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## The Relationship between Creativity, Neurosis, and Mood Disorders

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THE RELATIONSHIP BETWEEN CREATIVITY,  
NEUROSIS, AND MOOD DISORDERS.

by

Katherine L. Stetson

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Arts

May

1991

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## VITA

The author, Katherine Louise Stetson, was born on January 19, 1959, in Columbus, Ohio.

In the spring of 1982, she received her Bachelor of Fine Arts degree, with a major of painting and drawing, from The School of The Art Institute of Chicago.

In the fall of 1986, she began her graduate work in Counseling Psychology at Loyola University of Chicago. During the first three years of her studies, she worked as a graduate assistant in Loyola's Dean of Students Office. During 1987 and 1988 she instigated the reactivation of a graduate student organization in the department of Counseling and Educational Psychology and served as liaison person for that organization. She also served on the search committee to hire a professor during the spring of 1988. She completed the requirements for her Master of Arts degree in May, 1991.

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## CHAPTER I

### INTRODUCTION

Society has perpetually been intrigued with trying to dissect and define the relationship between creativity and mental illness. That such a relation exists is a supposition that goes back to Greek and Roman times. Extremes of mood have traditionally been linked with extremes in experience: creativity, inspiration, ecstasy, romance, madness, despair and destructiveness (Jamison, 1985).

Although there would appear to be associations between creativity, neurosis, and mood disorders, no clear specific relationship has been defined or verified. There are obvious problems involved in studying the relationship. For one, there is no clear definition or measurement of creativity, or of the creative individual. For another, most of the data are conceptual and not scientifically based. We have not yet developed a technology capable of measuring levels of creativity, inspiration etc..

Thus, we are left to look at commonalities amongst theories and amongst peoples who society has accepted and labeled as creative individuals. With the accepted constraints, one may be more interested in exploring and extending an established hypothesis rather than demonstrating that the hypothesis is satisfactory as a conclusion.

For the purpose of this thesis the investigator will

focus mainly on the relationship between creativity and mood disorders. The contemporary definition of mood disorders from the DSM III-R, 3rd edition - revised (American Psychiatric Association, 1987):

The essential feature of this group of disorders is a disturbance of mood, accompanied by a full or partial Manic or Depressive Syndrome, that is not due to any other physical or mental disorder. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation (p 213).

The term neurosis will be used as it was used before the specific mood disorders were defined. The Random House Dictionary (1978) definition of neurosis will be used: "...an emotional disorder in which anxieties, phobias, obsessions, etc., dominate the personality." (p 602)

Within the literature, especially in older studies, creative persons accepted by a portion of society, before or after their death, are termed genius. The term is not used as a measurement but is sociological in nature. Genius therefore is not an attribute: it is a dynamic relationship between its possessor and society. It indicates, in a general way what society expects of the genius and how it responds to that person. There are always geniuses in potentia; but there are no unrecognized geniuses. A genius is someone who is acknowledged as such, even if only by those who work in, or have been trained in, her/his field, and who pass their verdict on to society (Hershman & Lieb, 1988).

As stated previously, there is no clear definition of



creativity. Random House Dictionary (1973) defines the act of creativity: "to evolve from one's own thought or imagination as a work of art, an invention..." It is further stated in the Encyclopedic Dictionary of Psychology (Pettijohn, 1986) that directed thinking (problem solving) sees finding the "correct" solution as its goal, while creative thinking is open-ended in that solutions are not predefined in their scope or appropriateness. Hirsch (1931) sees the creative impulse as the union of intelligence, instinct, and the unconscious:

Creative intelligence gathers much of its content from the psychobiological history of the human race, and perhaps even of the psychobiological history of animal life. Intuition, the cognitive aspect of creative intelligence, is just this: the genius individual looks upon a myriad of racial forms, "ideas", or tendencies, and is filled with wonder, and experiences ecstasy in creating or in re-creating his intuition or vision, in the external world. The form which this re-creating takes determines the nomination he receives: we call him a painter, a poet...etc.. (p 298-299).

For the purpose of this paper (with the exception of chapter two which will be broader) the focus will be on visual artists and writers, who by society or by the determinants of a specific study have been classified or distinguished as artistic/creative individuals.

In exploring the relationship between creativity and mood disorders, a brief historical overview will be presented. This presentation will consist mostly of subjective ideas and theories. Next as the information becomes more contemporary it will include scientific studies and measurements. Then an interpretation of the literature previously presented, will be

discussed and integrated. Included in this section will be issues of the creative person such as, social isolation, exceptional sensitivity, and openness to experience. Next, the concept of reciprocity will briefly be expounded upon and the benefits of mood disorders on creativity, and creativity on mood disorders will be reviewed. Lastly several conclusions from the literature will be drawn and recommendations for future research will be made.

The procedure used to collect literature includes hand searches and computer searches. The Loyola University Library facilities inter-library loan service as well as local bookstores were utilized. Hand searches of the psychological abstracts as well as pertinent journals were conducted to locate articles written within the last six months given they were not entered into the computer data base as yet. The computer systems available at Loyola were employed. The LUIS system was used to locate books. The Psych Abstracts, Medline and Eric were used to locate articles.

There is a plethora of written ideas, opinions, and information available regarding the relationship between creativity and mood disorders. Because of the limited scope of this paper as well as time constraints, the information will not be completely comprehensive but will include enough varied and pertinent material to represent the major views available.

## CHAPTER II

### HISTORICAL OVERVIEW OF THE RELATIONSHIP BETWEEN CREATIVITY, NEUROSIS AND MOOD DISORDERS

In researching the relationship between creativity, neurosis, and mood disorders, a plethora of information and variation of ideas was found. In this chapter a summarization was made of seven major themes from the literature. The chapter will be organized according to these basic themes. Within each major section information will be organized according to likeness of theories and, roughly according to time. The basic concepts focused on are (1) neurosis and mood disorders as a component of creativity; (2) neurosis and mood disorders as a catalyst of creativity; (3) societal alienation as catharsis for psychological problems of creative individuals; (4) neurosis and/or mood disorders as bi-products of the creative life; (5) neuroses and/or mood disorders as a block or debilitating factor for the creative individual; (6) creative acts as compensation and/or sublimation; and (7) creativity as health.

#### Seven Themes

##### Neurosis and Mood Disorders as a Component of Creativity

Within this section the focus will be on varying opinions centering on the idea that a creative individual is naturally also a pathological individual. Some writers even went so far as to say if a person be "cured" of their pathology they may never create again. There have been such

associations made as far back as Aristotle in which outward ventures were mistaken for inner affinities, and unimportant idiosyncrasies were confused with cause and essence. Plato distinguished carefully between two types of delirium, one being ordinary madness, the other heavenly inspiration and exaltation, which produced philosophers, poets, prophets and inventors. Apparently Aristotle felt that the same person often experienced both types of delirium, for he observed that many persons become poets, prophets, and sibyls, and are pretty good poets while they are maniacal; but when cured can no longer write verse. He stated that men illustrious in poetry, politics, and art, were often melancholic and mad. Such characteristics were noted in Socrates, Empedocles, Plato, and in many others, especially poets. Democritus stated that all good poets were out of their minds. Seneca suggested that great wit and madness were near of kin, a thought regarded by Dryden many centuries later (Hirsch, 1931).

