, he was repelled by the whole thing. He kept, however, a taste for the notion of social order and revolution, frequently visited in his movies. As he told an American reporter in 1961, 'I believe in life, that is the central point . . . I believe in organised society. I think it has a chance.'

Critics have often emphasized the inconsistencies of the social and political involvements in Visconti's works. One wrote: 'Born on the barricades, the work dies on the sofas' [in Criqui, 1982]. The frequent use of the word 'melodrama' by activist critics shows quite well the pejorative view held of the late Visconti. There certainly is an evolution to that effect in Visconti's career; a Marxist observer could readily see that the proletarian and revolutionary content of his movies went 'from fire, to embers, to ashes' [Criqui, 1982]. But this is to acknowledge the uniqueness of an unclassifiable man: he would enjoy more than anything to be seen as a radical threat by his fellow aristocrats while being denigrated as a pompous grand bourgeois by activists on the left. However, the evolution from the neorealism of his beginnings to the operatic impressionism of his last movies should not be seen as a change in his political opinions. His allegiance to the left was sincere, but his career was long. He was first forced to deal with fascist censorship, then with that of the Christian Democrats. As the social scene changed enormously so did the movie industry and his priorities. As he grew older it was eventually infirmity that caught him, not the intransigence of age [Criqui, 1982]. While certainly not guilty of changing his colors, one has to recognize that Visconti was in a cumbersome position from the beginning. As Criqui [1982] wrote: '[Here] appears the big problem with Visconti, his inability to reconcile contradictory aspirations: aristocrat and Marxist, individualist and humanist, aesthete and activist, the descendant of the dukes of Modrone has a hard time finding his way between his passion for the beautiful and his revolutionary ideal, between poetry and realism' (p. 839). Indeed, his defiance of black and white categorizations was visible up to his

open bisexuality, which could also be seen in the underlying homoeroticism of many of his movies, if one's attention were not entirely captured by the stunningly beautiful actresses he liked to film.

Disease

Asked by a worried friend how many cigarettes he smoked per day, Visconti sneeringly answered: 'About three thousand, you think that's enough?' That was a bit of an exaggeration of course, as Visconti merely smoked about 80 cigarettes a day, up to 120 when stressed. That would safely count as a risk factor for stroke. Another less publicized compulsion of Visconti's was his frenetic consumption of coffee. Not any coffee though, he made it himself and it was said that if a naïve collaborator drank a single cup, he would find no sleep for a whole week. This man also put too much into his work, this is certain. Also, conditions at shoots did not help either: the shooting of *Ludwig* took place in the cold mountains of Bavaria. After finishing some extra scenes at Cinecittà, he spent some days under the overwhelming sun of Tunisia. Back to Rome, on July 27, 1972 – a 'perfectly ordinary day', that is, another carnival of work, meetings, coffee and cigarettes – his favorite scriptwriter, Suso Cecchi d'Amico, found him unusually pale [all the following quotations in this section are from Schifano, 1987, pp. 431–456]. As he brought a glass of champagne to his lips, he said, 'it seems to me it is not cold enough' and, putting the glass on the table, he was hit by a stroke. He bent forward and grasped his armchair, without falling or losing consciousness. He was 66 years old. He would later say that he remembered the episode entirely: 'There was not a moment where I wasn't perfectly lucid.' His friends brought him into a room and took his shoes off. Visconti remembers having thought, upon seeing his 'electric blue' socks: 'How could I have made such a visual mistake?' Visconti seemed embarrassed by the whole spectacle, Suso remembers: 'One of his legs was moving of its own will, it was absolutely uncontrollable. . . I have never seen anything like that; it seemed like a leg gone crazy. And Luchino kept excusing himself, so much so that, in the end, I had to leave the room, so as not to bother him too much.'

Visconti was brought to a clinic in Rome that he disliked, his room was too hot and too small. He had innumerable visitors there, all of whom he engaged in conversation and reminisced, even a Professor Lopez who came expressly from Madrid to see him. The left side of his body was completely paralyzed; he had to spend 15 days in bed, totally immobile. The blow was very hard, but it seems that he was spared mentally, as he could think, reason, and enjoy music on a little tape player. Indeed, he was quite aware of the explanations the doctors gave him: 'Luckily, I got it on the right side, if it were the left side that would have been tough, because on the left there's the centre for speech and intelligence, if in my case there ever was one. . .' There certainly was no damage to his sense

of humor. But he became increasingly frustrated and felt guilty: ‘I recognized at once that all this was my own fault, because I didn’t follow any advice I should have followed, because I went on smoking despite the warnings, because I didn’t take any rest . . . It has been said that the cardiovascular collapse has been caused by the cigarettes. It is true, I smoked a lot, 70 or 80 cigarettes a day, certain days up to 120. It became an automatism, I hardly noticed I was even smoking anymore. When one is working, one doesn’t notice one is smoking that much.’ When his condition permitted him to be transferred, he was taken to the University Hospital of Zürich, in Switzerland, where the great neurologist and neurosurgeon, Hugo Kraysenbühl, took care of him¹.

Of course, there was not much to be done for Visconti’s condition, except for physiotherapeutic exercise in which he would engage with tremendous energy and courage. The master now needed help with the simplest activities, a cruel humiliation for a man of domination and liberty like him. He had a hard time even standing by himself on a chair. Maybe more than other patients, he hated his disease: ‘Before, I was free. I used to mistreat my body as if that were the most natural thing to do . . . And suddenly, the blow, the revision. The improvised discovery that I could not do certain things anymore . . . That liberty has run away forever . . . That’s why I hate my disease: because it has deprived me of my freedom. Because it has humiliated me and continues humiliating me . . . Because I must learn to walk again, to move my hands, to use them again . . . And the need to be assisted . . . It’s so degrading.’

More than anything, Visconti hated the word ‘patience’, which the doctors kept repeating to him. Tons of letters reached him everyday during the 2 months of his stay in Zürich, and friends came to see him from all over the world. However, Visconti was far from finished. Being hemiplegic and in a hospital is strong motivation for the arrest of many professional lives, but Visconti had work to finish. *Ludwig* was yet to be edited and the sound needed synchronization: ‘the will to work even more than the will to live’, as he would say, ‘. . . The fear of not finishing *Ludwig* . . . I couldn’t stop worrying about *Ludwig*, not a minute. To the contrary, I must say that it is this worry which gave me the strength to fight the disease, the strength to make strenuous physical exercises every day. . . . That is why *Ludwig* is the film I love the most.’

