The Creativity Mystique and the Rhetoric of Mood Disorders

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Keywords:
Bipolar disorder, creativity, depression, genius, Kay Redfield Jamison, mental illness, mood disorders, psychiatry, rhetoric

Abstract

Many contemporary scientific researchers are interested in drawing associations between mental illness and creativity. These studies have contributed to the popular image of the "mad genius," an image whose history stretches back as far as Plato and Aristotle. Recently, a new rhetorical manifestation of the mad genius image has emerged, what I call the creativity mystique of mood disorders. The creativity mystique, a product of the era of modern psychiatry, suggests not only that mood disorders are sources of creative genius, but also that medical treatment should take patient creativity into account. The texts I study here demonstrate a rhetorical shift from arguments observing correlation between mood disorders and creativity (in the most conservative of the studies, published for traditional scientific audiences), to arguments observing a causal link from mood disorders to creativity (most prevalent in fringe literature texts and pop-science texts), to arguments observing inverse-causation, that is, a causal link from creativity to mood disorders (only found in fringe literature and pop-science texts). These arguments shift from more conservative to more controversial as the intended audience of the writing shifts from the scientific to the lay. As I demonstrate below, this rhetorical shift reveals how the creativity mystique has influenced research, diagnoses, and treatment of mood disorders.

Introduction

In the early part of the 20th century, psychiatric researcher Adele Juda drew correlations between "artists" and "psychic abnormalities" (296). Taking as the inspiration for her study the work of Cesare Lombroso, Juda studied a wide range of "artistic geniuses" over the course of decades, including in her sample architects, sculptors, painters, musicians, and poets (296). She found a "high incidence of psychoneuroses, affecting about one-third of all artistic geniuses" that
The study examined (298). Her work has inspired many contemporary researchers, both psychologists and psychiatrists, who are interested in drawing correlations between mental illness, specifically mood disorders, and creativity.

The most notable of the recent contributions to this field of study are the correlations between "great artists" and mood disorders that have been drawn by Kay Redfield Jamison, a psychology researcher formerly of UCLA and now of the Johns Hopkins Medical Center ("Manic Depressive Illness and Creativity" 62). Combining the results of a review of literature and of her own research, she has found that "recent studies indicate that a high number of established artists—for more than could be expected by chance—meet the diagnostic criteria for manic-depression or major depression," that is, the criteria for mood disorders. In fact, Jamison writes, "it seems that these diseases can sometimes enhance or otherwise contribute to creativity in some people" (64). Juda's present-day compatriots such as Jamison have thus drawn correlations between mental illness, usually mood disorders, and "creativity" or "creative genius." As psychiatric researcher Nancy C. Andreasen notes in a recent review of literature, "Anecdotally, there are many examples of striking associations between creativity and mood disorders" ("The Relationship" 251).

These studies have contributed to the popular image of the "mad genius," an image whose history stretches back as far as Plato and Aristotle. Recently, a new rhetorical manifestation of the mad genius image has emerged, what I call the creativity mystique of mood disorders. The creativity mystique suggests that mood disorders (a specific type of modern-day "madness") are mysterious, even sacred, and sources of creative genius. As opposed to the mad genius image, which arose centuries before the advent of modern psychiatry, the creativity mystique has arisen alongside modern psychiatry in a symbiotic relationship, drawing upon modern medicine's diagnostic criteria and research and—in key ways that I will point out in this article—also exerting influence upon modern psychiatric medicine. For example, the creativity mystique suggests to patients that they should avoid modern pharmaceutical treatments of mood disorders, thereby increasing—rightly or wrongly—patient noncompliance with the treatment suggestions of their doctors. This noncompliance has been noted by many researchers, including Andreasen. Doctors argue that patient noncompliance with treatment can lead to even more severe health problems for patients. Some patients may even opt to avoid treatment altogether, fearing that any treatment will stifle their creativity.