In Hirsch's review (1931), Diderot stated,

I conjecture that these men of somber and melancholy temperament only owed that extraordinary and almost Divine penetration which they possessed at intervals, and which led them to ideas sometimes so mad and sometimes so sublime, to a periodic derangement of the organism. They then believed themselves inspired, and were insane. Their attacks were preceded by a kind of brutish apathy, which they regarded as the natural condition of fallen man. Lifted out of this lethargy by the tumult within them, they imagined that it was Divinity, which came down to visit and exercise them...oh, how near are genius and madness! Those whom heaven has branded for evil or for good are more or less subject to these symptoms; they reveal them more or less frequently, more or less

violently. Men imprison them and chain, or raise statues to them (p 279).

Hirsch (1931) reported Moreau as defending the thesis that all genius is a neurosis and often a psychosis. He asserted that originality of thought and a general preponderance of intellectual proclivities linked genius with madness. Moreau's ideas were adopted and adhered to by the Germans Hagen and Radestock, and later the thesis was expanded by Nisbet in England and by Lombroso in Italy.

Lombroso (1891) saw genius as a "degenerative psychosis of the epileptoid group," and believed that "the coincidence of genius and insanity enables us to understand the astonishing unconsciousness, instantaneousness, and intermittence of the creations of genius" (p 351-52).

According to Bellak (1958), both those who are creative and those who are mentally disturbed show the quality of ease of ego regression, although the former are able to synthesize and to increase the adaptive capacities.

R. Brain (1960) has affirmed the existence of a relationship between genius and insanity and has suggested that while no great creative artist becomes a genius simply because they are psychopathic, if they have the other necessary qualities of mind, what the psychiatrist regards as pathological may be an essential element in genius. It is suggested here that this pathological element may be identified in many, but certainly not all cases of genius or great productivity, as neurotic anxiety.

## Neurosis and Mood Disorders as a Catalyst of Creativity

It has been believed that a creative person may not always be in a pathological state but that their creative state may be the consequence, and their pathological state may be the antecedent.

In the early 1900's the trend of investigations and theories of alienists, psychiatrists, and psychoanalysts did not assume an internal causal relation between genius and insanity, but indicated that the conditions fomenting genius were some pathological state or agency or some abnormal emotional-affective functioning. In Hirsch (1931), Jeannette Marks did not at all tend to identify genius, degeneracy, and insanity; indeed she indicated the invalidity and banality of such a doctrine. But she did convincingly chart pathological factors releasing creative genius and stimulating both its birth and its decay.

Roe (1946, 1953a, 1953b) was an early pioneer in investigation of eminent people, especially highly creative painters and scientists. Her research, begun in the 1940's, stimulated other investigations in laboratories around the country. On the basis of data obtained from Rorschach, TAT, and biographical material, she found both painters and scientists had a strong motivation to succeed, a characteristic she attributed to basic insecurity. Implicit in her early studies was the assumption that mental health affects creativity by providing motivation for the highly

creative person.

E.F. Hammer (1961) stated that inner tension, though not sufficient for the creation of art, may be necessary for it. It may supply the energy to the motor but not the guiding hand to the wheel. A troubled inner state, if attended to rather than escaped from, appears to constitute a condition for the emergence of novel and aesthetically gratifying organizations. A gifted person combines a conflicted emotional state with the ability for syntheses, a quality so lacking in "sick" people, and an ability to improve, rather than to diminish, his adaptations.

Lichtenstein (1971) proposes an idea of "genius as productive neurosis". His anxiety-reduction theory appears to be useful in explaining the high productivity of many geniuses who have suffered from severe anxieties. The habit of productive effort seems in many cases to relieve anxiety sufficiently to allow creative effort to proceed with results highly beneficial to society. Lichtenstein supports his hypothesis by presenting research and theories and by discussing the historical observations of creative genius.

#### Societal Alienation as Catharsis for Psychological Problems of Creative Individuals

Many theorists believe that the artist is not genetically unstable but that societal rejection and alienation is the catalyst in the deterioration of her/his sanity.

Hirsch (1931) reports William Alger as stating, "...to live for truth, creation, beauty, altruism is so rare, so astonishing and alarming, that it is certain to leave its possessor deserted and ignored" (p 144).

Hirsch (1931) rationalized that the vogue of Moreau's theories, connecting madness and creativity, was indubitably due in great part to the inherent hatred of the masses for the novel, original, superior, unlike. Hirsch, believed the melancholy associated with creative genius may be a state of mind arising from a clear vision of the nature of existence and human indifference or positive hostility. The dislike of the unlike operates far more severely in the human species than with felines, canines, or reptiles. Especially is this true when the unlike is an unprotected individual, with tastes, temperament, attitudes, and aims at right angles to those of the masses.

Maddi (1975) described creativity as a sociopolitical threat. He did not think it accidental that the list of persons who ran social, political, and economic risks in their creative endeavors was so long. It can be cogently argued that the function of social systems, institutions, and groups, is mainly that of maintaining the status quo (Durkheim, 1951; Merton, 1957). Thus, laws, conventions, values, traditions, folkways, and mores evolve whenever persons interact in order to preserve the common good. The common good usually amounts to the greatest service to an individual's or group's



interests without thereby infringing on another individual's or group's interests sufficiently to cause conflict. The whole weight of this is in the direction of finding some workable balance and maintaining it.

But a common effect of creative endeavor is a disruption of the social status quo, regardless of the subject matter involved, or the insightfulness of the creative person into the implications of her or his other actions. Perhaps the creative act could lead in the long run to a new and even more useful balance of sociopolitical interests, but in the short run the effect is disruption of the status quo. Nor is this true only in the case of those persons whose creativity has obvious social content; for example, Christ, Marx, and Freud. Even apparently value-free and scientific creations disrupt the status quo in the relevant professions (in such fashion as shifting the patterns of prestige and power, and requiring the reorganization of research and teaching efforts) and usually have social change side effects (as in the development of controlled nuclear energy leading to the atomic bomb). It is hardly a stretch of the imagination to contend that creative acts and persons are threats and are reacted to as dangerous in direct relationship to their effectiveness. Whatever else is involved, to create is to disrupt the status quo.

Geniuses generally have deep and conscientious convictions of their place, value, status, which they voice sincerely and unreservedly, in such phrases as their "mission,

message, fate, or destiny." This intense belief in their being chosen, elected or born for some high adventure, noble service, or supreme undertaking is usually unworthily judged by their associates, who fail to distinguish between a tawdry egotism, and true appreciation and adequate esteem of inner worth. The result is that the genius is often regarded either as a conceited ass or as a paranoiac.

Humanists share with psychoanalytic investigators the view which posits the person in conflict with her or his society. The humanists often subscribe to the belief that human beings are basically good but corrupted by societal demands.

Barron (1958) has stated that although creative persons may appear to be unbalanced, they may in fact be healthier than the average. The imbalance may result because of the differences between themselves and the social majority since their sensitivity, high energy level, and ability for complex synthesis set them apart.

On a more positive note, Maddi (1965) believed the best antidote to alienation is creative endeavor. Through producing new and useful acts, the person literally constructs a framework of meaning which is personal rather than imposed externally. Perhaps persons who dedicated themselves to creative endeavors have developed their human faculties of self-reflective thought to such a high degree that the enormous alienation which results can only be assuaged through

producing their own meaning.