Professor Kraysenbühl understood the kind of patient he was dealing with. He said: ‘Visconti, you don’t have to stay. Go away, leave the hospital and go on with your work.’ As soon as possible, he left for his villa in Cernobbio, by the Lake Como, where an editing room had been installed especially for him. Not

¹These were the 1970s, the reader should take good note that there was something prestigious about ‘Swiss clinics’ at that time.

only did he manage to finish *Ludwig*, but already other projects popped in his mind. Thomas Mann's *The Magic Mountain* was foremost, as it is the story of a sick man, the author of which died in the same hospital where Visconti was a patient. The director, only 2 months after his stroke, was back into the game. His determination seemed indestructible: 'I *must* bring all my projects to an end. I cannot renounce. I must do it.' However, *Ludwig* was mutilated beyond recognition by commercial directives and was a commercial failure. Perhaps Visconti was too vulnerable at this time to defend what he wanted to be his masterpiece. Far from discouraged, he continued fighting the disease and the difficulties to set up his projects. Though he could hardly move his left leg and arm, and needed a cane to walk, he seemed very lucid and did not, for one second, think of retirement. He could sensibly have done so, however. Visconti had nothing more to prove, except perhaps to himself. His last years are a vibrant lesson in resilience; it is almost as if the stroke was nothing but a mere obstacle in his career: 'If I didn't work, I would be so bored that I'd throw myself out of the terrace. Someone who, like me, has worked unremittingly during 30 or 40 years, cannot stay inert. It would be like removing morphine from a drug addict.'

Almost immediately, Visconti began to consider future possibilities. He set up *Old Times*, a play by Harold Pinter. However, Visconti was, by then, 'like a surgeon who cannot operate with his own hands'. Nevertheless, a journalist wrote: 'Many came . . . to see how he was reduced by disease. Well, I hope they took note that he is still the best.' However, almost immediately, an infuriated Harold Pinter turned up to denounce the 'obscene' treatment of his work by Visconti. It seemed that the master, hapless as many would like to see him, was more scandalous than ever. Unhindered by his persisting paresis, he then set up another theatrical play, Puccini's *Manon Lescaut*, while continuing his own, exhausting 'therapeutic exercises'.

One year after his stroke, Visconti decided to go back to the camera. The project was *Gruppo di famiglia in un interno* (*Conversation Piece*). He had not fully recovered, but he managed to direct while standing upright. The film is a kind of counterpart to *The Leopard*, this time approaching the political climate of his time. He was, by then, unable to manage the gigantic proportions of his earlier, sumptuous displays, so quite aptly he decided to direct a contemporary *huis clos* which allowed him to address the social changes of the early 1970s. This film, though often seen as autobiographical, should rather be considered his testament. Again, Visconti managed to stir a scandal, this time because the film was funded by a right-wing publisher, which outraged his fellow leftists. Instead of simply replying that no one else at this time would put money into a movie directed by an invalid, Visconti created a polemic by saying: 'Where does the money of other film-makers come from? From workers' unions perhaps? I know of no single left-wing entrepreneur. I never knew one, I never saw



Fig. 1. Visconti's right hand is seen in the opening credits for *The Innocent*, his last movie. He uses it without help from the left hand, and fumbles on some occasions. Was the left hand too handicapped or did he prefer to keep it hidden for cinematic purposes?

one... Films are made with money, the producers bring in that money, and these really are no ascetics tormented by the problem of social injustice.' Again, the master gives evidence of his perfectly realistic frame of mind.

Other projects did not make it, though. Like Thomas Mann's *The Magic Mountain*: 'Yes, this one will be an autobiographical film', he frequently said, 'because it's the story of a disease and you know my current condition...'. However, Suso Cecchi said: 'No producer would hear about it. Indeed, the story of an ill man, shot by an ill man...' [Schifano, 1987, p. 448]. Besides, filming in the cold winter of Davos would have been absolutely impossible in his state.

His last film was *The Innocent*, adapted from a novel by Gabriele d'Annunzio (fig. 1). By the spring of 1975 Visconti had mostly recovered his previous vigor. He was even able, in his state, to convey the inherent eroticism and cruelty of d'Annunzio's novel. He insisted on directing the movie upright, without his cane. Everyday he practiced walking, alone in his room. The result was calamitous: on April 3, he fell and broke his right (nonparalyzed) leg. Back to the hospital and back to frustration. He blamed his life, which until now 'had been a friend and became the cruellest of his enemies'. That 'life which he had always dominated and now dominates him' [quoted in Schifano, 1987, p. 451]. Indeed, now his two legs had gone. All was ready for the movie to roll, but Visconti was reluctant to show up in his diminished state. In the end, he accepted his role as director in a wheelchair. His doctors were quite sure that directing this movie under the tedious heat of the summer would destroy him, but they reasoned that maybe it was the best thing for him to continue his work anyway. He seemed resolute and indestructible. To the journalists, he boasted: 'Despite this wheelchair, here I am, ready to direct another movie. Next time, maybe I will do so from a stretcher, but I will never give up.'

Visconti worked harder than ever, directing and preparing for the next day, staying up late, resuming his frenetic smoking. Many people were involved, and whenever someone moved him in his wheelchair, he would quip: 'Lets move the cadaver!' All along, he seemed perfectly aware that this was going to be his last movie. Doing it seemed to be enough to keep him alive for the time being. He used to say, 'The day I will not be able to work anymore I will shoot myself in the head.' The surest sign that one is dead is to have one's movies displayed on television, he thought: 'It will be my turn soon. . . . It's logic; but it is the sign that you are done.'

In the first months of 1976, Visconti was struck by influenza. On March 17, in his bed with flu, surrounded by flowers, his dogs and the pictures of Helmut Berger and Marlène Dietrich, he listened to the Second Symphony of Brahms in the company of his sister, Uberta. When the music ended, he looked at Uberta and said in Milanese: 'That's it. I'm tired.' After that, he died.

Luchino Visconti's funeral was attended by President Giovanni Leone and Burt Lancaster. That day, the walls of Rome were covered with the following notice: 'Luchino Visconti. A man of great culture whose work has enriched, for more than thirty years, the history of art, of cinema and of theatre in our country, Europe, and the world. We will not forget Luchino Visconti, antifascist activist of the resistance who always showed a deep and truthful solidarity with workers and fighters.'

In many of his movies, the intrigue revolves around the notion that the end of something is really the beginning of something else. Remember the words of Tancredi in *The Leopard*, played by the young Alain Delon: 'If we want things to stay as they are, things will have to change.' Visconti's work was a new beginning, and presumably the end of something. As for any direct influence from his stroke on his last two films, there are absolutely no right-hemispheric 'symptoms' to be detected (one would indeed be surprised to see a movie made by a director with unilateral neglect). There is certainly a change in style, if one compares *Conversation Piece* and *The Innocent* with earlier movies, but we are quite sure that this is due both to the personal evolution of the author and to the adjustments required by infirmity, which rather than 'symptomatic' are perfectly voluntary. The main character of *Conversation Piece*, an ageing professor often seen as the counterpart of Visconti himself, aptly explains this notion by invoking: 'the terrible knowledge that is given by all disease, less by the suffering it causes than by the strange novelty of the definitive restrictions it imposes to life. One sees oneself dead, in that case, not at the precise moment of death, but months, sometimes years before, from the moment the disease comes hideously to dwell inside of us.'

Anosognosia?

