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## **Creativity as a manifestation of the artist's communication with the outside world.**

### **Creative aspects of bipolar affective disorder - a literature review and case study**

#### **Kreatywność jako przejaw komunikacji artysty ze światem zewnętrznym.**

#### **Twórcze aspekty choroby afektywnej dwubiegunowej - przegląd literatury i studium przypadku**

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**Abstract:** The phenomenon of creativity is often accompanied by mental disorders. In particular, many individuals suffering from bipolar affective disorder are endowed with artistic, musical or literary talents. BPAD patients experience alternating depressive and manic conditions. The emotions they experience are channeled through creative activity, which is a specific form of communication between the creator and the outside world.

**Key words:** communication, creativity, bipolar affective disorder, mania, depression.

**Abstrakt:** Fenomenowi twórczości niejednokrotnie towarzyszą zaburzenia psychiczne. Szczególnie wiele osób zmagających się z chorobą afektywną dwubiegunową jest obdarzonych talentem plastycznym, muzycznym bądź literackim. Chorzy na ChAD doświadczają naprzemiennych stanów depresyjnych oraz maniakałnych. Przeżywane przez nich emocje są kanalizowane poprzez działalność twórczą, która stanowi specyficzny rodzaj komunikacji twórcy ze światem zewnętrznym.

**Słowa kluczowe:** komunikacja, twórczość, choroba afektywna dwubiegunowa, mania, depresja.

### **Introduction**

Bipolar affective disorder (BPAD) is an alternating occurrence of pathologically elevated (manic) and lowered (depressive) mood (Święcicki, 2018). The disease has mainly biological and neurodevelopmental background, it develops as a result of an interaction of genetic factors and factors interfering with intrauterine development of the fetus (Pużyński,

Rybakowski, Wciórka, 2017). Hagop S. Akiskal and Mauricio Tohen (2011) described at least four types of course of that disorder. Alternating mania and depression periods are referred to as Type I BPAD, affecting 1% of the population (ibid.). Type II is characterized by recurrent mood disorders and hardly noticeable episodes of hypomania. The incidence of type II BPAD is unknown (Miklowitz, Gitlin, 2014). A thorough examination of patients with depression reveals that up to a half of cases previously treated as monopolar disease account actually for undiagnosed type II BPAD, which probably affects a few to a dozen percent of the population (Carta, Preti, Akiskal, 2018). Type III BPAD is a mania induced by antidepressants. Type IV, on the other hand, is characterized by a rapid change of alternating phases of depression and mania (Akiskal, Tohen, 2011). It is difficult, or sometimes even impossible to distinguish from a borderline personality. BPAD is believed to be accompanied by high comorbidity of personality disorders, anxiety disorders, addictions and ADHD (Sipowicz, Witusik, Pietras, 2019; Baethge, 2020).

The holistic concept of health perceives the man as a psychophysical unity. The postmodern era in which we live forces us to strive persistently for getting rich and, above all, to achieve an indefinite success. The inability to meet the expectations of the broadly understood environment contributes significantly to the development of mental disorders (Sipowicz, Najbert, Pietras, 2017). These, in turn, induce unequivocally pejorative associations. Mental illness is seen as a stigma that deprives the affected person of the chance of a normal life (Podgórska-Jachnik, Pietras, 2014). At the same time, we forget that it can promote the manifestation of the creative potential of the individual. People with mental disorders often experience such emotional states which are unknown to people falling into the so-called mental standard. The intensity and uniqueness of these emotional states causes the person experiencing them to look for a way to channel them (Andreasen, 2008). The form of expression most often corresponds with the patient's individual resources (e.g. an artistically gifted person will paint, and a literarily gifted person will describe the experienced emotions) (Jamison, 1996). Creation is the activity that distinguishes us from other animal species. According to Denis Dutton's theory (2010), creativity is evolutionary, referring to deep human instincts. In the opinion of that American philosopher, the creation – especially that raised to the rank of art and therefore recognized by the recipients – gives the author of this work the empirical experience of pleasure. The author's creativity, and therefore moving away from the stereotypical thinking patterns, is particularly appreciated. Undoubtedly, that circumstance is rewarding for people with BPAD, whose reasoning and deeds often break the conventions (Jablou Hershman, Lieb, 1998). Undertaking creative activity by this group of patients is an attempt to express their personality and experienced emotions in a socially acceptable way (Andreasen, 2008). *Ipsa facto*, that creativity is a representation of their real experience of the world. Creative work is a subjective form of

communication between the artist and the environment, the humanity and the Creator. Understanding creativity as an act of communication is a significant extension of traditional communication theories focusing - almost exclusively - on verbal and non-verbal/extraverbal aspects. As a being endowed with reason and understanding the essence of God, the man communicates with the world also in the symbolic and meta-artistic layer. From a biological point of view, creative abilities undoubtedly have a genetic background. Their accumulation in one person can be dysfunctional, resulting in the development of BPAD.

