

CREATIVITY IS TWICE BORN OUT OF MADNESS: MYTH OR REALITY

Dr. Irshad Ahmad Itoo

Lecturer GDC Bijbehara

Abstract

Mental illnesses like manic depression undeniably have the power to make hell of one's peaceful life. However, many people believe the same diseases that send victims to therapy, medication, and institutions, have also inspired history's greatest philosophers, painters, writers, and poets. The notion is yet matter of discussion among psychiatrists and scholars whether there is any link between creativity and madness. This paper is an attempt to analyze the theme from every point of view and tries to bring out on the surface whether the notion is a myth or reality.

Key words: Mental illnesses, Autism, Amnesia, Epilepsy, Hypomania, and Cyclothymia

INTRODUCTION

Every one of us is aware of the fact that human body is assembled by a number of organs disparate in shape and size, performing a specific function for its maintenance. Among the organs some are more significant some are less, while as other are having tertiary importance i.e. their existence plays a very negligible role in the safeguarding of the body like the removing of either of the kidneys or gallbladder. But human mind is the supreme organ which differentiates an individual from other creature of world and makes one able to understand their importance. It is the mind that controls the movement of the whole body and makes a person to realize different facets of life as well as nature. Moreover, majority of the people hardly knows that brain like that of other organs also suffers from several diseases which are unintelligible to them like Autism, Amnesia and Epilepsy. According to the source available with us that every year hundreds and thousands of people round the globe more importantly in USA are being diagnosed by the mental illness like bipolar disorder. (Hales 103).

BIPOLAR DISORDER: CAUSES, SYMPTOMS, AND TREATMENT.

The grave mental illness namely bipolar disorder also known as bipolar affective disorder also known as manic depression causes unusual shifts in mood, has a suicidal tendency, affects relationships, career prospects, and academic performance of a person. This type of illness is characterized by clinical periods of high ecstasy, and then low energy and despair. A well-known psychiatrist namely Dr. Tresha Suppes in the book *Bipolar disorder Assessment and treatment* writes about bipolar disorder as:

Bipolar disorder is a mood disorder characterized by significant swings between mania and depression as well as changes in sleep, activity, attention and impulsivity" (Suppes 2).

It must be noted that a bipolar disorder patient has severe fluctuations in mood poles — from depression to mania. This disorder has nothing to do with the ups and downs that we all experience sometimes; it is much more severe, debilitating and incapacitating. Fortunately it is treatable disease and with proper care and the right medication patients can perform well at work, academics and can live a prosperous life.

So far as the types of this grave illness are concern, it has five major types namely Bipolar Disorder I, Bipolar Disorder II, Cyclothymia, Rapid cycling, and Mixed states. Bipolar I refer to a condition in which people have experienced one or more episodes of mania. Though an episode of depression is not necessary for the diagnosis of bipolar I. Most people who have bipolar I, will have episodes of both mania and depression and a few people will have episodes of mania alone. In the second type, patient experiences one or more episodes of depression and at least one hypomanic episode. A hypomanic state is less severe than a manic one. During a hypomanic episode the patient sleeps very little, is very competitive and outgoing, and is full of energy. But he/she is fully functioning and this may not be true with the case manic episodes. In Cyclothymia, also known as cyclothymic disorder and this refers to a more chronic unstable mood state. This diagnosis is given over the course of one year for children and adolescents, or two years for an adult, a person experiences moods that are abnormally high or low for at least half of the days. During this time of unstable mood, there will be hypomania, but no full manic or depressive episodes. In other words, in order to be diagnosed with cyclothymia, a person must have hypomanic symptoms and some depressive symptoms for at least half of the time over a period of one to two years. Though a person with cyclothymia has hypomanic episodes i.e. he/she has never experienced a full-

blown depressive episode, but only periods of feeling sad. A person with cyclothymia may have periods of normal mood, but these periods are brief and last in less than eight weeks.

In the fourth type namely rapid cycling, a patient experiences four or more episodes in a year which can be manic, hypomanic, and depressive or mixed episodes. Rapid cycling tends to be more common in women than in men. Some women also experience bipolar disorder after childbirth. This type is called postpartum onset bipolar disorder. The last type is mixed state in which periods of depression and elation occurs at the same time.