The extraordinary fighting spirit of Visconti following his right-hemispheric stroke raises the legitimate question of a possible anosognosia in

the director. After all, perhaps he somehow failed to entirely realize the severity of his condition. Though it may well be the case that the stroke was primarily subcortical – as apparently there were no higher cortical impairments such as unilateral neglect, delusions or visuospatial disorders – subtle cognitive deficits may also appear in those types of strokes, presumably due to diaschisis. Obviously, he was well aware of his impairment. But anosognosia can be described as a more subtle disorder than plain denial of hemiplegia. Right from the beginning, Babinski [1914] distinguished between anosognosia (unawareness and denial of hemiplegia) and anosodiaphoria (awareness of hemiplegia with inappropriate emotional impact) [see also Critchley, 1957]. What is more, Marcel et al. [2004] have recently proposed a fine-grained analysis of anosognosia, where the ‘unawareness’ of such patients may be quite specific, for example involving only a lack of appreciation of the consequences of the stroke. It has also been proposed that anosognosia may involve a decrease in negative emotions, thereby inducing overly optimistic thoughts and actions in right-hemispheric patients [but see Turnbull et al., 2005].

However, Visconti was also quite realistic. He had been told that it would be 1 year before he recovered: ‘However’, he said, ‘I think it would be much longer. One needs patience and will. I never had much patience, but I have lots of will.’ Besides, his last films are evidently not devoid of ‘negative emotions’, rather the contrary. His treatment of the scripts shows how lucid and sharp his mind was, as *Conversation Piece* and *The Innocent* involve highly complicated psychological ploys between the characters, which, by the way, indicates that there was surely no impairment of ‘theory of mind’ [the human ability to represent, understand and manipulate other minds has been theorized as a function of the right hemisphere, see Griffin et al., 2006]. Besides, these two movies have a sense of psychological realism that seems to preclude altogether a delusional, impaired or overoptimistic frame of mind from their director. It is therefore safe to reject anosognosia to any degree in Visconti.

Federico Fellini

Life and Work

Federico Fellini was born in 1920 in the seaside town of Rimini, on the Adriatic coast of Italy. Of his childhood, he would say that: ‘Although I am often described as the “filmmaker of memory”, I really remember very few things [from childhood]’ [Fellini, 1984]. He quit the provinces for Rome at age 18 to make his debut as a journalist, scriptwriter and cartoonist. A gifted drawer since his school days, he also became a wandering caricaturist and was hired in 1939 by *Marc’Aurelio*, a widely read humorous magazine. In 1944, after the

fall of Mussolini, he even opened a shop where he would draw caricatures of American marines. It is in this shop that he met Roberto Rossellini. He would work with the famed director (for *Rome Open City*, 1945 and *Paisà*, 1946) and with other neorealists on various scripts, though he had no formal technical training in his profession. As for his influences, Fellini preferred Chaplin, Buster Keaton, Laurel and Hardy, and the Marx brothers to more 'respectable' intellectual names. Fellini's formative influences can be traced back to the popular Italian culture of the period, and not primarily the cinema. Cartoons, caricature sketches, and radio comedy brought him to the cinema as a gagman and scriptwriter. The caricature and the grotesque would always be an obvious visual influence on his later works [Stubbs, 1993]. Fellini was trained 'on the job', so to speak: over 10 years of scriptwriting and an on-the-set apprenticeship equipped him with practical skills and valuable insights.

Also, Fellini began his career at the heart of the postwar neorealist movement, which would be the first inspiration for his early films. However, his work would soon depart from the strict, neorealist standards and he would begin to develop his own, inimitable style. In the words of the journalist Jonathan Jones: 'One of the ways in which he rejected Marxism was by dwelling on the true scale and depth of Italy's history, the ghosts of baroque Rome, and most of all Roman Rome. Like Julietta talking to the spirits, Fellini prophesied wonders and terrors. He created the most original visual images that cinema has produced in the sound era. He demonstrated the space and range and life of which film is capable' [Jones, 2004]. Indeed, Italian neorealism ended in 1948. Postwar Italy was quickly changing, liberal and left wing parties were defeated at the polls, levels of income were increasing. American films became the big thing and the vision of a desolate, poverty-stricken country was simply too depressing for a newly emerging democracy that aimed at prosperity. Federico Fellini's films perfectly captured this move, from social and political concerns to the new self-fulfilled individual, with individual anxieties about happiness and success. In his book *Fellini's Films: from Postwar to Postmodern*, Burke [1996] extensively deals with Fellini's evolution. He traces in his works the rise and fall of individualism, 'the movement from a relatively realist cinema, generally concealing the act of filmmaking itself, to a highly self-conscious examination of cinematic and narrative technique'.

While it is true that Fellini's first films were clearly in the neorealist tradition, (*Luci del Varietà* (1950), *Lo Sceicco Bianco* (1952), and *I Vitelloni* (1953)), he displayed, from the beginning, a concern for 'character subjectivity', which he treated with great humor in his portrayals of eccentrics and clownish personalities. After working on the script of Rossellini's *Paisà*, he redefined his artistic credo as 'looking at reality with an honest eye – but any kind of reality; not just social reality, but also spiritual reality, metaphysical reality, anything man has

inside him' [in Bondanella and Gieri, 1987, p. 217]. Quite like Visconti, Fellini was also trashed by the left for betraying his neorealist origins and notably for introducing religious undertones about salvation in *Il Bidone* (1955) and *La Strada* (1954) – the film Fellini called 'the complete catalogue of my entire mythological world. *La Strada* is indeed an important transitional movie in the history of Italian film. The larger social concerns of humanity, treated by neorealists, gave way to the treatment of more individual needs and the difficulties of human communication. However, this idea of salvation should by no means be seen as a dogmatic ideology in Fellini. Quite to the contrary, he had very little patience with the Church, as he showed in *Le Notti di Cabiria* (1957). In that tale of a prostitute looking for love, Fellini shows the shrine to be ineffective for a crippled man who falls flat while trying to walk, and the prostitute's prayers go hopelessly unanswered.

La Dolce Vita (1959) – arguably his most famous movie – points to Italy's economic boom of the late 1950s and the rise of consumerism and celebrity worship. We follow Marcello Mastroianni as a photoreporter in Rome, accompanied by his assistant Paparazzo, a name that will stick in common parlance. Over three hours long, the storyline gives way to an emphasis on the visuals and a 'jumpy' narration which gave rise to unforgettable – if rather unrelated – images, like the buxom Anita Ekberg capriciously enjoying the Trevi Fountain. This highlight, unfortunately, might easily obscure other great moments such as the sarcastic coverage of a sighting of the Virgin by two children, the hilarious, vapid intellectualizing of the high society, the pathetically decadent orgy in a borrowed apartment and the mystical stumbling upon a monster fish on the beach at dawn. The story revolves around a tabloid account of sterile love affairs, behind which the disillusioned Marcello will engage in a quest for purity and truth. This is shown symbolically as a failure in the last scene, where Marcello cannot hear the words of the only innocent and authentic person of the movie. Fellini's increasing genius and pessimism earned him a worldwide reputation with this movie. From his next movie on (*Eight and a Half*, 1963), he will devote much more effort to his fantasies and memories (*The Clowns*, *Fellini's Roma*, *Amarcord*). His last films will go further in the analysis of the ploys of authorship and the baroque (*Satyricon*, *Casanova*, *City of Women*, *E la Nave Va*, *Ginger and Fred*, *Intervista*, *La Voce della Luna*). His favorite topics, nascent in his earlier films, will be constantly expanded until the end of his career: authorial self-consciousness, dreams (in his own words, 'I make a film in the same manner in which I live a dream . . .'), imagination and memory. Causal relations and logical connections in storylines would increasingly give way to further interplays between fantasy and reality. It has been said that his whole career could be summarized as follows: from simplicity, to complexity, to self-parody [Stubbs, 1993]. Fellini, by then, has not merely buried neorealism but all rules

of what cinema was supposed to be. ‘Why must it have a simple story, clear idea, lucid images? Is that really like life?’, asks journalist Jonathan Jones [2004]. Esotericism and the unconscious would be explored in *Roma, Intervista* and *Giulietta degli Spiriti*, where the author’s images and subjectivity keep replacing the storyline. All his films dramatize the clash between a character’s social ‘role’ or ‘mask’ and the more authentic ‘face’ of his true aspirations. *Satyricon* (1969) portrays a labyrinth and Minotaur as the director’s own unmanageable unconscious. In *Amarcord* (1973), exploring what he called his ‘invented memories’ (see Pettigrew’s award-winning feature documentary, *Fellini: I’m a Born Liar*), he goes back to his childhood and teenage years in the Rimini of the fascist era, conveying, in his dreamlike fashion, a more honest account of fascist Italy than in many early neorealist movies.