### **1. Review of selected literature on the associations between BPAD and the works of famous historical figures**

On analysis of the biographies of outstanding creators, both modern and those of the past centuries, we find that many of them suffered from various kinds of mental disorders. One can even be tempted to hypothesize that the uniqueness of their work is due to the mental illnesses they suffered from (Jamison, 2017). Obviously, it is impossible today to diagnose authoritatively the ailments affecting the historical figures. Nevertheless, we can obtain important information in this from their letters, and especially diaries, betraying the thoughts and emotions of their authors. Analysis of the psychobiography of these creators often indicates PBAD as the cause of their ailments.

A Russian composer Pyotr Ilyich Tchaikovsky (1840-1893) had problems with social contacts already in his childhood (Nice, 1997). At adolescent age, there were additional problems with self-acceptance of his homosexual orientation, which in the 19<sup>th</sup> century was not only a taboo, but its disclosure could lead to infamy and expulsion from the society (Floros, 2018). Tchaikovsky experienced alternating depressive and hypomanic states. At the time of the former ones, he sought relief undertaking long journeys, whereas during the latter creative inspiration did not leave him around the clock (Strutte, 1981). Tchaikovsky took under his wing Sergei Vasilyevich Rachmaninov (1873-1943), who also struggled with recurrent depressive states (Seroff, 1951). The longest such condition persisted continuously for three years. Then his creative inspiration left him completely and during that period he did not compose anything (Noriss, 2001). This prompted him to go to psychologist Nikolai Dahl, who successfully applied the autosuggestion technique (Harrison, 2005) to the composer. It allowed for a temporary interruption of the creative impasse. Undoubtedly, the most famous artist struggling with mental disorders was Vincent van Gogh (1853-1890), who suffered from recurrent anxiety disorders. It is now believed that he suffered from bipolar disorder or schizoaffective disorder. This Dutch postimpressionist painter was struggling with suicidal ideations. The history of self-harm - he cut his auricle off - has passed into

history. We can assume that the way he perceived the world was reflected in the selection of the painting technique.

Great philosophers also struggled with mental disorders. Friedrich Nietzsche (1844-1900) initially complained of severe migraines, accompanied by vomiting and visual disturbances. His headaches were resistant to treatment. He then began to experience alternating periods of decreased and elevated mood. At that time Nietzsche was diagnosed by doctors with tertiary syphilis (*paralysis progressiva*), although it is now believed that he suffered from bipolar disorder (Cybulska, 2000).

Emil Cioran (1911-1995), a French thinker of Romanian origin, is a particular case. Throughout his life, he was tormented by insomnia and thoughts about the vanity and senselessness of human existence (Mattheus, 2007; Cioran, 1992). Nevertheless, he never attempted suicide (Mattheus, 2007). He even believed that suicide thoughts protect the man from taking his own life. The above theory became the axis of his philosophical treatises (Cioran, 1973). According to Cioran, considering a possible suicide helps a person in crisis. It allows to survive the night and wait until the morning (Cioran, 1968). Cioran's philosophical treatises show clearly how the experienced depressive states translate directly into the nature of creativity and the selection of the subject. Importantly, the philosopher admitted that he would create on sleepless nights, and if he had been deprived of them, he would have become intellectually infertile. In an interview, he said that writing was a surrogate activity for him dissuading him from suicide (Mattheus, 2007).

