

Schizotypy and mental health amongst poets, visual artists, and mathematicians

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Available online 27 October 2005

Abstract

Many researchers have found evidence of an association between creativity and the predisposition to mental illness. However, a number of questions remain unanswered. First, it is not clear whether healthy creatives have a milder loading on schizotypal traits than people who suffer serious psychopathology, or whether they have an equal loading, but other mediating characteristics. Second, most of the existing research has concentrated on artistic creativity, and the position of other creative domains is not yet clear. The present study compares schizotypy profiles using the O-LIFE inventory in a large sample of poets, artists, mathematicians, the general population, and psychiatric patients. Poets and artists have levels of unusual experiences that are higher than controls, and as high as schizophrenia patients. However, they are relatively low on the dimension of introverted anhedonia. Mathematicians are lower than controls on unusual experiences. The results suggest that artistic creatives and psychiatric patients share a tendency to unusual ideas and experiences, but creative groups are distinguished by the absence of anhedonia and avolition. Moreover, different domains of creativity require different cognitive profiles, with poetry and art associated with divergent thinking, schizophrenia and affective disorder, and mathematics associated with convergent thinking and autism.

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Keywords: Schizotypy; Psychopathology; Creativity; Poetry; Artists; Mathematics

1. Introduction

Notions of an association between creativity and mental illness have a long history (Jamison, 1993; Nettle, 2001). Moreover, contemporary research has provided consider-

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able support to traditional speculations. The evidence comes from five different types of studies. First, biographical and survey studies have found high levels of psychopathology, especially, depression and bipolar disorder, in eminent individuals in the fields of literature and the arts (Andreasen, 1987; Andreasen & Canter, 1974; Jamison, 1989, 1993; Ludwig, 1995; Post, 1994). Second, family studies have produced evidence of creative interests and aptitudes in close relatives of psychiatric patients, including biological relatives separated by adoption (Heston, 1966; Karlson, 1970; McNeil, 1971; Richards, Kinney, & Lunde, 1988). Such studies are suggestive of an inherited personality or cognitive trait that has both creativity and mental illness in its range of effects.

Studies of the third type have shown that psychiatric patients, usually with a diagnosis of schizophrenia, have enhanced performance relative to control participants on tasks of divergent thinking (Andreasen & Powers, 1975; Hasenpus & Magaro, 1976; Keefe & Magaro, 1980). Such tasks have been taken to be good measures of creativity. For example, Keefe and Magaro (1980) found that a schizophrenia patient group scored higher than controls on the alternate uses task (Guilford, Christensen, Merrifield, & Wilson, 1978), in which the participant has to generate unusual uses for a banal object. The logic behind such studies is the observation that divergent thinking, the capacity argued to underlie creativity, is very similar in definition to thought disorder, which is a feature of psychotic conditions (Guilford, 1967; Hasenpus & Magaro, 1976).

The fourth group of studies demonstrates that performance on tests of creativity among the general population correlates with scores on scales designed to assess the liability to psychopathology (Fisher et al., 2004; Schulberg, 1988, 1990, 2000; Woody & Claridge, 1977). Schulberg has shown that there are moderate correlations between tests of creative performance or self-rated creativity, and scales which assess liability to psychiatric symptoms. In particular, psychopathological dimensions relating to either positive psychotic symptoms or hypomania associate positively with creativity, whereas dimensions related to anhedonia or flattened affect related negatively to creative performance. In related work, it has been shown that individuals who score highly on scales related to positive but not negative psychotic symptoms make broader semantic associations between stimuli (Mohr, Graves, Gianotti, Pizzagalli, & Brugger, 2001), and score highly on a divergent thinking battery (Green & Williams, 1999).

The fifth and final approach to the link between psychiatric disorder and creativity has been psychometric assessment of individuals in creative pursuits (Barron, 1969; Eysenck, 1993). Eysenck argued that elevated scores on the P or Psychoticism dimension were typical of such individuals. However, the P dimension has been criticised in terms of validity and specificity, and moreover, despite its name, it has no clear relationship to psychosis in terms of item content or predictive power (Chapman, Chapman, & Kwapil, 1994; Claridge, 1983). Subsequent psychometric work has therefore adopted one of two strategies. Some studies have used the five factor model of personality, which has no single dimension corresponding to Psychoticism, and found that creative individuals and bipolar patients share high levels of the personality traits neuroticism and openness to experience (Nowakowska, Strong, Santosa, Wang, & Ketter, 2004). Such a profile is similar to that of those vulnerable to affective disorders. Other studies have turned instead to a dimension with direct theoretical and empirical connections to psychosis, namely schizotypy (Claridge, 1997; Claridge et al., 1996; Mason, Claridge, & Jackson, 1995).

The concept of schizotypy, and its component structure, are derived inductively from the traits and symptoms found in schizophrenia, and schizotypal and borderline

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