Fellini’s politics were ambiguous. We have seen that he was considered a traitor by the left, which was very much in accordance with Visconti’s experience. Indeed, in various movies he shows little patience for serious and grave activism. But he always sided with the underdog in times of police repression. Jones [2004] writes that: ‘Fellini rightly sees that “post-fascist” popular culture is not innately virtuous, but might even be fascistic itself. In reality, postwar Italy was consumerist, media-saturated and glamour-obsessed, and Fellini reflected all of this accurately.’ Doctrinal leftism, in the guise of Pasolini’s violent diatribes, was obviously too serious for him.

Fellini was criticised at home for betraying or perhaps never having supported the left. However, the superficial difference between his early ‘neorealist’ films and his later visual feasts vanishes on closer inspection. Fellini never made films about the working class. He made films about people who are far more desperate than that – misfits, classless fantasists. Fellini made films that uniquely combine acerbic realism and unhinged poetic fantasy, about things you can barely put into words: the extremes of cruelty and innocence, the madness and authority of love. He was never a neorealist. He was the greatest realist of all [Jones, 2004].

Exposing the means of the creative act in filmmaking (in contrast to the neorealist posture of delivering an unmediated story with newsreel esthetics), Fellini, in line with the compatriots Pirandello and Calvino in the same period, uncovers the ‘ploy’ of authorship. *Intervista* (1988) concentrates all the issues reflecting on cinema itself, in the form of an amalgamated film that includes its author’s present and past, or what Fellini called a ‘live’ film. In one of his rare interviews, he said: ‘I make the film as if I were escaping from something, as if I were in flight, to get rid of it, to get it off my back. Like getting rid of an illness. I don’t want to exaggerate the pathological aspects of the creative act, but deep down, that’s what it is. . . . I am. . . a puppeteer, a marionettist, a storyteller. . . . I recognize that this is my life’ [Bachmann, 1994].²

²This is a collection of conversations held *before* the stroke.

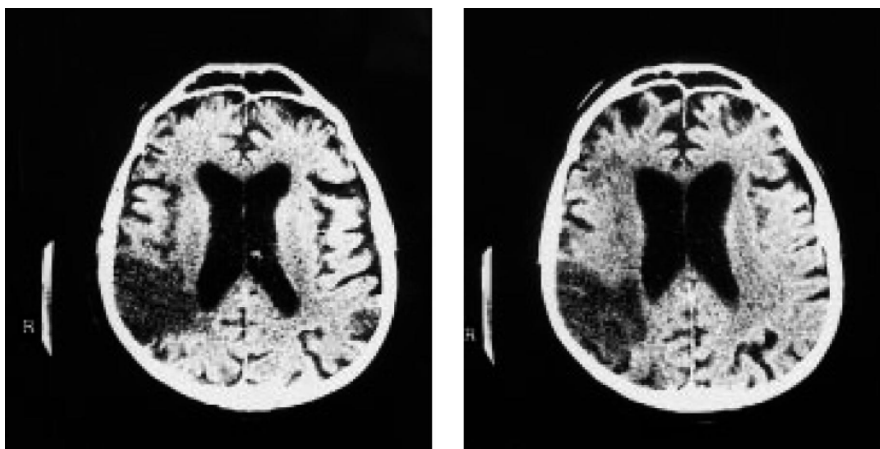


Fig. 2. CT scan of Fellini 1 week after the stroke showing the large lesion encroaching upon the temporoparietal regions of the right hemisphere. The CT scan was performed at the Hospital of Rimini [from Cantagallo and Della Sala, 1998, with kind permission].

At the Academy Awards Ceremony in March of 1993, Fellini received a special Oscar for lifetime achievement in filmmaking. The statuette was added to a quartet of Best Foreign Language Film awards for *La Strada* (*The Road*, 1954), *Le Notti di Cabiria* (*The Nights of Cabiria*, 1957), *Otto e Mezzo* (*Eight and a Half*, 1963) and *Amarcord* (*I Remember*, 1973). In August of that same year, Fellini suffered a stroke (see below for details) and succumbed, at the end of October, to a second, massive, stroke. After his death at age 73, on October 31 – one day after he and his wife (who was to die of cancer less than 5 months later) celebrated their 50th wedding anniversary – tens of thousands of people packed the narrow streets of Fellini’s hometown of Rimini, applauding as the director’s casket was carried from the main piazza to the cinema where Fellini had watched his first films as a child.

Disease

At 73 years old, shortly after having received his Oscar for his lifetime achievement, Fellini suffered a stroke in the territory of the right middle cerebral artery (fig. 2). As we shall see, even at his worst Fellini managed to teach us an important peculiarity of the human mind. True, the stroke ended his career, but he was still very creative as a patient, and his specific symptoms seemed like an invention of his own. Indeed, his case raises the most confusing questions about the nature of self-awareness. Usually, patients who, like him,

suffer from left unilateral neglect have poor insight into their condition. Patients with this condition behave as if their left visual space simply no longer existed. What is more, they simply do not *notice* that something is lacking in their experiential field. But this was not the case for Fellini. In what follows, we draw extensively from the very detailed report of the neuropsychologists Anna Cantagallo and Sergio Della Sala, who were able to examine the director at some length for 2 months following his stroke. This is in contrast to Visconti, for whom there is – to our knowledge – no neuropsychological exam available. Modern neuropsychology was already well on its way by 1972, so presumably Professor Krayenbühl would have detected anomalous cognitive features in Visconti if there had been any substantially obvious ones.

When Fellini was first examined, he presented with a severe sensorimotor left hemisindrome and a left inferior quadransopia. He had preserved eye movements and no head deviation, but showed florid, unilateral visuospatial neglect. The hemisindrome itself showed little recovery in the 2 months he survived. From the beginning, it was clear that he was not anosognosic of his physical impairment. On the contrary, according to the authors, he displayed hints of misoplegia, i.e. negative feelings towards his paralyzed limb [Loetscher et al., 2006], which he called ‘a bloated, damp bunch of asparagus’. He also showed some confusion at night, believing he was in his real home instead of the hospital (a nocturnal form of reduplicative paramnesia). He was otherwise alert and collaborative with the staff, with preserved language functions and general intelligence. Other than the neglect syndrome, which will be described below, he had no neuropsychiatric impairment (e.g. no prosopagnosia, visual agnosia, amnesia, depression or delusions).