Below, I examine research on mood disorders to show how the creativity mystique manifests in arguments made in scientific and pop-science literature. I used an inductive methodology when pulling texts for this study. First, the scientific literature I examine was drawn exclusively from the PubMed database, located using search terms such as "creativity," "depression," and "mood disorders." I limited my search of PubMed, with a few exceptions, to articles published in the last decade. (I made exceptions to this time limit for authors who are currently publishing and who have published over a long period of time in order to study how their work has changed—if at all—over time.) Second, I located the popular science articles and books by searching through the reference lists of scientific articles (pulled during my first search) that study arguments that causally link creativity and mood disorders, such as Andreasen's literature review (2008). I limited the pop-psychology and pop-psychiatry books and articles to those authored by medical professionals (either psychiatrists or psychologists). Third, I delved into the field of "creativity studies" and researched their journals, such as the Journal of Creativity Studies. I then searched these journals for articles on mood disorders and psychiatry more generally, and studied their reference lists for other common texts.
In this article, I first examine recent scholarship on rhetoric and disability, and psychiatric disability in particular, to demonstrate the context in which this article arises. Then, I further develop the rhetorical trope that I am calling the "creativity mystique." I next turn my focus on rhetorical moves that I have discovered, through my examination of these texts, to be common in science and pop-science literature influenced by the creativity mystique. I conclude that the creativity mystique has exerted influence on some scientists, care providers, and patients, shaping medical understanding and treatment of mood disorders.

In particular, the texts I study here demonstrate a rhetorical shift from arguments observing correlation between mood disorders and creativity (in the most conservative of the studies, published for traditional scientific audiences), to arguments observing a causal link from mood disorders to creativity (most prevalent in fringe literature texts and pop-science texts), to arguments observing inverse-causation, that is, a causal link from creativity to mood disorders (only found in fringe literature and pop-science texts). These arguments shift from more conservative to more controversial as the intended audience of the writing shifts from the scientific audience to the lay reader. One can conclude, then, that scientific audiences place greater demands on the soundness of the methodologies used and conclusions drawn by authors. As I demonstrate below, this rhetorical shift from correlation to causation to inverse-causation reveals how the creativity mystique has influenced research, diagnoses, and treatment of mood disorders.

**Rhetoric Scholarship And Psychiatric Disability**

Recently, rhetoric scholars have been turning their attention on disability studies. For example, in "Disability, Rhetoric, and the Body" (2001), James C. Wilson and Cynthia Lewiecki-Wilson argue, "The proposition that language is constitutive of social practices becomes particularly discernible ... through analysis of disability" (3). Wilson and Leweicki-Wilson thus argue for a theoretical relationship between rhetoric and composition studies and disability studies. They suggest that rhetoric is an apt partner of disability studies because "rhetoric has always been categorized as 'embodied' (and thereby valued less than philosophy)" and rhetoric "shares with disability studies ... a common position and interest in deconstructing this polarity and revaluing 'embodied' theory and scholarship" (7). Although language is a powerful force in the shaping—and reshaping—of disability identity, they note, "Language can only be partly harnessed as an instrument of agency, never wholly so, for it always carries along many other material histories and purposes and the arbitrary and differential traces of its systematic functioning" (3). In order to claim as much of this linguistic agency as possible, they write: "Recognizing that disability is a strategic naming, therefore, we argue both for the broadest possible definition of disability and for the right of the disability community to debate, contest, and change their preferred definitions of disability" (10). Rhetoric, then, gives to disability studies a particular understanding of the relationship between language and power, which reveals the myriad ways that the disability community can make use of this relationship.

The rhetorical construction of disability, and psychiatric disability in particular, has been well documented. This is particularly true when it comes to psychiatric diagnoses (such as mood disorders), which are, in many ways, merely a grouping of descriptive phrases and categories. The rhetorical nature of psychiatric diagnoses has been noted by Professor of Social Welfare Stuart A. Kirk and Professor of Social Work Herb Kutchins, in *The Selling of DSM: The Rhetoric of*
They note, "The publication of DSM-III in 1980 marked a major turning point for American psychiatry" (11). This is because "[t]he DSM-III abruptly shifted emphasis from the etiological psychodynamic perspective that had dominated psychiatry since World War II, it introduced an official definition of mental disorder, it brought a philosophy of empiricism to the nosology that had heretofore been absent" (11). Most importantly, it seems, the DSM "self-consciously asserted that the new classification manual represented the best that psychiatric research had to offer" (11). In other words, with the DSM, the field of psychiatry remade itself, trading the pre-DSM "perspective" of Freudian notions of the conscious and unconscious (notions now left to the social sciences and humanities to ponder) for the empirically motivated sorting of psychiatric diseases into distinct categories and diagnoses. The DSM, with its list of diseases (and corresponding symptom lists) that psychiatrists could now call upon, gave psychiatry a new practical methodology that more closely resembled other medical fields.

