



## Research report

Exploring the links between the phenomenology of creativity and bipolar disorder<sup>☆</sup>Katherine Taylor<sup>b,\*</sup>, I. Fletcher<sup>a</sup>, F. Lobban<sup>a</sup><sup>a</sup> The Spectrum Centre, Division of Health Research, Lancaster University, Lancaster LA1 4YF, UK<sup>b</sup> Arts For Health, Manchester Metropolitan University, Cavendish Street, Manchester M15 6BG, UK

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## ABSTRACT

**Background:** The links between bipolar disorder (BD) and creativity have historically attracted academic and public interest. Previous research highlights common characteristics of people considered to be highly creative, and those diagnosed with BD, including extraversion, impulsivity, divergent thinking and high motivation (Ma, 2009).

**Method:** In the first phenomenological study focussing on the links between creativity and extreme mood, an Interpretative Phenomenological Analysis (IPA) approach was used to collect and analyse in-depth interview data from seven people diagnosed with BD in the UK.

**Results:** Four key themes were constructed to reflect and convey the collective accounts: 1. High mood leads to an expanding mind; 2. Full steam ahead; 3. A reciprocal relationship between mood and creativity 4. Reframing bipolar experiences through creative activity.

**Limitations:** Participants were a small sample of people who were identified as having BD on the basis of a clinical diagnosis and Mood Disorders screening Questionnaire (MDQ), and who defined themselves as creative without further corroboration.

**Conclusions:** Among this sample, creativity was recognised as a valued aspect of BD. Clinical services may usefully draw on creative resources to aid assessment and formulation, and even utilise the effects of creativity on the management of mood. Research demonstrates a high prevalence of non-adherence to medication among persons with BD and this ambivalence might be better understood when the links between extreme mood and creativity are considered.

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## 1. Background

While there is no universal definition, most conceptions of creativity emphasise novelty and originality in both the process of creation and in a quest towards a final outcome. Mednick (1962) argued that creative thought depends on ability to make novel links, termed by Eysenck (1993) 'willingness to consider atypical associations', and can be measured using tests of divergent thinking such as the Unusual Uses Test (Guilford, 1967). Researchers have subdivided conceptions of creative thought according to types of processing, broadly; analytical, logical problem-solving, or insight (Noy, 1978). Insight is considered a less conscious process via which a solution is reached in an 'aha' moment. Most of the tests used to

assess creative thoughts are designed to capture an individual's ability to generate either solutions or associations (Torrance, 1963).

Creativity is challenging to measure. Measures of creative thinking correlate only modestly with alternative measures, such as creative eminence or peer ratings (Johnson et al., 2012). Although creative accomplishment is arguably the most valid approach to measuring creativity, recognition of achievement depends on factors beyond creative thought, such as motivation, self-belief, and culture. Such considerations have led to research examining social and personality characteristics which determine creative output and success.

In this research participants were required to self-identify as creative in an artistic form and be engaged in associated activity in which they were productive.

## 2. Mood and creativity

Creativity is one of a number of positive aspects of BD that have been identified by people with this diagnosis (Jamison 1980; Lobban et al. 2012; Michalak et al., 2005). A common method of

<sup>☆</sup> "Creativity is more than just being different. Anybody can plan weird; that's easy. What's hard is to be as simple as Bach. Making the simple, awesomely simple, that's creativity" – Charles Mingus.

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investigating links between mood and creativity has been to study artistically eminent people, through empirically designed studies or by reviewing biographical evidence (Andreason, 1987). Methodological flaws, such as the use of retrospective diagnoses and biased sampling, may contribute to an overestimation of the incidence of BD among creative populations. However, several well-designed studies and meta-analyses demonstrate robust and replicated evidence that mood disorders are significantly elevated among people who achieve creative success (Johnson et al., 2012; Ludwig, 1992).

Ludwig (1992) investigated mood disorders in creative occupations via writers' rates of depression and mania, and found substantially elevated rates compared to controls. Tremblay et al. (2010) report findings in an epidemiological study which found an increased incidence of mood disorders among individuals with creative hobbies. Evidence for increased prevalence of non-eminent creativity among individuals who experience extreme moods is also reported (e.g. Santosa et al., 2007). There is evidence that hypomania is linked to creativity, and that mania likely hinders it (Johnson et al., 2012). This review of the links between BD and creativity suggests that high mood are useful for creativity up to a point, after which cognitive and affective changes interfere with creative thought and application. The evidence indicates numerous cognitive mechanisms that appear to underlie both creativity and extremes of mood, discussed further below. It would be useful to explore these links from the perspective of those who experience them.