Through research on the life experiences of great persons, as written about in autobiographies, biographies, and letters, Maddi (1965, 1975) finds the self-definition of such persons as the lonely, misunderstood fighter for truth and beauty, and the world-view of society and others as obstacles due to conventionality. What he suggests is that the conflict between society's opposition to and one's own effort toward change can actually be stimulating, enlivening, and challenging. This effect is rendered likely if one not only expects the conflict, but almost looks forward to it as a kind of fulfillment of her or his self-definition and world view.

Strodtbeck (1958) has suggested that a lessening of personal intimacy seems to be necessary for achievement of high order. Scholarship, for example, requires isolation, and while the depersonalization of social relationships necessary for achievement may cause anxiety, the chronic achiever may expiate her or his anxiety with more achievement. Nonachievers, alternatively, seem to reduce their anxiety over their low achievement by the cultivation of more gratifying interpersonal relations. Strodtbeck refers to the inner isolation of achievers, that is their preoccupation with their own thoughts and estrangement from the world. If there is one factor which seems to stand out most strongly in the productive-neurotic, it is this state of inner isolation.

Neurosis and/or Mood Disorders as Byproducts of the Creative

Life

Throughout time the word sensitive has been used in association with the artist. Unlike the last section in which the artist was being assaulted, so to speak, by outside forces, in this section the structure of the self is considered vulnerable. It is not that the artist is considered pathological but that her/his experiences are felt more intensely and dissected more thoroughly than most.

Hirsch (1931) reported Morris as taking a similar stand, stressing the special sensitization of the genius. Her or his supernormal vulnerability to environmental stimulation renders the genius peculiarly liable to acquire neurotic tendencies and exhibit traits that reveal deficiency of moral control and defectiveness in practical judgment.

"Over-sensitive" is not an uncommon definition used in describing creative people. Extremely receptive to the physical and social worlds, creative people seldom escapes the pain of the one and the taunts of the other. Responsive to a range of stimuli, geniuses know an infinite variety of pleasure and pain and experiences both simultaneously. Their intense affectability is no more differentiating than the peculiar and intimate associations of pleasures and pains. Paradoxical as is their temperament, for we have noted it embraces its opposite, so is their affectability. Their most ecstatic moments are tinged with gray hues; the extremes of their agonies are fringed with a golden light that only their

minds can detect (Hirsch, 1931).

From Hirsch's review (1931), Ellis reports that we can regard genius neither as a purely healthy variation occurring within normal limits, nor as an interesting and sometimes useful form of insanity. We must regard genius as a highly sensitive and complexly developed adjustment of the nervous system along special lines, with concomitant tendency to defect along other lines. The foundation of creative genius for Ellis is two-fold: (1) an unusually sensitive and complex nervous system developed along special lines; (2) innate organic inaptitude which prevents the genius from adjusting her or himself to the ordinary activities of life into which she or he is born. Genius is not great talent and it is not insanity. The latter is rather a nemesis of the peculiar intellectual energy of genius exerted at a prolonged high tension rather than an essential element in the foundation of genius. But a germinal nervous instability, such as to the ordinary mind simulates some form of insanity, is certainly present from the first in many cases of genius and is certainly of immense value in creating the visions or stimulating the productiveness of persons of genius.

Hirsch (1931) presented Beatrice Hinkle's notions on the psychology of the artist. By the artist Mrs. Hinkle meant the religious genius, the philosophic genius, and the great mystic, as well the painter, sculptor, poet, and composer. She admitted that geniuses seem to be emotional, unstable,

neurotic, and often appear mentally unbalanced or even psychotic. She went on to state that although emotional stress, erratic conduct, lack of adaptability are associated with creative nature, they are not the aspects of personality which constitute genius. The genius most definitely lives in two worlds, the world of objective reality being colored and shadowed by the subjective world of the ideal and of fantasy. The latter is made real through the genius' capacity for arresting it and fixing it in form. This technically developed skill and intellectual training is the objective maturity which the creative individual brings to the aid of her or his unique psychic processes. The genius thus raises them out of the midst of the unconscious into the light of consciousness and embodies them in concrete form. The fruit of her or his psychic activity is seen in the highest forms of human creation, art, religions, and philosophies.

Another approach as to why some persons are driven to creative work concerns the attempt to avoid alienation (Maddi, 1975). Theorists from Hegel (1949) and Marx (1963) to Fromm (1955), Kierkegaard (1945), and Heidegger (1962), agree that the unique attribute of humans is the cognitive ability to reflect upon their experience. Not to exercise and develop our self-reflective ability is to remain a conventional person. But once one engages vigorously in self-reflective thought, the result very rapidly becomes alienation, that feeling of separation from the world and even from oneself.

Frankl (1955) puts it well when he asserts that only humans can ponder and even commit suicide over the question of the "whole dubiousness of being". For these theorists, the main purpose of life is to establish its meaning for oneself. Put in dramatic terms, this search for meaning is the human's way of avoiding suicide (Camus, 1955). In other words a person is driven to creative existence in order to find meaning to his/her life. The by-product of living this type of life leads to further alienation and possibly depression.

Barron (1963), using a composite score based on a variety of measures of originality, showed that creative persons tended to reject suppression as a mechanism for the control of impulse. Barron (1961) also observed that highly creative writers were more frequently in trouble psychologically than people in general, but they had greater ego strength and more resources for coping with their problems. According to Barron, creative people are accurate sharp observers, have high sexual drive, and are more vigorous and nervous than others. They bind high levels of tension, receive pleasure from discharging these tensions, and can temporarily avoid distinction between self and object.

Maddi (1965), emphasized the importance of curiosity, novelty seeking, and avoidance of boredom for the creative person. Although he first viewed stimulus-seeking or curiosity as motivation for the creative person, he later stressed the strenuousness involved in creative work and

criticized the actualizationists for failing to take this into account. Maddi (1975) stated that the life styles of creative people were at the same time enormously strenuous and a pinnacle of humanness. He takes an existential position conceptualizing life as a series of decisions, each of which can be made in a direction that propels the person into future-oriented growth through new experience, or pulls them back into the stagnation of a familiar past. The position assumes that it is the nature of human beings to grow and develop. This does not mean, however, that choosing the future is easy decision. The future is unpredictable, and hence its choice is fraught with anxiety. But to choose the past only brings the guilt of missed opportunity, because stagnation is a violation of human nature. This position supports the idea that to live a creative life, to explore and create takes courage and an ability to process the pain associated with growth.

#### Neurosis and/or Mood Disorders as a Block or Debilitating Factor for the Creative Individual

It has been believed that when an artist is in a pathological state she/he cannot create.

Hirsch (1931) summarized Ellis's belief that geniuses gifts to humankind did not emanate from their insanity but rather their supreme sanity. He stated that genius which ran to madness was no longer genius.

L.S. Kubie (1958) believed the nature of illness is the



freezing of behavior into rigid, repetitive and unquenchable patterns. The fact remains that the processes of illness blocks and corrupts the creative act. If neurotic persons succeed in creating it is in spite of struggle, not because of it. Neurosis is the most banal and mediocre component of human nature.