In short, the DSM-III (and the DSM-IV and the forthcoming DSM-5), through their diagnostic criteria and highly structured diagnosis classifications, rhetorically influence diagnoses and treatment of psychiatric disabilities. For the psychiatric profession, "[a] profession whose sole mission is understanding and treating a particular form of illness," the advent of the DSM-III provided proof that the field could "describe and recognize the illness when it occurs" (24). The DSM-III thus functioned as a highly persuasive document, according to Kirk and Kutchins, which enhanced the reputation of psychiatry both within the medical community and without. Today, the DSM creates a highly structured discourse—literally, a list—which allows psychiatric disorders to be described in an orderly fashion. This ability to describe illness has given psychiatrists the ability to persuade outsiders (such as governmental agencies and insurance companies) of the rigorousness of the psychiatric profession and the legitimacy of psychiatric diseases. The rhetorical power of the DSM's diagnosis codes manifested recently when the U.S. Congress enacted a law that provided that, if a patient is diagnosed with a legitimate psychiatric illness, then insurance companies must cover the psychiatric illness to the same extent as any other physical (non-psychiatric) ailment. A legitimate psychiatric illness, in the eyes of health insurance companies, is one that can be codified in the DSM.

I intervene in this ongoing discussion of the rhetoric of psychiatry by suggesting that the scientific discussion of a particular group of psychiatric disabilities—mood disorders—has been influenced by popular characterizations of mental illness and creativity. This path of influence flips the typical top-down model from the expert to the lay. Kirk and Kutchins describe this typical path of influence when they point out how the DSM—a creation of the field of psychiatry—has dictated how laypersons (not just scientists) discuss psychiatry. In the research I examine here, psychiatrists, psychologists, and researchers in the fields of psychiatry and psychology, influenced by the trope of the creativity mystique (which arose outside of science, from within the realms of philosophy and literature) make certain common arguments about the relationships between mental illness, creativity, and psychiatric treatment. First, some scientists are convinced by their research that a correlation exists between mood disorders and creativity. Second, some scientists and some researchers, in fields such as creativity studies, shift their arguments from correlation (mood disorders correlate to creativity) to causation (mood disorders cause creativity). Third, a shift sometimes occurs in the arguments of certain authors—usually pop-science authors—from causation to inverse causation (creativity causes mood disorders).
By undertaking an examination of common arguments (or theses) of scientific articles, this study demonstrates that as "scientific" findings (findings that are empirical, conservative, and aimed at an audience of fellow scientific researchers) migrate from conservative psychiatric and neuroscience journals into more mainstream publications such as Scientific American, authors' claims grow in confidence and certainty and also demonstrate greater ties to dominant cultural myths about mental illness and creativity (such as the "mad genius" image). To understand how these rhetorical shifts occur, we must first take a closer look at what I am calling the "creativity mystique."

**The Creativity Mystique**

As creativity researcher George Becker notes, it is "[a] commonplace assumption in Western society … [t]hat profound creativity has an intimate connection to psychopathology" (45). The creativity mystique, a modern-day manifestation of this "intimate connection," has contributed to the rhetorical romanticization of mood disorders among literary scholars, among patients, and, most importantly for my purposes, among some scientists and doctors.

Literary scholars, for example, often use mood disorders as a theoretical lens. Thomas C. Caramagno, in his well-received book, The Flight of the Mind: Virginia Woolf's Art and Manic-Depressive Illness (1992), "reexamine[s] [Woolf's] madness and her fiction in the light of recent discoveries about the biological basis of manic-depressive illness" (1). In chapter two of Caramagno's book, titled "Symptoms of Manic-Depressive Illness," he uses a fairly straightforward, three-step analytical process. First, he describes one of the complex symptoms of bipolar illness; second, he places this symptom alongside some samples of Woolf's biographical writings that seem to indicate that she suffered this symptom; and third, he draws literary conclusions using the symptom as a theoretical lens. He thus moves from medical symptomology, to the study of the author's journals and other biographical writings, and lastly to a study of Woolf's artistic productions.