SYMPTOMS

It is worth noting that bipolar disorder is a complicated matter to identify. It can take more than 10 years to diagnose it accurately, because everyone has mood swings from time to time. Therefore it is only possible when these moods become an object of interference in one's personal as well as professional life and this is the stage when medical consultation is required. However, there are some starting signs by means of which bipolar disorder can be easily recognised. They are:

1. feeling euphoric – excessively 'high'
2. restlessness
3. extreme irritability
4. talking very fast
5. racing thoughts
6. lack of concentration
7. sleeping very little
8. a feeling a sense of own importance
9. poor judgment
10. excessive and inappropriate spending
11. increased sexual drive
12. risky behaviour
13. misusing drugs/alcohol
14. Aggressive behaviour.

It is very important to note that a person may not be aware of all these changes in his/her behaviour, but after a manic phase is over, he/she may be quite shocked at what they have done and the effect that it has had.

CAUSES

Although there is no limitation of age for Bipolar disorder to develop, but it generally begins before the age of thirty five. The age group from fifteen to twenty five has been found fertile for its growth. Whatever may be the age that suits it, yet it can take years together for the full development of a manic depression. Psychological research has exposed so many factors responsible that lead to its foundation like Genetic, neuro-chemical, and ecological factors probably cooperate at many levels to play a role in the onset and development of bipolar disorder. Parents suffering from bipolar disorder have utmost chances of having the same condition to their children. Bipolar disorder is mostly a biological disorder that occurs in a specific area of the brain and is due to the dysfunction of certain neurotransmitters in the brain. As a biological disorder, it may activate on its own or it may be triggered by some exterior factor such as mental stress and social conditions. An emotional event may activate a mood episode in a person with a genetic temperament for bipolar disorder and altered health habits like alcohol, drug abuse, and hormonal problems can generate an episode.

On the other hand, the use of antidepressant medicines without the consultation of a psychiatrist can trigger a manic episode in people who are susceptible to bipolar disorder. Therefore, a depressive episode must be treated carefully, because it can turn into a manic one. Above all, it is the family atmosphere and the personal relationships, which can originate a brain disorder among individuals.

TREATMENT

There is no denying the fact that bipolar disorder is a devastating and lifelong process which runs in an unpredictable course of ups and downs. If it is left untreated, it can make hell one's peaceful life. In manic phase people may be hyperactive and irresponsible, but in the depressive phase it will be very difficult for them to recognize things properly. Besides this, they can even harm social relationships and norms. Therefore, need is to have early diagnosis and treatment to this disease. Medication alone is not a proper treatment of bipolar disorder, besides there are numerable factors which are fruitful to control one's ongoing depression. At first, it is necessary to educate people about this sort of illness and patients must have a strong family support system before consulting a good doctor or a therapist. Moreover, it is the patient and the doctor whose joint efforts can find out the way by means of which bipolar disorder can be kept under control. Therefore, it is important to have regular blood tests to make sure that the medication levels are in the therapeutic range.

Most people stop taking the medication as soon as they starts to feel better without knowing that it is a reversible disease. So one must not stop the medication without the suggestions of the doctor to whom he had consulted. Bipolar disorder medication can help patients reduce the symptoms of mania and depression, but in order to feel better, it is essential to lead a lifestyle that supports its wellness — Means surrounding of the patient with supportive people, getting therapy, and getting plenty of rest.

Along with medications, psychological therapies also play a vital role in the treatment of bipolar disorder. These therapies can help one to develop the skills by which he/she will be able to tackle the problems associated with any sort of depression. Generally speaking, there are three types of therapy which are beneficial for the patient suffering from depression namely Cognitive-behavioural therapy, Interpersonal with social rhythm therapy, and Family-focused therapy. In cognitive-behavioural therapy patient examines how his/her thoughts affect emotions. One also learns how to change negative thinking patterns and behaviours into more positive ways of responding. Interpersonal therapy focuses on current relationship issues and helps one to improve the way he/she relates to the important people in his/her life by addressing and solving interpersonal problems and this type of therapy also reduces stress in one's life. As a matter of fact, stress is a trigger for bipolar disorder and this relationship-oriented approach in interpersonal therapy can help to reduce mood cycling.