Fellini’s neglect profile was characterized by severe visual extinction (a left stimulus went unseen when another was presented in the right hemifield at the same time), and an extrapersonal visual neglect in classic paper-and-pencil tasks like target cancellation, geometric shape copying, and line bisection, all of which showed some improvement after 1 month. Fellini would not merely follow the instructions of the neuropsychologist docily by ‘bisecting’ lines or copying complex shapes, he would spontaneously add drawings that were not only very creative, but were also evidence that he was aware, at least implicitly, of the errors he made (see figs. 3–6). Neglect was also apparent in his reading: he would often ‘forget’ or ‘confabulate’ the beginning of the words. For example, ‘disgrazie’ became ‘grazie’, and ‘giace’ became ‘piace’. This showed poor improvement after 1 month, but by this time reading an entire text correctly was possible. In contrast, Fellini never showed neglect signs for writing, neither spontaneously nor on dictation.

The apparent, implicit processing of his left hemifield, as shown by his drawings, was further studied by the authors. Using specific stimuli called

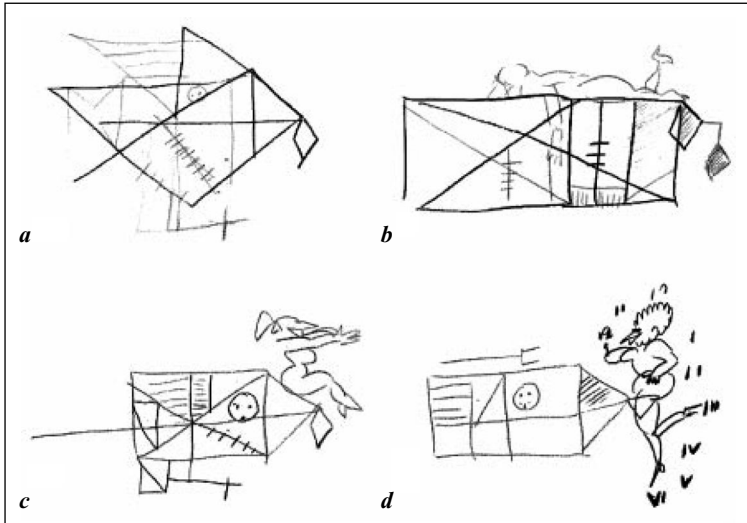


Fig. 3. Fellini's performance on the Rey's figure: first assessment: copy (*a*) and memory (*b*), and second assessment: copy (*c*) and memory (*d*). *d* Note the drawing of a clock with the Roman numbers from I to VI on the right and Arab digits from 10 to 12 on the left and anticlockwise [from Cantagallo and Della Sala, 1998, with kind permission].

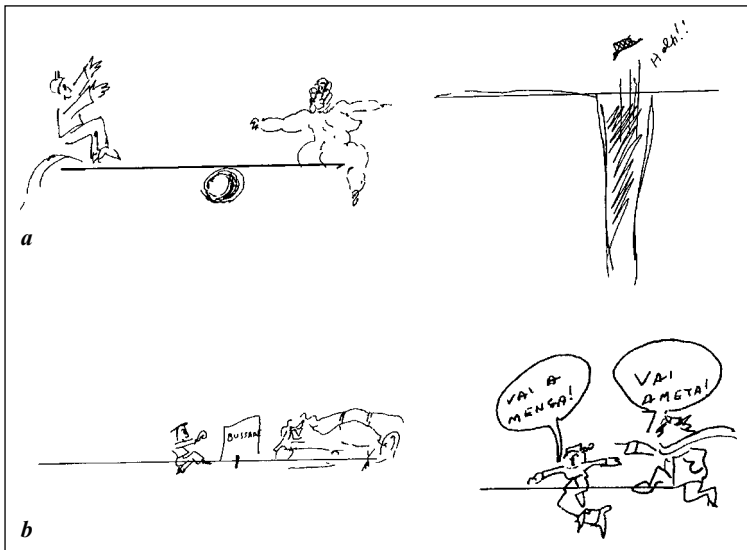


Fig. 4. Some examples of line bisection performances of Fellini. He often tended to personalize his performance (*a*). However, in so doing, some times he clearly showed that his perception of the stimulus reached the leftmost extremity (*b*) [from Cantagallo and Della Sala, 1998, with kind permission].

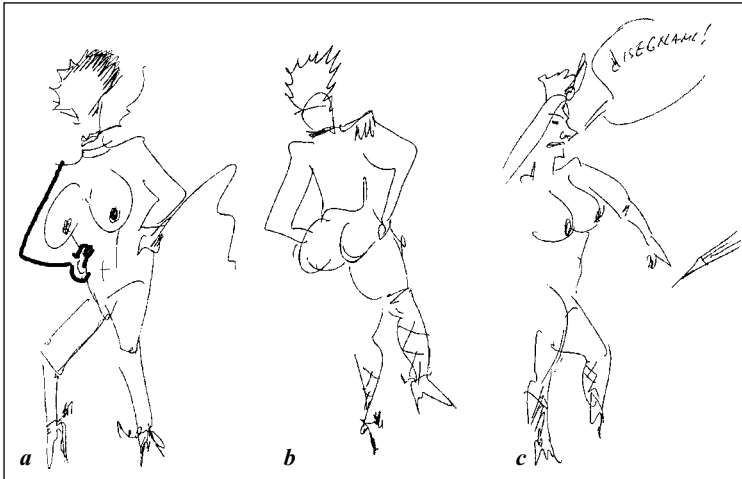


Fig. 5. Fellini's drawing from memory (25 days after the stroke) of a female human figure from three different perspectives on three separate sheets of paper, front (*a*), back (*b*) and in profile (*c*). In all three instances some details are missing from the left part of the human figure. *a* Fellini realized his omission, and made up for it adding in a second go with a red pencil the right arm of the woman he had drawn with a blue ballpoint pen. *c* He added the command 'draw me!' as if coming from one of the female neuropsychologists assessing him [from Cantagallo and Della Sala, 1998, with kind permission].

'chimeras', they were indeed able to gain some insight into this. For example, while Fellini was not able to consciously perceive the difference between a normal banknote and one torn on the left, he would 'prefer' the untorn one on the grounds that 'it is bigger' or, using his characteristic humor, that 'there is no Craxi' on it (Craxi being an infamous former Italian minister). Shown a trombone with a rifle butt on its left side, he did not see the incongruence but described it as a 'trombone to fire notes'.

While Fellini clearly had unilateral neglect for his left extrapersonal visual space, he showed no such impairment with regard to his own body. He could reach out with his left hand, point to and name body parts on both sides equally, and simulate bilateral combing and shaving. Thus, he had no so-called 'personal neglect'. He had no 'representational neglect' either; meaning his ability to visualize full maps mentally was spared. When asked to draw from his memory, for example a daisy, a bike, a table or a figure (figs. 7, 8), he showed rather mild signs of left neglect. Furthermore, he tended to collapse his drawings on the right side of the paper, which is a classic neglect symptom. However, 1 month after being tested, that is, 2 months after his stroke, his drawings were again comparable to an earlier one without neglect (fig. 9).