Here is an example of this process from the text: Caramagno discusses the risk of mental breakdowns associated with bipolar disorder, noting, "Rarely does a breakdown result in an important personality defect or psychological deficit, though the experience itself can be quite upsetting. The 'madness' is temporary and seems not to be related in any meaningful way to the individual's normal personality" (37). Then, quoting Leonard Woolf's observations of his wife's behavior and Virginia Woolf's diaries, Caramagno asserts that "Virginia recognized that she experienced drastic alterations in perspective, judgment, and self-esteem as she dropped from a mild mania into a mild depression" (37). He then makes the final move I describe above, shifting from retroactive diagnosis of Woolf using modern psychiatry to using modern psychiatry as a lens to explain her fiction writing: "[Woolf] needed to know that somewhere beneath the bewildering panoply of symptoms ... lay a real Virginia, that central, wedge-shaped core Lily Briscoe feels intuitively is the hidden essence of Mrs. Ramsay [characters in Woolf's novel To the Lighthouse], that subterranean self Mrs. Dalloway [of the novel Mrs. Dalloway] sinks into when personality has become mere chatter, vanity, and invention" (37-8). Although he claims to speak back to "psychoanalytically inclined literary critics" who "cling to the outmoded, simplistic Freudian model of this disorder" (1), and despite his outward criticism of the notion that mental illness can cause creativity, he nevertheless relies upon the creativity mystique when selecting manic-depressive illness as a theoretical lens for a literary study.

The creativity mystique influences patients' decisions about their own treatment.
Patients diagnosed with mood disorders rely upon the creativity mystique when they claim that treatment, especially pharmacological treatment, should be avoided because it disrupts their creative processes. An examination of online psychiatric patient discussion boards reveals many manifestations of this kind of argument. As "Scott" wrote on an online discussion board titled "Fighting the Loss of Creativity from Lithium," "As a screenwriter I found that being on Lithium and Depakote [common drugs used to treat bipolar disorder] stripped me of every creative bone in my body" ("Fighting the Loss" para. 6). Scientists have noted that many patients who resist treatment, particularly pharmacologic treatment, point to preserving creativity as the impetus of their resistance (Andreasen, "The Relationship" 254). Scientists have also noted that patients are arriving at appointments with a self-diagnosis of bipolar disorder, going so far as to tell their doctors, "I want to be bipolar" (Chan and Sireling 103). As a consequence of this patient interest in bipolar disorder (and other mood disorders), researchers are examining whether "the self-diagnosis of bipolar disorder may also reflect the lay person's aspirations for higher social status, as illustrated by the implicit association of bipolar disorder with celebrity status and creativity" (Chan and Sireling 104). The creativity mystique, then, seems to suggest to patients that they should not only embrace bipolar disorder as a diagnosis, but also that they should resist treatment in order to preserve their creativity. Here, I use "creativity" to mean "a mental journey between ideas or concepts that involves either a novel route or a novel destination," borrowing neurologist Timothy Griffith's definition (6).

More curiously, the creativity mystique has also influenced researchers who study mood disorders and doctors who treat patients with mood disorders. Neuroscientists and psychiatrists who study creativity often point to classical Western philosophers as a source of their line of research. Psychiatrist Arnold M. Ludwig, in The Price of Greatness: Resolving the Creativity and Madness Controversy (1995), cites Plato: "Plato claimed that a poet's inspiration arose during moments of 'divine madness'" (Price of Greatness 1). Ludwig explains, however, that the "madness" of the ancient Greeks cannot be examined using the same framework that governs study of mental illness in modern medicine. In another text, Ludwig points to Plato's Phaedrus for the catalog of the types of divine madness: "poetic, prophetic, ritual, and erotic" ("Creative Achievement" 33). Psychologist Jamison notes that the "possible link between madness and genius is one of the oldest and most persistent of cultural notions... An intimate relationship between the ancient gods, madness, and the creators was described in pre-Grecian myths" (Touched with Fire 50). She also points to Plato's Phaedrus, noting, "By the time of Plato and Socrates, common lore held that priests and poets communicated with the gods through inspired 'madness' and sacred enthusiasms." Although, she notes, "Madness, as used by Plato and Socrates, encompassed a wide range of states of thought and emotion," a common "emphasis clearly was upon a profoundly altered state of consciousness and feeling" (Touched with Fire 51). Scientific writers who study links between mental illness and creativity thus claim an authority grounded in the oldest and most respected thinkers (albeit philosophers, not scientists) in the Western tradition.

There are now popular books authored by psychiatrists and psychologists professing alternative approaches to treating mood disorders that rely upon the creativity mystique. For example, psychologist Eric Maisel in The Van Gogh Blues (2002) rejects "diagnosing supposed mental illnesses according to prescribed formulae" in favor of what he calls "creativity coaching," which focuses on "working with a creator's totality" (xii). His goal with the book is to "help you [depressed creative types] and support you when meaning starts to fail and depression stealthily creeps in" (xiii). In Maisel's construction, treatment should focus on the
creative activities of the patient, not on an illness. In fact, for Maisel, this failure of "meaning" causes the illness.