It has also been believed that if a creative person has a mood disorder or is in a neurotic state, one of the most obvious and distressing indicators is the creative block. A work of art or a scientific discovery means nothing if it is incommunicable, inaccessible to another person (Stein, 1951). Rank understood neurosis as a conflict due to the failure of separation and individuation (fear of life) and a resulting failure to express the will of the self creatively (Kainer, 1984). In the neurotic condition, the will inhibits impulse so there is a concentration of the self rather than an outward expression of purpose. Rank likened the neurotic to the "artist manque" (i.e., the blocked artist). What is blocked is the ability to individuate oneself to carry out self-created ideals. because one has been unable first to take on the obligations of life, either those imposed by the nature of the self or those imposed by the necessities of co-existence with others.

Fine (1980), summed up the relationship between creativity, work and depression in this formula: creativity is the ability to work, depression is the inability to work

(creative block). He defined the creative block as having two parts: first, the inability to work; second, the lack of inspiration.

### Creative Acts as Compensation and/or Sublimation

In this section the focus is on creative acts as compensation and or sublimation. Creative acts are preventive measures on the part of the artist to avoid pathology.

Freud (1910, 1924, 1947) was the first to suggest clearly a dynamic theory of the creative act. He was probably the first to undertake serious work on the human ability to create. To Freud, the process of sublimation provided the energy for all cultural accomplishments, including creativity. According to him, creative genius cannot be looked upon as a degeneracy. Rather, creativity has its origin largely in the fixation of early infantile desires which, if sublimated issue forth in creative processes (substitute gratifications).

Hirsch (1931) asserts Freud stated that if an artistic individual is displeased with reality, they can transform fantasies into artistic creations. By compensating for their displeasure rather than succumbing to it, they escape neuroses and maintain their connection to reality. Creative behavior is then an overt manifestation of sublimation, an unconscious process through which libidinal or aggressive energies are converted into culturally sanctioned behaviors.

Freud identified psychopathology as having an identical origin to creativity, thus a theoretic link was postulated

between creativity and mental illness. Despite their common origin, Freud did make a distinction between the two phenomena.

For Jung (1971), "the unsatisfied yearnings of the artist reach back to the primordial image in the unconscious which is best fitted to compensate the inadequacy and one-sidedness of the present" (p 321). People consistently strive to develop from a less complete stage to a more complete one, aiming toward individuation, the most complete differentiation and harmonious blending of all one's characteristics (Taylor, 1975).

Adler (Ansbacher & Ansbacher, 1956), like Jung, posited an innate pattern of behavior striving for positive growth and self-actualization. For Adler, however, as opposed to Freud and Jung, creativity sprang from people's consciousness rather than from their unconsciousness. Adler believed creative genius to be a manifestation of successful or largely successful compensation. According to him genius is the overcoming of a marked psychic inferiority, often physical in its genesis, by unusual application either in the line that originally generated the inferiority or in an unlike field. Adler, who makes no fundamental distinction between the goal of the neurotic and that of the healthy - minded, likewise finds no qualitative difference between the neurotic and the genius. The latter is a successful neurotic; that is, one who has attained power vicariously through the use of symbols of

some form.

Rank (1932, 1945) was more concerned with art and creativity than other early psychoanalysts. He believed that the individual was able to reach her or his highest level of development by realizing an independent will through which guilt feelings could be resolved and integrated into her/his personality. He identified these persons as the creative types or artists, and attributed to them the highest level of creative functioning. The artist's motivation resulted from the need to externalize her or his personality into artistic acts.

Kris (1952), proposed the concept of "regression in the service of the ego," suggesting that in the creative act the artist is in a state in which the ego is temporarily reduced. During this time the ego uses regressive material for its own creative purposes. Central to creativeness, is a relaxation of the ego for creative functions as revealed in fantasy, dreams, states of intoxication, and fatigue. Such functional regression is especially prominent in and characteristic of the process of inspiration. For Kris, creativity occurs when there is free interplay between preconscious and conscious, an active and autonomous functioning rather than one in which unconscious impulses are most active.

Fairbairn (1938) and Grotjahn (1957) have suggested that creation is a "restitution for destructive impulses." The process involved is one of atonement for original aggressive

trends. The creative transformation is an attempt at restitution or restoration, through fantasy for example, to alleviate guilt and anxiety. Through identification the audience joins with the creator's original emotions of destruction and restoration.

### Creativity as Health

The position in this section is one of the artist as a self-actualizing person. Creative people may be more curious about life and have more courage to investigate themselves and life in general.

The roots of humanism stem largely from the positive aspects of psychoanalytic approaches. One of the major concepts related to creativity in humanism is self-actualization, which is considered to be the motivating drive for creativity.

Maslow, Fromm, and Rogers are three humanistic theorists who have focused on creativity as a component of self-actualization.

Maslow (1959), drew early attention to an important Jungian feature of the creative process, the integration and resolution of dichotomies and the fusion of primary and secondary processes. Healthy, creative people are able to be childlike at one time and when appropriate, grownup, rational, and critical. The creative person may be both childlike and mature at the same time. People in general, according to Maslow, are afraid to learn about their inner processes and thereby do not become self-actualized. Creative people,

however, override this fear and the rigid structuring of social norms, thereby expressing and integrating aspects of themselves which contribute to their integrity, wholeness, and creativity. Maslow strongly contended that creativity is inversely related to mental illness and emphatically stated that the most healthy people are the most creative, and reported a great overlap in the descriptions of healthy and creative individuals. He suggested that creative individuals may not be dependent on conformistic adjustment but are able to experience freedom and independence from constraining restrictions of others.

According to Fromm (1959), one experiences creativity only after reaching some degree of inner maturity, when projection and distortion are reduced. In being creative it is important to accept oneself at face value, neither rejecting "evil" parts of oneself, nor evaluating different experiences as they occur. Creativity for Fromm requires flexibility between rational and emotional, objective and subjective experiences. His central view is that one should accept human sensuality. With this acceptance, one is brought to a state of awareness and to a readiness for creativity. Rejection of sensual orientation reduces the capacity to be alive and creative.

For Rogers (1959), "the mainspring of creativity appears to be the same tendency which we discover so deeply as the curative force in psychotherapy - man's tendency to actualize

himself, to become his potentialities" (p 72).

Schachtel's (1959) theoretical system combines elements of psychoanalysis, humanism, and cognitive approaches and therefore can be called holistic, or at least eclectic. He related creativity to two stages: autocentricity, the self-centered stage of the infant; and allocentricity, the object-centered stage of the mature person. Autocentricity involves a mode of perception with minimal differentiation. A child reaches the stage of allocentricity when they can experience objects independent of their underlying wishes and fears. This openness to the object world is a prerequisite for creativity. Openness is a key organizing concept in Schachtel's approach to creativity, but the openness is to the outer rather than the inner experiences, although object exploration is intrinsically motivated.

May (1959) quarreled with current psychoanalytic theories because of their implicit or explicit associations of creative persons with neurotic patterns. He pointed out that "regression" indicates a reductive approach, reducing creativity to neurotic processes, and he urged the view that creativity be related to health and not to disease or neurosis.