Bipolar disorder patients are supposed to have excessively sensitive biological clocks. These clocks can be easily thrown off by an interruption in the daily pattern of activity like sleeping, eating, and exercising. These activities are also known as one's social rhythms and when these rhythms are stable, the biological rhythms that controls mood remain stable too. So these rhythms can directly affect relationships, therefore it has been made an obligation to combine social therapy with impersonal therapy for the patients of bipolar disorder. Lastly, Family-focused therapy helps one to restore a healthy and supportive home environment by educating family members about the disease. In addition to taking medication in consultation a therapist, good self-care will make ones recovery possible from bipolar disorder in a quicker and easiest way. Besides these therapies, the following points of self-care activities are necessary for a person suffering from depression:

1. Learning more about bipolar disorder
2. Avoid isolation, drinking and stressful situations.
3. Seeking support at home, and eat nutritiously.

CORRELATION BETWEEN BIPOLAR DISORDER AND CREATIVITY

As said earlier mental illnesses like bipolar disorder also known as manic depression undeniably have the power to destroy life. However, many people believe the same diseases that send victims to therapy, medication, and institutions have also inspired history's greatest philosophers, painters, writers, and poets. Therefore, one has to think hundred times what to call manic depression, a beneficial gift or a curse? Because, it has a quality that accentuates artists' creative temperament and spurring greater creative thinking as acknowledged by a clinical psychologist and professor at Johns Hopkins University School of Medicine namely Kay Redfield Jamison. She says:

Cognitive processes associated with certain moods are the link between creativity and madness. Restlessness, grandiosity, irritability, intensified sensory systems, quickening of the thought process, and intense feelings are all typical cognitive changes that characterize both mania and creativity (Shrivastava 756).

Going through the history in different cultures the perception of being mentally disabled has carried different meanings, and has been re-examined and reformulated again and again. Ancient Greeks believed that creativity comes from the gods more particularly from the Muses—the goddesses of arts and sciences, and the nine daughters of Zeus—the king of the gods. By associating creativity with madness, they believed that madness is gift from gods. A Roman philosopher namely Seneca recorded Aristotle saying “No great genius was without a mixture of insanity” (Langsdorf 90-91). Robert Graves further explains the statement in his book *The Greek Myths* (1955). He writes it as:

By the time of Plato and Socrates, common lore held that priests and poets communicated with the gods through inspired "madness". Socrates discussed artistic "madness" or possession by the Muses: "If a man comes to the door of poetry untouched by the madness of the Muses, believing that technique alone will make him a good poet, he and his sane compositions never reach perfection, but are utterly eclipsed by the performances" (Graves 9).

Not only this, but a good portion of the literature either written by Shakespearian or by American Confessional writers; is overwhelmed by the theme of madness. In fact madness is the methods used by them to express their thought. Apart from taking madness as a theme, there is another notion related to it that there exists a special kind of relationship between poets and being crazy. However, this notion seems to be true, because there is long list of the poets and writer who were suffering from some sorts of mental illness. The most ostentatious and notorious poet of the Romantic Movement— Lord Byron (1788–1824) suffered from bipolar disorder. Indeed, his personal physicians described his mood fluctuations ranging from suicidal melancholy to the irritable, volatile, violent, and expansive behavior. Byron writes about himself and his fellow poets “We of the craft (poets) are all crazy” (Lovell 115). The symptoms of mania, depression, and mixed states permeate

throughout Byron's most autobiographical Poems especially in "Childe Harold's Pilgrimage", "Lara", and "Manfred". Another romantic poet Samuel Taylor Coleridge (1772 – 1834), suffered from crippling bouts of anxiety and depression. It has been speculated by some critics that he suffered from bipolar disorder, a manic depression which was unknown during his life. He had chosen to treat these episodes with opium, but became an addict in the process and the addiction affected his life completely.

Another depressed genius is Charles Dickens (1812-1870), a great Victorian novelist who suffered from serious bouts of clinical depression. He had to face some shocking events which activate his depression like his entire family was imprisoned for debt problems, the train crash episode while returning from France, and his sister-in-law's death in his arms. In order to pay the debts, Dickens was forced to work in a boot factory **and he shared that haunted experience of the factory in his novel Great Expectations (1861).** Since his childhood, Dickens had great interest in psychiatry and the treatment of the insane for that he frequently visited to St. Lucks Hospital. In fact insanity has a special place in his works for example the insanity of the character Mr Dick depicted in his auto-biographical novel *David Copperfield (1850)* by hook or crook suggests Dickens's experience with his own mental illness. Researchers revealed that Dickens had a routine of waking even miles in search of mental peace. At the end he suffered from another stroke of depression and was found died in 1870.