Contemporary scientific researchers do not limit their studies to subjects who can be interviewed in person. Many researchers have turned to records of long-dead artists and writers, to perform what I have called, in earlier work, "retroactive diagnosis" (Pryal 495). When performing a retroactive diagnosis, a researcher gives a diagnosis such as "major depression" to a person who died long before the psychiatric diagnoses currently in use were drafted by the American Psychiatric Association. In her various works, for example, psychologist Kay Redfield Jamison retroactively diagnoses Tennessee Williams, Virginia Woolf, Edgar Allan Poe, and many others. In one article, psychiatrist Nancy C. Andreasen relies upon retroactive diagnoses of Vincent Van Gogh, Sylvia Plath, Martin Luther, and Ernest Hemingway, among others ("The Relationship" 251).

The creativity mystique encourages researchers to perform retroactive diagnoses of famous artists. Once retroactive diagnoses are made by reliable sources such as scientific researchers, in the popular imagination depression and bipolar disorder slip metonymically into the place of the artists themselves. Thus, the reverence a reader may feel toward the poetry of Sylvia Plath slips from the poet and onto the madness of the poet. Web sites have sprung up devoted to this reverence; NeuroticPoets.com, for example, showcases biographies and poetry of famously "neurotic" poets such as Edgar Allan Poe, Emily Dickinson, and Plath. The purpose of the site is to "present stories about and works by several widely admired poets who courted emotional disaster throughout their lives. ... The tales of their lives demonstrate that often tormenting relationship between pain and creativity" (para. 4). Web sites such as Neurotic Poets support the construction of mood disorders as, to use psychiatrist Peter D. Kramer's term, a "heroic artistic stance" (Kramer xii). Notably, Kramer's pop-science book Against Depression speaks back to the influence of the creativity mystique, arguing that "depression is a disease, one we would do well to oppose wholeheartedly" (x). Thus, because of the creativity mystique's prevalence and its influence on patients, Kramer—a doctor—felt compelled to write what he calls a "polemic" that advocates the treatment of depression medically and denigrates the romanticization of the illness by other pop-science authors. Below, I examine arguments that posit a correlation between mental illness and creativity; arguments that posit causation, suggesting that mental illness causes creativity; and lastly, arguments that posit inverse-causation, suggesting that creativity causes mental illness.

**Correlation**

By far, the most prevalent arguments among the research that I examine claim that there is a correlation, or association, between mood disorders and creativity. The most well known of the contemporary researchers writing in this area (by virtue of her best-selling memoirs) is Kay Redfield Jamison. In a 1989 article in the journal Psychiatry, she claims that, based on recent studies of the correlation between "affective illness" (psychiatric illness of the moods and emotions) and creativity, "Artists and writers represent a group at high risk for affective illness and should be assessed and counseled accordingly" ("Mood Disorders and Patterns of Creativity" 133). Jamison thus suggests that treatment of creative types for mood disorders should take into account their creative dispositions or professions (raising issues of what it means to be "creative," addressed below). Jamison makes two arguments: (1) there is a correlation between creative types and a "high risk" of mood disorders and (2) treatment of creative types should be somehow different than the treatment of non-creative types. Indeed, patients themselves express fears about treatment;
Jamison finds that "these concerns are particularly pronounced around issues of taking medication. Clearly, not all of these fears are realistic, but some may be" (132). Building upon this seed of doubt, Jamison urges more research into the problem: "Artists, writers, and the many others who rely upon their initiative, intellect, emotional intensity and energy for their life's work underscore the need for a re-examination of [the effects of lithium, a common bipolar drug, on creativity]" (133). Her arguments about treatment are supported by the correlations she draws between creativity and the periods of elevated mood common to bipolar-type disorders.

In particular, Jamison examines the correlation between "hypomanic episodes" and intensely creative periods described by the artists in her study. She found that the subjects' "episodes were characterized by increases in enthusiasm, energy, self-confidence, speed of mental association, fluency of thoughts, elevated mood, and a strong sense of well-being" (128). She diagnoses these states as hypomanic: "A comparison with DSM-III criteria for hypomania reveals that mood and cognitive symptoms showed the greatest degree of overlap between intensely creative and hypomanic episodes." (128). Thus, for Jamison, hypomania (as defined by the DSM) correlates with periods of heightened creativity and productivity experienced by the artists in the study. Note that Jamison does not go so far as to claim that the hypomania causes the creative output, only that the two phenomena "overlap" (128). This conservative stance is typical among articles written for a scientific audience. (In her writings for popular audiences, Jamison's claims do indeed shift from correlation to causation, as I demonstrate in the next section of this article.)