Findings of Mackinnon (1960, 1961a, 1961b) and others at the Institute for Personality Assessment and Research have indicated that there is no empirical evidence to support the assumption of a necessary relationship between creativity and

neurosis. The studies at IPAR have shown that creative persons are superior on ego strength scales, which would presumably provide creatives with adequate mechanisms to handle problems. The picture of the highly creative architect, for example, emerged as self-confident, flexible, self-accepting, having little concern with social restraints or others' opinions, and strongly motivated to achieve primarily in situations requiring independent thought and action. Perceptual openness, indicating a greater awareness and receptiveness both to the outer and inner world, differentiated between the more creative and less creative architects.



## CHAPTER III

### CURRENT RESEARCH

The years 1970 through spring 1990 will be covered in reviewing research on the relationship between creativity, neurosis and mood disorders. During these twenty years there continues to be controversy over how to relate creativity and mental illness. Because of the variation in beliefs the literature will be presented in chronological order.

Thomas F. McNeil (1970) presented a study to determine (a) whether creative persons have a higher rate of mental illness than noncreative persons, and, if they do, (b) whether prebirth and/or postbirth factors influence the relationship between creative ability and mental illness. The hypothesis was that creative persons and their relatives have higher rates of mental illness than do noncreative persons and their relatives.

Groups of 10 high, 20 above average, and 20 low creative ability subjects were constituted by interjudge agreement from among an adult population who were removed from their biological parents and adopted shortly after birth. The adoptees thus received prebirth influence from their biological relatives and postbirth influence from their adoptive relatives. The rates of recorded mental illness were determined among the adoptees, their biological parents and siblings, and their adoptive parents and siblings. Mental

illness rates in the adoptees were positively and significantly related to their creative ability level, substantiating the hypothesized relationship between creative ability and mental illness. The mental illness rates of the biological parents were positively and significantly related to the creative ability level of the adoptees. Mental illness rates among the adoptive parents and the adoptive and biological siblings were independent of the adoptees' creative ability level. The data were interpreted as evidence for the influence of prebirth factors on the relationship between creative ability and mental illness. No evidence of family-related postbirth influence was found. An evaluation of mental illness rates among uncooperative (nonresponding) potential subjects and their relatives suggested that noncooperation by these adoptees produced a dampening effect on the results of the study.

William H. Alamsah (1972) published an article entitled "Blockages to Creativity". He seems to follow the school of thought that creativity flourishes with stability and mental health. Alamsah stated that creativity requires the development of various abilities and capacities that range from the perceptual to the cognitive, from decision-making to the formation of character. These abilities and capacities are not easily come by; they demand submission to a prolonged and complicated conditioning process. But this may not be the whole story, for, on the other hand, aspirations to creativity

can be blocked by certain socioeconomic, psychological, or characterological impediments. When this is the case, the move toward creativity cannot gain momentum until the blockages are cleared. But again, this is not easily done, because they may be formidable and subtle, and to get rid of them may require a rather difficult and elusive reconditioning process. If this be so, then the fostering of creativity may entail more extended attention to such blockages.

Alamshah describes the blockages to creativity as many. Some of these can be identified as socioeconomic, psychological, and characterological. Some socioeconomic blockages consist of mistaken notions regarding choice of vocation, risk-taking, and human intelligence. Among various psychological blockages, the following deserve discussion and clarification: lack of inner quietude, feelings of inferiority, and mistaken estimates of talent. The discussion also focuses on three characterological blockages: lack of self-discipline, attachment, absence of commitment.

The next research by Nancy J. C. Andreasen and Pauline S. Powers (1975), was entitled "Creativity and Psychosis; an examination of conceptual style." Their investigation began as an attempt to evaluate psychiatric symptomatology, family history, and conceptual style in a relatively homogeneous group of creative individuals: creative writers. Following data or theories originally suggested by Heston Karlsson (1970), they anticipated finding a strong family history of

schizophrenia. The results of this investigation (Andreasen & Canter, 1974) indicated instead a strong family history of affective disorder and also a considerable prevalence of affective symptoms in the writers themselves. The current investigation reports on the second aspect of the study, the examination of conceptual style.

The sample consisted of a consecutive series of 16 maniacs and 15 schizophrenics admitted to the University of Iowa Psychiatric Inpatient Service and 15 writers from the University of Iowa Writers' Workshop.

All subjects were given the Goldstein-Scheerer Object-Sorting Test. The patients were usually tested within week after admission, and, although most had started to receive medication, all still had moderately severe symptoms of illness. Both investigators scored the tests results independently on a blind basis for conceptual overinclusion, idiosyncratic thinking, richness, and underinclusiveness. Sorting behavior leading to high ratings for conceptual overinclusion, included using vague or unrelated concepts to arrange groups, arbitrarily changing starting points, and "force fitting" objects into a category in which they did not belong. High scores for idiosyncratic thinking were assigned for sorting by using the starting point in reference to personal experiences, using it as a cue understandable only to the subject, or engaging in inappropriate or strange behavior while sorting. High scores for richness were assigned when

subjects saw dimensions in the starting point rarely seen by others but which were appropriate. Behavior leading to high ratings on underinclusiveness included inability to sort in response to a starting point, incomplete sortings, and repeatedly using the same categorizing principles.

Results indicated that creative writers resemble patients suffering from bipolar affective disorder, manic phase, in their conceptual style more than they resemble schizophrenics. That is, they tended to show considerable overinclusive thinking based on both the quantity of objects that they sort and their conceptual overinclusiveness. Both writers and maniacs tend to sort in large groups, change dimensions while in the process of sorting, arbitrarily change starting points, or use vague distantly related concepts as categorizing principles.

The overinclusiveness of the writers appears to be due to imaginative recognition of fresh or original associations between the various objects, while that of the manics tended to be based on bizarre associations. The writers were able to engage in controlled flights of fancy during the process of sorting, while the manics tended to sort many objects for bizarre or personalized reasons. This difference is reflected in the high scores for richness obtained by the writers, as contrasted with the high scores for idiosyncratic thinking obtained by the maniacs.

The conceptual style of the writers, as measured by the

object-Sorting Test, admittedly a relatively limited measure, fits in logically with the patterns of psychiatric symptoms or illness that they demonstrate. None was suffering from psychiatric symptoms of a severe nature or was under treatment at the time of testing, but two had had manias in the past and nine described a persistent pattern of cyclothymic mood swings with "high periods" lasting up to three weeks. Thus they seem to share the affective style, with its associated high energy levels, intellectual quickness, and high productivity, and they demonstrate this style in their testing behavior. In view of prior theories about creativity that stress the capacity to indulge in controlled regression, to tap primary process thinking, or to make loose associations that are fresh or inventive, one might have expected the writers to share cognitive style with the schizophrenics rather than the maniacs. Nevertheless, their testing behavior was similar to that of the maniacs, suggesting that conceptual or cognitive traits associated with affective disorder may in some way be related to creativity. Whether the relationship is contributory, a cause, or an effect is an open question at this point.

The next research entitled "Clouds and silver linings: positive experiences associated with primary affective disorders", (Jamison et.al, 1980), studied the benefits attributed to affective illnesses. Considering the scope of this paper, the focus will be on the creativity component of

the research.

The sample consisted of 61 patients from the UCLA Affective Disorders Clinic, an outpatient evaluation, treatment, and research facility. Bipolar and unipolar patients were asked a series of questions pertaining to both overall long-lasting effects of a mood disorder and of effects directly related to states of hypomania. The questions could not and were not intended to answer whether such behavioral and perceptual changes ever in fact actually took place and, if they did, whether they actually resulted in long-lasting effects on personality and productivity. Rather, the questions were designed to study attributions made and experiences perceived.