## 2. Study of selected cases

Patrycja, aged 24, positive family history (her father diagnosed with BPAD, and her brother with schizophrenia). The first symptoms were observed in the patient when she was in junior high school, but they were considered to be associated with the period of rebellion in the teenager. The patient was hospitalized three times. The first hospitalization took place when she was 19 years old. She was admitted to hospital because of mood deterioration, suicidal ideation, tearfulness, lack of sense of meaning in life, sleep disorders in the form of excessive somnolence with binge eating at night. A moderate depressive episode was diagnosed at that time. Venlafaxine at the dose of 150 mg was instituted, resulting in a spectacular improvement achieved within a month. After leaving the hospital, the patient started to use drugs (amphetamine and cannabinoids). She had random sexual contacts. She stopped sleeping at night. There was excessive activity during the day, psychomotor agitation, a sense of omnipotence. The patient became irritable, she stopped keeping the distance from other people. She was taken to a psychiatric hospital from the university for aggressive behaviour towards an academic teacher and other students. In hospital, she was diagnosed with a manic episode induced by antidepressants in the course of BPAD. On

discharge, the patient was instructed to use regularly a 300 mg quetiapine dose and 1000 mg valproic acid dose a day. The patient was discharged in a stable condition, in an even mood, fully critical of the psychotic experience in the course of a manic episode. Another hospitalization at the age of 21 was due to a mild depressive episode complicated by attacks of anxiety with a sense of dying, cardiac arrest, laryngospasm, pains behind the sternum, inability to move her limbs. The episodes of anxiety occurred 2-3 times a day. The patient was admitted to a psychiatric hospital from the hospital emergency department, where she was brought by an ambulance, called by passers-by in the street. The patient lay on the lawn, asking for help because of the sense of upcoming death. Valproic acid was discontinued at the psychiatric hospital, with pregabalin instituted at the target dose of 2 x 150 mg and the dose of quetiapine increased to 600 mg per day. The patient was discharged in a stable condition, without bouts of anxiety. BPAD and paroxysmal anxiety disorder comorbidity were diagnosed. After increasing the dose of quetiapine and the inclusion of pregabalin the patient gained 12 kg in four months. The patient has been writing poems since she was 13 years old. She has published a total of three volumes of poetry, two of which won competitions for young talents. The topics of the patient's works focus on the meaning of human existence, unhappy love and suicide. When the patient undertook psychiatric treatment and began taking the aforementioned medications, she lost her creative inspiration. That, in turn, worsened her well-being considerably. She complained that she felt unneeded and could not give anything to the world. At the same time, she was aware that she could not stop taking the medications, because it would worsen her condition. There was, therefore, a feedback mechanism.

Wiktor, aged 29, positive family history (schizophrenia diagnosed in his grandmother and uncle). As a child, he avoided contact with his peers, by whom he felt misunderstood and rejected. At the age of 10, the first suicidal ideations appeared. Then, alternating periods of elevated and deteriorated mood were observed in the boy. The boy achieved good results at school and did not cause major educational problems, although his loved ones complained about Wiktor's "difficult character". He was first admitted to a psychiatric ward at the age of 23 due to suicidal thoughts and severe sleep disorders. The patient underwent three serious episodes of somnambulism, as a result of which he suffered injuries to the head and lower extremities. He was hospitalized in the trauma and orthopedic surgery ward. An injury to the brain was excluded by nuclear magnetic resonance imaging. During the patient's stay in the psychiatric ward, he was diagnosed with rapid cycling BPAD and somnambulism. After the diagnosis of BPAD, 1000 mg valproic acid daily was administered to the patient in two divided doses. Trazodone was also included in the treatment at the initial dose of 25 mg per day, which was gradually increased to 150 mg. The episodes of somnambulism were eliminated, but the patient still had a deteriorated mood and recurrent suicidal thoughts.

Therefore, bupropion at a dose of 150 mg per day was additionally instituted. The patient was discharged home in a stable condition. Wiktor has manifested literary talent from an early age and has learnt foreign languages easily. He professionally translates English literature into Polish. The patient has a night chronotype, so he worked on his translations mainly at night. After psychiatric treatment and institution of pharmacotherapy with trazodone, the patient is no longer able to function well in the evening and at night. He has to go to bed much earlier than before treatment, i.e. at about 10.00 p.m., and wakes up around 08.00 a.m. (before treatment, he used to wake up about 12.00 and went to bed around 04.00 a.m.). So far, the patient has not adapted to creative work in the new hours of his functioning. The patient reports that he feels "intellectually infertile", completes fewer and fewer translations, and their quality is unsatisfactory. In this state of affairs, he fears that he will lose his livelihood. This situation intensifies the depressive disorders in the patient.