Besides Coleridge and Dickens, Leo Tolstoy (1828-1910), the famous Russian author also suffered from mental illness. He revealed the depth of his own mental illness in his Confession which he had written at the age of 51, just before the publication of his famous novel *War and Peace (1869)*. He undergone from clinical depression, hypo-chondriasis, and alcoholism to bipolar disorder. He describes melancholy and his suicidal obsessions as: The thought of suicide come to me as naturally as the thought of improving life had come to me before. This thought was such a temptation that I had to use cunning against myself in order not to go through with hastily. I did not want to be in a hurry only because I wanted to use all my strength to untangle my thought... I myself did not know what I wanted. I was afraid of life, I struggled to get rid of it, and yet I hoped from something from it (Jamison 44).

Virginia Woolf (1882-1941) is another notable example of the notion that mental illness inspires creativity. Her unique style of writing, which came to be known as "stream of consciousness," was largely influenced by the symptoms she experienced through her mental disorder. She died by her own hands via filling her pockets with stones and walking into a nearby river. The cause of death was determined as suicide, because her mind was disturbed. Perhaps the most significant piece of evidence for Virginia Woolf depression was the suicide note which she left to her husband in which she exposes her mental condition as:

Dearest, I feel certain I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier till this terrible disease came. I can't fight any longer. (Rose 243)

The belief that mental illness and creativity are closely linked together seems to be a fact when one switches to confessional poetry, because all its chief proponents namely Robert Lowell, John Berryman, Anne Sexton, and Sylvia Plath suffered from bipolar disorder. They have an obsession with death and most of them committed suicide as a result of depression, indeed depression is the spirit of their poetry.

Robert Lowell (1917-1977), the father of confessional poetry suffered from manic depression throughout his life. Institutionalization in mental hospitals and a string of uneasy relationships also featured his life and influenced his poetry particularly in his book *Life Studies (1959)*. After his mother's death in 1954, Lowell was hospitalized at McLean's, a mental hospital in Massachusetts and he began taking lithium to treat mental illness. Anne Sexton and Sylvia Plath recorded about the mental illness of their poetry teacher Robert Lowell as:

During one class in which he seemed agitated, we had the distinct fear that he was going to throw himself out of the window. The class sat completely hushed. Anne fixed me firmly with her green eyes, as if to communicate something. Lowell hospitalized himself directly after this class meeting. (Colburn 28-29)

Next example is John Berryman (1914-1972), who was haunted by the demons of his father's suicide. His Father shot himself outside the Berryman's window when he was twelve years old. After father's suicide, John had to struggle with alcoholism, depression and frequent hospitalizations. He also suffered from marriage, divorce, affairs, and an urge towards suicide. He killed himself in 1972 by jumping of a bridge. Berryman writes about the role of sufferings in his artistic work as "My idea is this: The artist is extremely lucky who is presented with the worst possible ordeal which will not actually kill him" (Berryman 322).

Another example among confessional poets is Sylvia Plath (1932-1963), who was the youngest among the confessional artists. Her life was unstable and characterized by depression and anxiety. In fact mental illness was the inspiration for her great art. She was eight years old when her father died. She felt abandoned by her father and suffered greatly from his loss. After her father's death, she was hospitalized for severe depressive illness and had long fascination with death and ultimately she committed suicide by carbon monoxide poisoning when she was only 31 years of age. Her experience of mental illness is much recorded in the autobiographical novel *The Bell Jar (1963)*. She described her disturbed mind and sleepless nights as:

I hadn't slept for seven nights... My mother told me I must have slept, it was impossible not to sleep in all that time, but if I slept, it was with my eyes wide open, for I had followed the green, luminous course of the second hand and the minute hand and the hour hand of the bedside clock through their circles and semicircles, every night for seven nights, without missing a second, or minute or an hour (Plath 142-143).

The epitome of American Novel namely Ernest Hemingway (1898-1961) is another noteworthy example of the nation that mental illness and creativity grows in the same bed. He was known to be a heavy drinker, developing full-blown alcoholism later in life. When he committed suicide at the age of 61, he had just released after two months stay at Mayo clinic where he had been treating for depression. From his biography it becomes evident that Ernest Hemingway may have inherited his depression, death obsession, and creativity from his father, who had shot himself at the age of 57. His brother and sister also committed suicide due to depression and this is the proof of the fact that mental illness has a genetic characteristic.