Results suggested that for bipolar patients creativity somewhat or very much increased during hypomania. More than 80% of unipolar and bipolar patients reported a perceived increase in overall sensitivity as a result of having a mood disorder. Unipolar patients reported that creativity was probably not increased due to their depression.

Albert Rothenberg (1983) published a study relating creativity to depression. The index of response time or response latency to stimulus words on the Word Association Test was employed by Rothenberg to assess specific differences between the cognitive modes of responding in three groups of subjects: creative, normal, and psychiatric patients. Results demonstrated that creative groups manifest significantly

faster response times with particular categories of response, (i.e., opposites), than both psychiatric and normal control groups. However, because this study was specifically designed to assess magnitude and speed of opposite responses and other related responses, over-all mean response times were not reported. Also, the patient group was diagnostically heterogeneous so no comparisons between the creative group and specific diagnostic groupings were performed. Nevertheless, the trend in Rothenberg's data suggests that creative people do not exhibit the slow response times that are characteristic of depression and would thereby be predicted on the basis of Andreason and Cantor's results (1974). On the contrary, the evidence indicates that creative persons have faster response times than normal subjects.

Albert Rothenberg and Paul E. Burkhardt (1984) published an investigation suggesting distinct differences between creative individuals and depressed psychiatric inpatients. A sample of male Nobel laureates, all of whom had received international recognition for their creative achievements, manifested significantly faster over-all response times to stimulus words on the KR Word Association Test than did a group of depressive patients who were of mixed sex. This finding extends Rothenberg's conclusions (1983) distinguishing creativity and psychopathology. The schizophrenic group ranked lower than the creative group and faster than the depressive group in over-all mean response time.



The authors went on to compare their data to the results of Andreason and Cantor (1974), which concluded a similarity between creativity and depression. Success was then discussed as a factor of discrepancy (Rothenberg and Burkhardt, 1984):

The writers in the Andreason and Cantor study were selected from a less than successful pool of subjects. Little consensus about their actual creativity was possible. Indeed, less success could produce the depressive symptomatology noted in that group. As Nobel laureates are highly successful in social terms, they may be less susceptible to depressive disorder (p 715).

While it might be argued that Nobel laureates in literature should be compared to the Andreason and Cantor groups, the authors state that only two living American writers are currently in that category. Other less exalted criteria such as Pulitzer Prizes and the American Book award might therefore be used, and such further studies are needed.

Another factor reported is that Nobel laureates tend to be predominately male so gender could not be adequately controlled in this study, a matter of some importance because females are reported to suffer more from depressive illness in Western societies.

In The Harvard Medical School Mental Health Letter (1985), Dr. Kay Jamison published an article entitled "Creativity and Mood Disorders". Within the article she describes what may be the link between bipolar illness and creativity, then describes the research, previously summarized, by Nancy Andreasen (1974, 1975), and finally describes a study of her own.

Jamison believed firstly, bipolar illness itself may influence creativity by its cyclical nature and the long-term changes in mood and behavior it causes. Second, the experience of having bipolar illness may make a person sensitive to a wider range of emotions and perceptions. In "normal" states, most people experience more or less subtle changes in the intensity of their perceptions and feelings. Profound changes in mood, thought, personality, and behavior can occur during all phases of bipolar illness. Most relevant to creativity are the mild manic states known as hypomania. Jamison (1985) states,

Access to a power beyond the ordinary is part of the definition of inspiration, whether mad, divine, or poetic, From early Greek philosophers to 20th century specialists, most students of creative inspiration agree that it requires a capacity to tap irrational sources while maintaining contact with reality. Highly creative people are usually able to summon the depths without losing access to reason (p 4).

Jamison explains that no one yet understands what gives a person this power, or why some such worlds beyond are so much more rich and vital than others, but most creative people describe themselves as elated, expansive, and ecstatic during moments of great insight. There is some evidence that expansiveness of thought and grandiosity of both mood and thought - common features of mild mania - result in an increased fluency and frequency of ideas that is highly conducive to creative achievement. The increase in speed of thoughts may range from a very mild quickening through flight of ideas to psychotic incoherence. As the number of thoughts

increases, unique ideas and associations may appear because of the qualitative change in cognitive processing. Bipolar illness and creative accomplishment also have non-cognitive features in common: ability to function well on few hours of sleep, to work at a high energy level, and to experience a great depth and variety of emotions.

Jamison reported on a study completed around this time of 47 British writers and visual artists, chosen because they had attained acknowledged distinction in their fields (for example, all painters and sculptors were either Royal Academicians or associates of the Royal Academy). Eighty-seven percent were men and their average age was 53. She examined their rate of affective disorder, their patterns of mood and productivity, and the nature of their intense creative episodes. A very high percentage (38 percent) had been treated for an affective illness; three-fourths of those treated had been given antidepressant drugs or lithium, or had been hospitalized, or both. Poets were most likely to have required medication (33 percent); they were also the only ones (17 percent) who had required medical intervention for mania in the form of hospitalization, electroconvulsive therapy, or lithium. Thus, one-half of the poets had been treated with drugs or hospitalized for mood disorders. In the general population, according to the best recent data, only one percent suffer bipolar disorder and only five percent suffer unipolar major depression during their lifetimes; far fewer

actually receive treatment for these illnesses.

One major purpose of this study was to examine similarities and dissimilarities between hypomania and periods of intense creative activity. Almost all the subjects reported intense creative activity. Almost all the subjects reported intense creative episodes (100 percent of the poets, novelists, sculptors, and painters, 88 percent of the playwrights, and, perhaps because biographers have less creative fire, only 20 percent of the biographers). Twenty percent of these episodes lasted 1 to 24 hours, 55 percent lasted one to four weeks, and 25 percent continued for longer. During these periods the subjects had many symptoms characteristic of hypomania. They felt enthusiastic, energetic, self-confident, and mentally fluent. About half reported a decreased need for sleep and increased sensory awareness. Only a minority suffered the sometimes inconvenient behavioral changes often associated with hypomania (hypersexuality, garrulousness, free spending of money, and so on). Asked about changes preceding these intense creative episodes, 89 percent reported less need for sleep.

When Jamison asked subjects to rate their moods and productivity over the preceding 36 months, two quite different patterns emerged. In those who had been treated for affective disorder, peaks of productivity tended to precede and follow mood peaks by three to four months. In those who had not been

treated, peaks for mood and productivity coincided. Apparently an elevated mood alone does not lead people to seek treatment; it must be combined with low productivity. It is likely that the high mood of the group seeking treatment was a "true" hypomania, including irritability, distractibility, and a need to seek external stimuli. Productivity for this group would be low at the extremes of their mood swings, but high when mood was rising or just beginning to fall. In the group not seeking treatment, heightened mood and productivity may have been symptoms of a milder form of hypomania involving only cognitive and mood changes. These milder forms, which may also be called "intensified normal functioning", apparently cause simultaneous peaks in mood and productivity.