Fig. 6. Fellini's spontaneous drawings 3–4 weeks after the stroke. All drawings are well centered on the page. *a* A self-portrait with crown with laurels to indicate the virtues and the patience of a patient. *b* The relationship patient/examiner. *c* The neurologist seen as a general asking: 'What do you see here?' *d* His feelings towards all the people asking for news about his health ('How are you') and trying to reassure him ('You look exactly the same') [from Cantagallo and Della Sala, 1998, with kind permission].

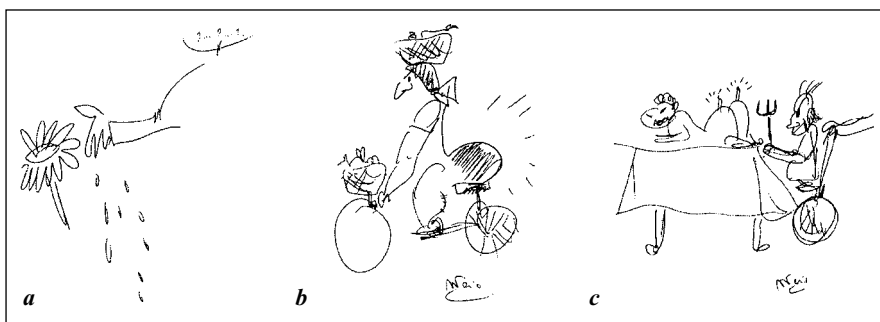


Fig. 7. Fellini's drawing from memory, 25 days after the stroke, of a daisy (*a*), a bike (*b*), and a table (*c*). Note the missing petals, the missing spokes on the left wheel and the uncompleted face of the cyclist. The laid table was drawn on the right side of the page, but there is no further evidence of neglect [from Cantagallo and Della Sala, 1998, with kind permission].



Fig. 8. Fellini's drawing from memory, 25 days after the stroke, of a human face. Some particulars are omitted, such as the forehead of the female examiner and the back of his head. Note that he expressed his feelings by depicting himself as a pygmy completely in the hands of his examiner [from Cantagallo and Della Sala, 1998, with kind permission].

All in all, as the authors summarize in their abstract, 'the neuropsychological profile of [Fellini's] neglect syndrome was characterized by left visuomotor neglect which persisted for two months. At onset, [he] also showed indications of neglect dyslexia as well as some evidence of implicit processing of the neglected parts of visual stimuli. However, there was no sign of personal and representational neglect, and [he] was well aware of his motor and attentional deficits. [Fellini's] neglect was characterised by several dissociations, of which the lack of functional carryover despite intact conceptual and semantic insight is the most relevant' [Cantagallo and Della Sala, 1998].

Another striking feature of the ill Fellini was his use of humor. Of course, he always had been a very funny man; remember that he started his career as a



Fig. 9. Three spontaneous drawings (a–c) of Fellini 60 days after his stroke compared with one sketch (d) he produced before his brain lesion [illustration taken from De Santi, 1981, copyright 1976 by Diogenes Verlag, Zürich]. The style is equivalent and there are no signs of neglect (original in colors) [from Cantagallo and Della Sala, 1998, with kind permission].

caricaturist and a gag writer. Now, some studies indicate a right-hemispheric dominance for the understanding of jokes [e.g. Coulson and Williams, 2005; Heath and Blonder, 2005], but clearly there was no impairment of causticity in Fellini. He was very much appreciated by the therapists and his fellow patients.



Fig. 10. Fellini asks himself: ‘Where is the left?’ [from Cantagallo and Della Sala, 1998, with kind permission].

To tease the clinicians, he humorously modified the tests to his benefit and in so doing, he showed at once that he knew what was wrong with him and that he could do nothing about it. For example, he added drawings and items on cancellation tasks, showing his awareness of his impairment in his drawings.

Insight in Neglect

As we have just seen, Fellini suffered from an extrapersonal neglect of which he was perfectly aware. This means that, despite his knowledge of a very specific disorder of spatial allocation of attention, he could not help succumbing to it (fig. 10). This should be expanded a little, in order to clearly understand why Fellini’s case is so illuminating. One could ask, why in the first place should patients with neglect be unaware of their impairment? The fact is that they generally are and this has been of great interest to cognitive scientists and philosophers alike. In a nutshell, what unawareness of neglect shows is that these patients simply do not notice that something is missing from their available, visual phenomenal field. In other words, their world is ‘complete’, as is ours. Presumably, this is one reason why these patients are so hard to rehabilitate: it is hard to make them realize that something is actually wrong with them. Indeed, whereas anosognosia for hemiplegia is a well-known phenomenon that *adds* to the physiological fact of hemiplegia, it is widely accepted that somehow anosognosia *is part* of the phenomenon of neglect. For how could we explain that a part of the visual world is left unattended while at the same time *being aware* that it is unattended, all happening in the same brain? The deficit, hence, must run deeper than a mere inattention to the left space. To quote from a recent

paper on precisely that issue: ‘The lack of awareness must concern not only the left side of *space*, but its *absence*. The contralesional space is not merely neglected: its absence is indeed lacking. . . . In neglect, the left side of space is not merely not present: it is this “not present” that is lacking’ [Becchio and Bertone, 2005, p. 488]. Philosopher Thomas Metzinger also insisted on the very same point, with an apt comparison to normal subjects:

Patients with hemi-inattention. . . do not consciously experience the obvious discontinuity of available mental content from the first-person perspective. But how obvious is it really? . . . We do not *explicitly* experience the non-represented part of the world behind our backs as a phenomenal hole in our subjective model of reality. . . . As to many neglect patients, the world appears to us as complete in spite of this obvious deficit. . . . [Neglect shows that] an extended spatial restriction of the phenomenal model of the world does not have to be accompanied by an awareness of this deficit. . . . Large portions of this model may disappear by becoming functionally unavailable; they just drop out of existence, and in such situations the initiation of introspective, exploratory, or self-investigative behaviour becomes very difficult for systems like us – because, as it were, it assumes an impossible situation. How could a system search for something that is not part of *reality*, not even part of a *possible* reality? [Metzinger, 2003, pp. 223–224].

Yet, and this is the crucial point, Fellini *had* some insight into the incompleteness of his world. The peculiar fact is that his knowledge of a distortion in his visual awareness could not allow him to correct it. He not only knew that the left side was missing, he knew that its very *absence* in consciousness was missing.

Of course, therapists have known for a long time that higher cognition deficits cannot be cured by merely making patients aware of their problem, or even by trying to make them aware that they are unaware of their problem. Usually, this awareness comes progressively, paralleling the rate of function recovery. Nonetheless, Fellini was aware of his neglect even when the latter was at its most severe stage. He knew and understood the nature of his deficit, as the clinicians could observe this fact directly and by interviewing his relatives, friends and therapists. To a friend, he could explain the idea of ‘unilateral neglect’, a concept that is among the most counterintuitive things that could happen to someone. Then, obviously, it must be concluded that knowledge at a semantic level is not enough to overcome pathological performance, even for simple tasks such as bisecting lines or cancelling specific targets. Conversely, as the authors note, ‘overt, extrapersonal neglect is possible even when the patient is conceptually aware of his left-sided deficits in exploration’ [Cantagallo and Della Sala, 1998].