Sandra, 22, has been unable to provide a family history due to the fact that she had been in the children's home since the age of two. By the age of 5, she was developing properly. At the age of six, the educators observed some irregularities in the girl's behavior, such as attention deficit, excitability, egocentric attachment to her own narrative, difficulty forming relationships with other children. The consulting psychiatrist and clinical psychologist recognized attention deficit hyperactivity disorder. No pharmacotherapy was instituted due to low severity of the disorder. The school teacher recommended that she should attend additional compensatory classes. From an early age, the girl has been demonstrating artistic abilities. She draws and paints human figures, animals and flowers. The children's home organized art lessons for her, conducted by students of the Academy of Fine Arts (ASP) on volunteer basis. At the age of 19, she passed her final high school examinations and began her studies at the ASP, where she studied painting. Sandra turned out to be a talented student. Already at the first course, her works were presented at several exhibitions and placed in art-trading galleries. At the age of 23, dominant ideas and a sense of mission appeared in the patient. The woman reported that God had sent her to change the world. Her speech rate accelerated. There was tearfulness, worse mood in the morning, which improved in the evening. She denied suicidal thoughts. Instead, she declared dereistic killer thoughts, claiming that she had to kill the demon. The patient was admitted to a psychiatric hospital without her consent under the Mental Health Protection Act of 19 August 1994 (Journal of Laws 2011, No. 231) with a provisional diagnosis of a mixed condition in the course of BPAD. Olanzapine at the target dose of 10 mg in the evening and valproic acid at the target dose of 1000 mg per day was instituted. An improvement of her clinical condition was achieved. The patient regained criticism of psychotic symptoms experienced in the course of the mixed bipolar state. She declared that she felt good, but could not paint. Since the institution of pharmacotherapy with a neuroleptic and a mood

stabilizer, the patient has lost motivation to paint and reported a sense of loss of her creative abilities, which until now were the content of her life.

The suppression of creative abilities under the influence of drugs is absolutely not an indication for the discontinuation of pharmacological therapy. The manic episode wreaks havoc on the individual's mental life, social relationships and economic functioning. At the neurophysiological level, this manifests itself as a toxic effect of the manic condition on the functioning of neurons. We would rather call for finding such methods of therapy and psychiatric pharmacotherapy that treating the manic episode would not result in extinguishing the motivation and creative potential.

### **Discussion**

The human ability to think creatively has been one of the conditions for the progress of civilization (Strelau, 2019). Creative problem solving is a dimension of every individual. This makes it possible to create new quality in everyday life. Thanks to the diverged thinking, a person can plan, for example, the construction of a house or prepare a shopping list. In some people, creative thinking is so extensive that they can create new scientific and cultural values such as scientific concepts, literary works, pieces of music, or literature. The capability of creative thinking is believed to be conditioned by many genes as well as internal motivation and processes of social learning. Genetic factors can never be overlooked. This is evidenced even in history by whole families of creators. Examples include the Bach, the Mann family, or in the Polish cultural circle - the Kossak family. It is also believed that excessive accumulation of genes conducive to creative thinking can lead to an episode of hypomania or mania in the course of BPAD. The problem has not been fully resolved. Indirect evidence of the validity of this thesis is provided by the examples of creators with mood disorders involving the alternating episodes of mania and depression. The link between creative potential and bipolarity risk may be evidenced by the examples of the expiry of creative potential under as a result of treatment of manic episodes.

We have described three cases of creators in whom the successive treatment of mania and the use of neuroleptic and normothymic drugs extinguished their creative potential. The qualitative study presented by us does not yet determine the validity of our thesis - for this purpose, it would be necessary to conduct large-scale epidemiological studies with a very well-developed methodology. Nevertheless, we are observing in clinical practice a link between creativity, especially in the field of fine arts, bipolarity and (less frequently) the loss of these abilities as a result of treatment. Our interpretation may be incorrect, since the drugs listed above can cause drowsiness and a decrease in motivation that is not tantamount to the expiration of talent. On the other hand, motivational processes cannot be separated from the

phenomenon of creativity, since both phenomena are interrelated. The shortcoming of our research is too small number of cases described and the lack of psychometric measurement of creative abilities. On the other hand, the phenomenon of creativity cannot be treated only in scientific terms. It is phenomenally given to the man. This phenomenon cannot be understood without referring to the concept of Christian personalism or to the theory of cultural anthropology.

In summary: we would like to point out that the link between creative tendencies and bipolarity of human psyche requires thorough research in the fields of biological sciences, social sciences and humanities. It is only the multidimensional view of the phenomenon of creativity that will give an unequivocal answer concerning the role of creativity in the life of modern man and its determinants. However, we realize that, in the face of the diversity of various concepts of man, this problem can be inconclusive and will forever remain in the realm of our viewpoints and beliefs.

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