Constance Holden (1987) wrote an article summarizing current research, either completed or in progress, focusing on the relationship between creativity and mood disorders. She mentioned the Andreasen studies (1974, 1975) and the Jamison studies (1985). Because these particular studies were already described they will not be highlighted. After discussing the aforementioned research she went on to discuss a forthcoming study being conducted in Paris involving exhaustive personal interviews with about 50 artists, writers and musicians. Psychiatrist Hagop S. Akiskal of the University of Tennessee is collaborating in this study, which will compare information from recognized creative individuals with that from a comparison group matched for age, sex, background and

achievement in nonartistic areas.

Akiskal has already looked at 750 of his patients in the United States who were diagnosed with depression, manic depression and schizophrenia to see if any subgroup showed different levels of creativity. He found that those with severe manic depression showed high rates of antisocial behavior, including violent crimes. But among those with more moderate versions of the illness, he found that 9 to 10 percent were creative artists and writers.

Holden believes that there are elements that mild mania and creative states have in common: a sense of spiritual enlightenment that is reminiscent of certain mystical states. Some other commonalities are:

Emotional reactivity. Both artists and manic depressives tend to be highly sensitive to stimuli both from the outside and from within.

Disinhibition. Psychologist Ralph Tarter of the University of Pittsburgh says a "fundamental breakdown in inhibitory mechanisms" is characteristic of most psychopathological conditions. This breakdown which can also be stimulated by alcohol or drugs, leads to farfetched connections, and-as is true of many artists-easier access to unconscious material. Manic thinking flows freely, and includes many loose and novel associations.

Absorption. Hypomania is associated with superior powers of concentration. Harvard neurologist G. Robert

DeLong, who studies children with early signs of manic depression, says that these children have significantly richer imaginations than most. They show an "unusual intensity of focus" when engaged in creative tasks, which results in impressive feats of memory and highly detailed drawings. They can become lost in fantasies for hours on end.

Holden states that there is only one modern study attempting to answer the question of whether the emotionally ill are more creative than average. In Denmark Psychiatrist Ruth L. Richards and psychologist Dennis K. Kinney of Harvard Medical School's Mclean Hospital, chose 17 manic-depressives, 16 cyclothymics and 11 of the subjects relatives with no psychiatric illness. Of 88 people studied for comparison, 15 were illness free, while the remainder carried other psychiatric diagnoses. Creativity was assessed by evaluating individuals' jobs and avocational activities.

The researchers found that creativity was significantly higher among the manic depressives, cyclothymics and their relatives, than among the comparison groups. Cyclothymics and relatives of manic-depressives showed the highest levels of creativity. The researchers conclusions were that creativity may be enhanced, on the average, in subjects showing milder and perhaps "subclinical" expressions of potential bipolar liability.

From the research Holden presented she concluded that a tendency toward manic depression may facilitate access in

creative individuals to a richness and intensity of experience that is not shared by the rest of us. She proposed that more systematic investigation into their mental troubles would perhaps give us a less romanticized view of geniuses, but it would add to our understanding of how the morbid and the extreme among us have enlarged our perceptions of reality.

Judy Folkenberg (1988) summarized and updated research being conducted by Dr. Nancy Andreasen. (Because the research has not been published at this time we can only get a simplified version of the data.) During the past 15 years, Andreasen, interviewed 30 faculty members for the University of Iowa Writer's Workshop. She compared her sample of writers with a group of other professionals, such as lawyers and administrators, who were similar in IQ, age, sex and status.

Andreasen discovered that 80% of the writers had had at least one bout of mental illness, usually depression; only 30% of the nonwriters' group had. Two writers later committed suicide; none of those in the control group did. She also found that the writers were four times likelier to be alcoholics.

Because depression tends to run in families, Andreasen decided to check the writers' relatives for depressive illnesses and creativity. The writers' families were riddled with both creativity and mental illness. The control group's had less of both.

Andreasen found that her subjects' relatives achieved



success in many of the arts, including music, dance, fine arts and also in mathematics. This suggests to her that a general predisposition to artistic success might be inherited, rather than learned.

Andreasen suspects that writers share a basic cognitive style that makes them more independent and imaginative. She suspects it's this same quality that somehow makes them especially vulnerable to depressive illnesses. She also hastens to add that "lack of depression does not indicate lack of creativity."

Andreasen suggests that the sensitivity, openness, adventuresome nature and independent character of creative individuals in some way makes them more vulnerable to mental illness, in particular mood disorders.

The last piece of research to be presented is entitled "Toward the prediction and stimulation of creativity" by Rhona Ochse (1989). In this article, various conceptions of creativity are briefly considered, the assumption that findings relating to one type of creativity may be generalized to another is questioned, a pattern of characteristics and experiences that are typical of eminent productive creators is focused on, and some implications for the prediction and promotion of productive creativity are pointed out. In combination, consistent findings of various types of past research seem to form a pattern. They suggest that three factors, acting in concert, contribute to the development of

the persistent motivation that is typical of productive creators: (a) values relating to intellectual achievement; (b) precocious development of basic ability in a relevant domain; and (c) stress.

Most relevant to our concern is his concept of "stress" being a component in the development of creativity. Ochse believed that anything essential to the development of creative ability would not be absent in the lives of highly creative individuals, and that it is clear that many people who produced creative work of the highest order lacked acceptance, love and other such benefits in childhood. He stated that unpleasant though it may be, there is a great deal of support for the suggestion that some imbalance or lack of comfort in childhood might bring forth initiative, resourcefulness, and a motive to create something of value and be recognized for it.

On the other hand, Ochse thought one should not conclude that some discomfort in childhood invariably leads to creative achievement. He went on to state that extremely few emotionally deprived or distressed children become creative, or even take a step in that direction. There is a great deal of evidence to suggest that emotionally disturbed children are not even able to concentrate. Some severely deprived children become psychologically disturbed, or socially and intellectually inadequate. Even though stress may be a catalyst in the development of creative ability, it would be

dangerous to assume that it promotes creative achievement in those who lack the necessary skill and values.

## CHAPTER IV

### INTEGRATION OF THEORIES AND RESEARCH

In the beginning when a relationship between creativity and madness was observed, philosophers made the association that madness and genius were one in the same (Hirsch, 1931). They stated that not all mad persons were geniuses but that all geniuses were mad. They even went so far as to say if/when cured the genius could no longer create.

The investigations later took on a sociopolitical tone with an internal versus external locus of control. Was the artist more apt to suffer mental disorders due to internal stress caused by the sensitivity of the artist's personality and their inability to function in society because of this vulnerability (Morris; Ellis; Hinkle; in Hirsch, 1931; Frankl, 1955; Camus, 1955; Barron, 1963; Maddi, 1965, 1975)? Or, was society to blame for alienating creative people out of fear of disruption of the status quo, or unacceptance of the "unlike" (Alger in Hirsch, 1931; Maddi, 1965, 1975; Durkheim, 1951; Merton, 1957; Barron, 1958; Strodbeck, 1968)?

Mental disorders were considered creative blocks by some and motivating factors by others. Work created by neurotics was considered incommunicable and inaccessible, banal and mediocre (Kubie, 1958; Stein, 1978). Neurotic and depressed people were observed to be unable to motivate or carry out obligations (Rank, 1932, 1945; Fine, 1980). Alternatively,

Marks (Hirsch, 1931), Roe (1946, 1953a, 1953b), Hammer (1961), and Lichtenstien (1971), believed pathology, insecurity, inner tension and anxiety motivated the creative individual and got their "creative juices" flowing.