Fellini is not the first patient to show this pattern, but he certainly displayed it in the most spectacular and convincing fashion. Even more strikingly – and this is a fact that has been overlooked by Cantagallo and Della Sala – the case of Fellini not only shows that neglect and anosognosia for

neglect can be dissociated, but also that *awareness* of neglect and *implicit processing* of neglected stimuli can coexist. Furthermore, these two processes need not be collapsed into one single mechanism, as this would be confusing a *reportable* level of consciousness with one that is merely *indexible* [Marcel, 2003].

As Fellini showed throughout his professional career, human consciousness and actions operate in a multilayered theater of astounding complexity and irony. In disease, he nailed the issue by showing to the scientific and philosophical community that awareness is not as straightforward or even as subtle as one might think. It is a package of apparent contradictions. Had he read the account of his own case in *Cortex* [Cantagallo and Della Sala, 1998], one might safely assume that he would not have been as puzzled as its authors. After all, he was urged on to make films by a devotional entanglement with, in his words, ‘the expressions of the human creature in all its aspects, all its contradictions, all its elements’ [Bachmann, 1994].

Personality and the Right Hemisphere

After discussing the lives, works and diseases of Visconti and Fellini, it is time to draw our conclusions. There are no immediately obvious reasons why we should link these two men in the single, speculative account that follows, and most certainly not because of the simple coincidence that the two most acclaimed Italian directors happened to have had a right-hemispheric stroke with left-sided hemiplegia. Nevertheless, we think that this is a good place to bring together a few ideas about the consequences of right-hemispheric damage, exploring some tentative hypotheses that are usually not approached in the scientific literature.

To summarize quickly, following his stroke Visconti apparently exhibited no cognitive deficits while Fellini displayed clear signs of unilateral extrapersonal neglect. Importantly, neither showed evidence of anosognosia. As Sherlock Holmes drew the attention of Watson to the ‘curious incident of the dog during the night’ – where, famously, the curious incident was precisely that the dog did nothing – we would like to say a few words about the lack of anosognosia in these two left-hemiplegic patients, which we argue may not be a trivial fact.

Neurologists are used to detecting and reporting anomalies, but unfortunately all too often these are *positive* in nature. A neurological anomaly may as well be *negative*, but the absence of symptoms is understandably often overlooked by clinicians. By the same token, we would also like to address the notion of influence from premorbid personality in the symptomatology of right-hemisphere strokes.

Absence of Anosognosia and of Other Symptoms

Of course, one could try to explain the absence of anosognosia in these two particular patients from a purely anatomical point of view. Unfortunately, the state of the matter is still very much unresolved: we simply do not know for sure what brain regions are precisely involved in anosognosia. This is not due to a lack of research, but rather to the multifaceted nature of the phenomenon itself, which still does not benefit from clear conceptual clarifications and straightforward assessment methods [Jehkonen et al., 2006].

Though we have no brain imaging for Visconti, we can assume from the apparent absence of cognitive impairment in his case that his stroke was restricted to motor or subcortical areas. For Fellini, we know that he suffered from a stroke in the territory of the right middle cerebral artery, involving large temporoparietal and underlying structure damage. Recent studies and meta-analyses have tried to elucidate the anatomical basis of anosognosic symptoms. We can use this information to see if Visconti and Fellini had been spared some localized damage that would have yielded anosognosia otherwise, keeping in mind the caveat mentioned earlier about the unresolved nature of this question. One thing at least is for sure: anosognosia is much more frequent after damage to the right hemisphere. Pia et al. [2004] found that anosognosia for hemiplegia can happen when damage is confined to frontal, parietal or temporal cortical structures and also after subcortical lesions, though the probability of its occurrence is highest when the lesion combines parietal and frontal structures. Karnath et al. [2005], distinguishing hemiplegic patients with or without anosognosia, pinpointed a specific role for the right posterior insula in anosognosia, while Berti et al. [2005], comparing patients with hemiplegia and neglect with or without accompanying anosognosia, found the involvement of a larger network of premotor, somatosensory and primary motor cortex in the former (with anosognosia). The latest study on this issue, however, found no specific location for anosognosia as compared to neglect [Appelros et al., 2007]. So clearly, from our current knowledge and by what we know of our two cases in point, it is simply impossible to say that the absence of anosognosia here was due to a specific sparing of brain tissue. One should add that, while neglect is often accompanied by anosognosia for hemiplegia, there have been many reported instances of a double dissociation between both, and different forms of anosognosia may also be dissociated from each other [see e.g. Jehkonen et al., 2006]. Hence, the absence of neglect in Visconti was no safeguard against anosognosia, and its presence in Fellini was no guarantee at all for its presence. However, the case of Fellini raises the question of the influence of different subtypes of neglect on anosognosia. Cantagallo and Della Sala [1998] propose that personal neglect, which was absent in Fellini, might be more closely linked to anosognosia than extrapersonal neglect. But

Table 1. Unilateral body schema disorders resulting from right-hemispheric strokes

- Depression or adequate reaction
 - Unawareness or frank denial. When pressed, patients may admit to some degree their disability but frequently explain it away with some inadequate excuse (*anosognosia*)
 - Downplaying the importance of impairment or joking about it, making inadequate comments, attribution to some benign cause, lack of concern (*anosodiaphoria*)
 - Ignorance or forgetfulness of ownership, and even existence, of one's left body parts (*asomatognosia*)
 - Spontaneous claim that the left limbs belong to another person, real or imaginary, alive or dead, or that the limb is a dead corpse, an animal, an object, a child, etc. (*somatoparaphrenia*)
 - Feeling of increased strength, dexterity and usefulness in the unaffected limbs (delusion of enhancement of function – Enhanced concern about the affected limb (*acute hemiconcern*))
 - Proprietary attitude, material or hostile, towards the paralyzed limbs (*personification* or the paralyzed member)
 - Excessive aversion towards the disabled limb with hatred of paralysis and verbal or physical mistreatment of the paralyzed limb (*misoplegia*)
-

this is all we have at hand for a neurocognitive account of poststroke profiles for Visconti and Fellini.

Table 1 shows the many disturbances involving knowledge of the left body that are liable to occur after right-hemispheric damage. Despite the notion that Fellini had misoplegia, which we find unconvincing as it is based only on some derogatory comments directed at the left limb and signs of disgust,³ it is apparent that neither Visconti nor Fellini had body schema disorders. Remember also that there was no impairment of 'theory of mind' in Visconti, and no loss of humor in Fellini, two characteristically human abilities thought to be mediated by the right hemisphere.