An alternative approach to studying the co-occurrence of BD and creativity involves examining affective, cognitive and behavioural markers of BD that are also implicated in creative thought and productivity. A number of traits are associated with creative thinking, such as high levels of openness, positive affect, risk-taking, and high drive (McCrae, 1987). Many of these traits have also been found to be associated with BD and risk for developing BD, suggesting that BD and creativity may share some underlying cognitions. A defining feature of mania is positive affect, the effect of which has been studied in relation to creativity. Positive affect increases the breadth of attentional scope (Rowe et al., 2007) and improves creativity scores. Fredrickson's Broaden and Build theory of positive emotion (Garland et al., 2010) suggests a significant beneficial effect of positive affect on scope of thought, speed of connection, and subsequent thought-action repertoires. Isen et al. (1985) found positive affect increases unusual word associations and facilitates problem solving, in line with studies demonstrating increased word fluency among individuals experiencing mania. Problem-solving is a key facet of creativity. A meta-analysis of the relationship between mood and creativity demonstrates that positive affect enhances creativity (Davis, 2009).

Furthermore, evidence indicates that drive and approach motivation are increased in BD, including elevated confidence and goal dysregulation, (Alloy and Abramson, 2010) and elevated ambitions and

optimism (Spielberger et al., 1963). Increased levels of confidence found in BD are particularly heightened when people with BD experience positive affect (Gruber, 2011). A related feature of BD is increased impulsivity, which appears to increase during mood episodes but has also been shown to be a trait characteristic in people who experience mania (Gruber, 2011). Investigators report that goal attainment and life events predict mania, and extreme goal setting in laboratory tests or questionnaires predicts lifetime vulnerability to mania (Alloy and Abramson, 2010). Because engaging in creative pursuits entails goal-seeking behaviour and reward which may activate positive affect, the relationship between creative activities and mood in BD is likely to be important to self-management.

Personality factors associated with BD include Openness to Experience and Extraversion. It is well documented that increases in set-shifting, (cognitive flexibility or changes in scenery and approach), can facilitate creative thinking (Gilhooly et al., 2013). It may be that switches of extreme mood might provide the change that fosters creativity, but this remains relatively unexplored.

The aim of this study was to explore the phenomenology of extreme mood and creative activity, including the ways in which people with BD appraise their experiences of mood and creativity. Research demonstrates that creativity and the arts can regulate mood (Lenton and Martin, 1991), supporting the idea that creative activities might assist individuals with BD to recognise, monitor and modify mood. This could inform the development of clinical interventions to accommodate the fear that people with BD express of losing aspects of their creativity by engaging in treatment (Sajatovic et al., 2011). Acknowledging such fears may help reduce the high rates of treatment refusal in BD (Murru, 2012). Whilst one previous study explored creativity and BD (Jamison, 1980), the method was to invite diagnosed participants to indicate the presence or absence of positive features of bipolar moods, including creativity. These features were generated by the author, and the study did not explore these experiences further or from participants' perspectives. In 2012, the current authors invited people diagnosed with BD to discuss the positives of BD in a qualitative study. Creativity was one of several areas explored, but this was not the focus of the research. Seal & Mansell (2008) report a qualitative investigation of some of the positive aspects of high mood, but in a non-treatment sample which would not meet diagnostic criteria for BD, only hypomanic episodes.

### 3. Method

#### 3.1. Participants

Demographic and clinical data are presented in Table 1.

Participants were sampled from a voluntary panel established by the Spectrum Centre for Mental Health Research at Lancaster

**Table 1**  
Demographic and clinical data.

| Participant | Gender | Age | Reported Diagnosis | Years since diagnosis | Years since self-reported onset | MDQ Score* | Severity (self-reported on MDQ) | Employed? | Medication? |
|-------------|--------|-----|--------------------|-----------------------|---------------------------------|------------|---------------------------------|-----------|-------------|
| A: Frank    | Male   | 41  | Bipolar I          | 5                     | 20                              | 14         | Serious                         | No        | Yes         |
| B: Turner   | Male   | 39  | Bipolar I          | 12                    | 20+                             | 12         | Moderate                        | No        | Yes         |
| C: Sherlock | Female | 45  | Bipolar I          | 13                    | 20+                             | 13         | Serious                         | Full time | Yes         |
| D: Uma      | Female | 38  | Bipolar I          | 20                    | 20                              | 12         | Moderate                        | Part time | Yes         |
| E: Nadia    | Female | 27  | Bipolar I          | 4                     | 7                               | 12         | Moderate                        | Part time | No          |
| F: Stella   | Female | 32  | Bipolar I          | 6                     | 10                              | 13         | Serious                         | Full Time | No          |
| G: Alan     | Male   | 34  | Bipolar I          | 14                    | 18                              | 10         | Serious                         | No        | Yes         |

1. "Yes" to seven or more of the 13 items in question number 1; and

2. "Yes" to question number 2; and

3. "Moderate" or "Serious" to question number 3;

you have a positive screen. All three of the criteria above should be met.

\* MDQ: If the participant answers.

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