The creative process was argued to be an act of sublimation; compensation for inadequacy or inferiority; a resolution of guilt or a restitution for destructive impulses (Freud, 1910, 1924, 1947; Jung, 1971; Alder in Ansbacher & Ansbacher, 1956; Rank, 1932, 1945; Kris, 1952; Fairbairn, 1938; Grotjahn, 1957). These theorists were all psychoanalytically based but differed on whether the creative process was unconscious, preconscious or conscious.

Others believed creativity to be a component of self actualization and maturation (Maslow, 1959; Fromm, 1959; Rogers, 1959; Schachtel, 1959; May, 1959; Mackinnon, 1960, 1961a, 1961b).

#### Mania, Depression, and Creativity

The concept of the sensitivity or vulnerability of creative individuals; of pathology and depression as being either blocks or motivating factors; of creativity being regression, compensation, sublimation or self actualizing, were all outwardly opposed. As current research develops we are finding that the above concepts may have been defining "phases" of creativity and all may be correct in part.

At this point research seems to suggest that the question is not whether the creative process is blocked or

furthered by mood disorders but what role each phase of the disorder may play.

It seems mild psychotic episodes and depression may play a role in the conception of the development of raw material in the creative process (Jamison, 1980, 1985; Holden, 1987). During a depressive phase it seems that creative production may be slowed down or blocked (Rothenberg, 1983; Jamison, 1980, 1985). Depression increases one's sensitivity (Jamison, 1980). It has also been reported that being sensitive may make one more apt to suffer depression (Andreasen, 1988). Whichever the case may be, depression may be a necessary component of the creative process. Depression may be one side of the creative cycle, one end of the spectrum of emotions and perceptions necessary in the conception of a creative product.

Mild mania seems to be the other end of the spectrum or other side of the creative cycle necessary for production. Researchers seem to agree that mild mania and creative production mirror one another (Andreasen and Canter, 1974; Jamison, 1980; Holden, 1987;). Jamison (1985) describes mania in relation to creativity:

There is some evidence that expansiveness of thought and grandiosity of both mood and thought - common features of mild mania - result in an increased fluency and frequency of ideas that is highly conducive to creative achievement. The increase in speed of thoughts may range from a very mild quickening through flight of ideas to psychotic incoherence. As the number of thoughts increases, unique ideas and associations may appear because of the qualitative change in cognitive processing. Bipolar illness and creative accomplishment also have non-cognitive features in common: ability to function well on few hours of sleep, to work at a high energy level, and to

experience a great depth and variety of emotions (p 5).

A key difference between manics and creative individuals seems to be in the utilization of their thoughts. Andreasen and Powers (1975) revealed manics' sorting technique as being highly personal, understandable only to the subject. They were also noted as engaging in inappropriate or strange behavior while sorting. For example one of their manic subjects sang all her explanations and attempted to eat some of the test materials (including some nonedible ones) because she felt she needed greater nourishment. On the other hand the creative writers were observed to have unique but appropriate sorting styles. This included fresh symbolic sortings, seeing each starting point in a fresh or different way from other starting points so that many concepts were utilized in the course of testing, or consistently making clear logical sortings. It seems possible that creative individuals may be able to control and utilize their flights of ideas in a productive manner. The manics seem controlled by their diverging thoughts in a chaotic and unproductive manner.

Creative production may also help persons suffering from manic depression by first being an outlet for excess energy during manic phases. Second it may help them socialize with others by showing their work and by being recognized for that work. It may also be a basis for conversation with others when otherwise conversation may be difficult. Third, it is

also an avenue to develop self-esteem by gaining recognition and or just by seeing that they excel at something that may in part be a by-product of their illness (Lukoff, 1988).



## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

In conclusion, the results of this review demonstrate creativity, like bipolar disorder, to be cyclical in nature. That the depressive phase may be a necessary phase for the incubation of emotions and perceptions. The manic phase may be necessary for formulating the experience, emotions and perceptions into a creative product. If this association between affective disorder and creativity is correct, what is the line of causation? Do mood disorders promote creativity? Does creativity lead to mood disorders? Or is the relationship interactive? Clearly this question has major treatment implications. If mood disorders enhance creativity, the clinician might pause before instituting treatment (medication) that might impair an individual's creative expression.

The answer is not clear or simple. Because of the widely-discussed suicides of many fine artists, some journalists and art critics have begun to speculate that the relationship between creativity and mood disorders may be a necessary one. Some have romanticized and idealized affective disorders and suicidal urges, seeing them as providing a reservoir of intense inner experience from which the artist can draw when he or she wishes to create. Furthermore, the increased energy and flight of ideas that occur during

hypomanic periods can also enhance creativity. Unfortunately, all our data on this topic remain anecdotal and should be understood as such (Andreasen & Glick, 1988)

Treatment of bipolar and creative people warrants more research. What types of approaches hinder or help the creative individual to function better within society, while also maintaining their productive level? The clinician must simultaneously address three different issues: (1) assessing and ameliorating symptoms, especially suicidal risk; (2) normalizing cycles in mood; and (3) sustaining cycles in creativity that may or may not relate to cycles in mood (Andreasen & Glick, 1988).

How should the clinician approach the treatment of bipolar creative individuals? Research has been conducted on the relationship between lithium and creativity. Most research thus far reports that lithium causes a slowing of cognition; patients produce less as they slow down, and they are less likely to be creative (Andreasen & Glick, 1988). There is debate as to how important creativity is to the well being of a bipolar individual. Some believe psychopharmacologic treatment almost always outweigh the side effects of the medication on the creative process (Andreasen & Glick, 1988). Others feel creativity to be the main therapeutic tool in the treatment of a bipolar disorder (Lukoff, 1988). The question may be the level of severity of the depression and mania, and what role creativity plays in

the individual's life. More studies need to take place to determine the criteria for choosing different treatment approaches.

It has been stated that the creative individual is able to summon the depths without losing access to reason (Jamison, 1985). The level to which mania and depression may be beneficial versus too extreme to be inspiring or productive, needs more investigation. If statistical data were reported, would there be a bell curve in which the middle area would be a productive area: an area of mild depression and mania? Outside of the productive area would be more severe depression and mania, where creativity would not foster? To my knowledge there has been no specific research focusing on the levels of mania and depression and creative productivity.

On a similar note: how should creative individuals not diagnosed with affective disorders be approached in treatment? Where do their creative products fit into treatment? Should they be treated like any other person or do they warrant special considerations?

Creative individuals may experience life with a wider spectrum of emotions and perceptions than most and perhaps it would be difficult to produce art of great substance without these experiences. Often creative people who are suffering from more severe depression will not seek treatment for fear it will negatively effect their creativity. They do not seem to seek treatment when in a manic phase because this is a

phase of more production and higher self-esteem (Andreasen & Powers, 1975). It seems that a balance must be found between overlooking or minimizing the pain and despair associated with mood swings, and exaggerated treatments that annihilate the creative urge.

In conclusion, evidence clearly suggests a relationship between creativity, neurosis and mood disorders. While research is getting closer by focusing on the cycles of mood disorders and of creative production, the definition of the relationship is yet inexact. It seems these cycles are similar in nature, except unlike the bipolar person, the creative person has the ability to control, process, and utilize divergent thoughts in a productive manner.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

4/17/91  
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