Eugene O'Neill (1888-1953) is the only American dramatist to have Noble prize. He is also an example of the genius who suffered from clinical depression throughout his life. In his early age he had some problems with his family which is recorded in his best work *long day's journey into Night* (1962). After resolving the family problems, O'Neill had to face various health problems including a serious mental crises and alcoholism which was the reason of his brother's suicide at youthful age and the death of his parents within three years. After several years of battle with psychosis, he failed to control his harsh emotions and ultimately died in a hotel room.

Vincent van Gogh (1853-1890), a prominent painter of his time provides an example of a genius who was mentally ill. He suffered from severe depression and mutilates one of his ears in 1888. After two years he entered an asylum and shot himself in at the age of 37. Almost unrecognized in his lifetime, Gogh's paintings were gradually accepted as works of high artistic importance and are now among the most acknowledged images in the world of art. The extent to which his mental health affected his painting has been a subject of speculation since his death. Despite a widespread tendency to romanticize his mental ill health, Modern critics show him as an artist deeply frustrated by the inactivity and incoherence.

In addition to this long list of poets and writers some other prominent personalities of the world like Abraham Lincoln— 16th President of U.S. A, John Nash— the Noble laureate and the famous physicist and mathematician—Sir Isaac Newton are some other examples who suffered from depression in their life.

CONCLUSION

From the above discussion about manic depression and creativity and the long list of the world famous personalities who suffered from this illness in one way or other have invited the attention of the psychiatrists and the researcher to think over it whether there is any correlation between manic depression and creativity and most of the psychiatrists have positive views regarding it. But, it must be noted that *all persons with mental illness are not creative. Some sit idle throughout the days counting the cars passing by. Some have neither the desire nor the capacity to do something creative. Therefore, in the conclusion we may say that a good percentage of the patients suffering from bipolar disorder have been found doing creative exercises.*

END NOTES

- [1] It is a brain disorder that impairs development of a person's ability to interact with other people and maintain normal every-day activities.
- [2] It is loss of memory caused by brain injury or by functional nervous disorders.
- [3] It is a brain disorder that briefly interrupts normal electrical activity of the brain.
- [4] Depression - this mood is the other extreme to mania. The patient feels sad, may cry a lot, has a sense of being worthless, energy levels are extremely low, there is loss of pleasure, and sleep problems
- [5] Mania - this is the period of euphoria, restlessness, energy, recklessness, and talking a lot. The patient may go on emotional and mental sprees; it is the period when risky behaviours are most likely to occur, including risky sex.
- [6] Neurotransmitters are the chemicals which allow the transmission of signals from one neuron to the next across synapses the internal timekeepers that regulate circadian rhythms
- [7] A bitter brownish addictive narcotic drug that consists of the dried latex obtained from immature seed capsules of the opium poppy.
- [8] Lithium carbonate, in ionic or salt form, is commonly used as a psychiatric medication.

BIBLIOGRAPHY

- [1] Berryman, John. Writers at Work: The Paris Review Interviews. Ed. George Plimpton 4th series. New York: Viking Press, 1976. Print
- [2] Colburn, E. Steven. Anne Sexton telling the tale. Michigan: The University of Michigan press, 1988. Print
- [3] Hales, Dianne. Invitation to Health: Choosing to Change 14 Edition. Belmont: Wadsworth Publishing Company, 2010. Print
- [4] Jamison, Kay Redfield. Touched with Fire: Manic-Depressive Illness and the Artistic Temperament. New York: The Free Press, 1993. Print
- [5] Longsdorf, W. B. Tranquillity of mind. New York: Putnam's sons, 1900. Print
- [6] Lovell, E. J. Ed. Lady Blessington's Conversations of Lord Byron. Princeton: Princeton University Press, 1969. Print
- [7] Plath, Sylvia. The Bell Jar. New York: Harper & Row, 1971. Print
- [8] Robert, Graves. The Greek Myths. Middlesex England: Penguin, 1955. Print
- [9] Rose, Phyllis. Woman of Letters: A Life of Virginia Woolf. London: Routledge publishers, 1986. Print
- [10] Suppes, Tresha. Bipolar disorder Assessment and treatment. Burlington: Jones & Bartlett learning, 2010. Print
- [11] Srivastava, S. K. Ed. Applied and Community Psychology: Trends and Directions. 2005. Vols 2. New Delhi: Sarup & Sons, 2010. Print