Premorbid Personality

Hence, Visconti and Fellini had none of the spectacular higher-level disturbances that not so infrequently affect, at least transiently, victims of right-hemispheric strokes. Current neurocognitive knowledge seems unable to satisfyingly account for these negative findings. Somehow, the lesions that inflicted severe left-sided hemiplegia in both of them did not affect their

³The whole idea of misoplegia might lose its appeal and relevance if it is used on every occasion on which a patient shows or expresses an understandable dislike for a paralyzed limb. Instead, we propose that misoplegia should stand for continuous, extreme, inappropriate or delusional behavior (verbal or otherwise) towards the contralesional limb [Dieguez et al., in preparation; Dieguez et al., 2007; see also Loetscher et al., 2006].

intelligence, awareness of impairment, personalities or belief systems. Yet, aside from visuospatial skills, these are usually the consequences of such damage that capture the attention of clinicians, researchers, therapists and lecturers when they deal with the higher-level functions of the right hemisphere. Of course, they do not pay much attention to the numerous negative cases, those patients who get on quite well with their previous selves after the damaging event. This is precisely what we intend to do here. We do not find it uninteresting or trivial that patients may actually *not* show the classical or expected symptoms after a stroke. Instead, learning more about them might give important clues as to the structure of the mind and even provide hope for future stroke survivors. Given that the current state of neurocognitive knowledge seems to fail to account for these negative cases, we may as well seek a speculative account in that very muddy field of early neuropsychiatry, namely the controversial idea that the premorbid personality might account for some consequences (or lack thereof) of brain damage. This was actually a widely accepted idea during most of the 20th century in early French, German, English and American neuropsychiatry (see the works of Lhermitte, Schilder, Goldstein, Critchley and Weinstein, who all did much to promote the idea that symptoms varied depending on who had them).

It is, of course, always hard to decipher what the important aspects of premorbid personality in neurological patients are, so the study of famous people, whose personalities are quite well known from works, writings and interviews, can help us. Obviously, there is always a risk in forming ad hoc hypotheses about aspects of personality we report later, to explain whatever aspect of a syndrome is at hand. This is indeed why such an approach lies in murky waters and why the claims of ‘neuropsychanalysis’ are so poorly heard. This field, also called ‘depth neuropsychology’ has made some noise in recent years, mainly through a few of their most vocal proponents. While clinicians of this flavor do not deny the importance of lesion location in neuropsychiatric symptomatology, they insist on the relevance of intrapsychic processes, which always seem to involve some defense mechanism, the purpose of which is to protect the conscious self from excessively rough narcissistic blows and the specifics of which depend on the premorbid personality structure and the emotional reactivity of the patient [see Kaplan-Solms and Solms, 2002]. Hence, the same damage in the right hemisphere might lead to different disorders, depending on the nature of the preexisting emotional system implemented in the depths of the right hemisphere. ‘Neuropsychanalysts’ are almost the only ones to acknowledge the importance of the patient’s previous personality to his symptoms. While we entirely reject their wildest claims and interpretations, we also strongly feel that there might be ‘something to it’, if it is only for stressing the importance of actually listening to the patient and then describing him as accurately as possible,

things that apparently have been lost with the massive appearance of semimagical technological devices.

So, what might these 'preexisting emotional systems' be, as they were implemented in Visconti and Fellini's right hemispheres? Despite the tremendous differences in their lives and works – as we hope we have made clear in our biographical sketches – and although word had it that they did not like each other very much,⁴ they had a great deal in common. First, they shared a common zeitgeist, which was the emergence of a postfascist Italy. Then, they had a similar artistic trajectory: both started in the neorealist style, focusing on the sociopolitical background of the working classes, and both shifted progressively to an interest in the subjective and psychological. They also shared lucid insight into the decadence of high society, a constant appreciation of the role of the author and the work of the filmmaker (Fellini liked to portray his own creative process, Visconti reflected on the creations of writers). Both were smart, charming, witty, sarcastic, subversive and staunchly independent. In a word, they were *free* men. This was despite – or maybe because of – tremendous opposition, obstacles and difficulties. How do such people manage to accomplish astounding careers with disproportionate ambitions in the face of fierce competitors, vicious journalists, capricious actors, unreliable collaborators, an audience following fashion and inept, demanding producers? We opine that genius is not enough. It takes a special psychological profile to do that. Psychologists and neuropsychologists alike are fond of unearthing 'defense mechanisms', but they would be hard pressed to find any in Visconti and Fellini. In a sense, their entire lives were defensive mechanisms. They had no need for a rationalizing left hemisphere or a mindset concerned too much with detail. They had confidence in their abilities, they lent no ear to disgruntled or skeptical critics, they only believed in themselves. Being somehow 'natural anosognosics', they seemed immune to 'acquired' anosognosia from the beginning.

Fellini, in his own terms, was a born liar. He was an expert at exploring and fabricating his own mind and world. What he meant by 'liar' was that he had very poor confidence in one's ability to faithfully report 'true' autobiographical events. In many interviews, he stated from the onset that he found it very bizarre that a journalist might be interested in his accounts of his work and life, as he was known to merely invent anecdotes and contradict himself all along. He just did not care that much for reality. However, he had a strong notion of his possibilities.

⁴Claudia Cardinale was to experience first hand their enmity, as she worked with both at the same time during the shooting of Visconti's *The Leopard* and Fellini's *Eight and a Half*.

'If I cannot do what I feel like doing, I'd rather not do it', he said [in Pernot, 1987, p. 14]. All the difficulties he had to endure before he could begin a movie were creative strengths for him: 'The struggle helps me make a movie what it is. Without it, it would be different and most of the time less good. The stupidity, the mediocrity of the producers, in the end, helped me to become aware of the nature of my work...' [Pernot, 1987, p. 14]. His posture was that of a *dilettante* – even if a combative one, he knew himself to be 'too serious to be an amateur and not serious enough to be a professional'.

Visconti lived in an imaginary world from his boyhood on, cut off from all reality. An aristocrat, he created his own universe with no involvement of material worries. We might paraphrase for Visconti the famous Tancredi quote in *The Leopard*: this man strived all his life to 'make things change so that nothing will change'. This is exactly the attitude of the confabulating anosognosic. Remember that, at his worst, he said he would still direct if he was confined to a stretcher.

We have also seen that Fellini was a man of exquisite humor, even in illness. Visconti was probably less so, but he was quite sarcastic in his own manner. Mixed with their impressive strength of character and enormous ambition, humor and irony form a very robust defensive mechanism to confront the difficulties of life. While this may hint at anosodiaphoria in the eye of the clinician, we opine that their strong frames of mind and unique personalities not only allowed them to achieve successful careers but also helped them cope with disease and prevented them from falling under the unstable modifications of awareness that strike down so many patients who suffer right-hemispheric damage.

This idea is, of course, provocative, but then there are many things that we ignore with respect to how the brain works. We therefore dare to take a further step. There has been theorizing about the psychological bases of political beliefs. Conservatism has been associated with a fear of death, a denial of self-inconsistencies and fear of change [Jost et al., 2003]. At the same time, right-hemispheric syndromes have been seen as the display of defensive mechanisms linked to denial of negative consequences and a quest to preserve one's threatened self-integrity in the face of harm and risk of death. Arguably, Visconti and Fellini, in their lives and careers, escaped both accounts. Could there possibly be an influence of personality, political opinions and creativity on the symptomatology of a right-hemispheric stroke? Perhaps their leftist sensibilities, honed from neorealist beginnings, reemerged as they most needed them, helping them face the cruel reality of neurological impairment.

Finally, we must now confide that much of this conclusion has been made tongue in cheek, as a tribute to two provocative and sensual artists who were not afraid of new ideas.

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