Nancy C. Andreasen, another leader in this field of research, also maintains a conservative stance about the relationship between mood disorders and creativity in a 2008 review of literature. The arguments of her report track Jamison's arguments: first, she suggests that a correlation probably exists; second, she makes suggestions about treatment of creative types, treatment that takes into account the concerns of patients. When Andreasen observes the correlation, she uses hedged language: "[I]t seems likely that creative individuals do have higher rates of mood disorder in general, and bipolar disorder in particular" ("The Relationship" 253); she concludes that "there appears to be a clear association between creativity and mood disorder" (253). This hedging ("seems" and "appears") is typical of scientific discourse in general; it also underscores the relative weakness of a claim of correlation.

Turning to treatment suggestions, Andreasen notes that creative patients often fear treatment: "Some feel that the high energy levels and euphoria associated with manic or hypomanic states enhance creativity" ("The Relationship" 254). However, Andreasen finds that a normal course of treatment should be followed in most cases, rather than a scaling-back of medication: "[A]dequate and appropriate treatment is likely to be helpful for the majority of creative people suffering from bipolar disorder" (254). She points to studies that show that some creative types have increased productivity when treated, some have decreased creativity, and some have no change in creative output at all (254). She does, however, suggest that a treatment provider "must of course be a sensitive and supportive listener," taking into account "the challenges and difficulties that creative people confront in the pursuit of their art" (254). Note that neither Jamison nor Andreasen advocate scaling back traditional psychiatric treatment for fear of stifling the patient's creative output, which is a common thread in the literature that posits causation.
Causation

Andreasen notes in her literature review that the correlation between mood disorders and creativity has been pushed into the realm of causation by some researchers: "[I]t has been argued that experiencing depression may also increase the creative capacity in some individuals" ("The Relationship" 254); she cites late Professor of Medicine George Pickering's *Creative Malady* (1974) as a foundational text in this area. The causation argument is more often found in pop-science literature than in literature intended for a scientific audience, even when written by the same researchers. The shift in audience seems to bring about the shift in the strength of claims; a claim to causation is a much stronger claim than one of correlation. However, some recent articles written for scientific audiences seem to make claims verging on causation. Closer examination of these articles reveals that the actual claims made in discussions of research tend to posit only correlation or tend to rely upon other research that only posits correlation. Thus, causation claims seem to remain dangerous for researchers wishing to maintain credibility among scientific audiences and are avoided, and causation claims tend to be more common in articles written for popular audiences.

Indeed, when Kay Redfield Jamison presented her findings on the relationship between mood disorders and creativity to a popular audience in a 1995 article in *Scientific American*, she drifted from a stance of correlation into one of causation. Jamison's article, "Manic-Depressive Illness and Creativity," points out that "recent studies indicate that a high number of established artists—far more than could be expected by chance—meet the diagnostic criteria for manic-depression or major depression" (64). This claim toes the line of correlation. But then Jamison moves her argument into the realm of causation: "In fact, it seems that these diseases can sometimes enhance or otherwise contribute to creativity in some people" (64). She supports this claim with studies that track the creative output of artists with their mood states (based, in large part, on self-reporting of mood found in dead artists' diaries). For example, she tracks the opus output of composer Robert Schumann on a timeline alongside his suicide attempts and mood states. The timeline appears to show that when Schumann was depressed and suicidal, his output was low or nil; when he was hypomanic, his output was greatest (66). Her article claims, then, that bipolar disorder "contributes" to artists' "creative achievement" (66). With the term "contribute," Jamison makes a claim of causation.

In "Positive Aspects of Mental Illness: A Review in Bipolar Disorder" (2010), Galvez et al. report that their review of literature reveals, "[M]ental illnesses can have some positive aspects," aspects that are "infrequently recognized" (2). They point out that "certain specific psychological characteristics, that are generally viewed as valuable and beneficial morally or socially, may grow out of the experience of having [bipolar disorder]. These include, but are not limited to: spirituality, empathy, creativity, realism, and resilience" (2). The authors' language choice, "may grow out of," although hedged ("may"), uses the language of causation ("grow out of") rather than language of correlation. Regarding creativity in particular, the authors note that the results of recent studies show that "patients with bipolar disorder and creative controls … had … enhanced creativity on the Baron & Welsch Art Scale (BWAS)," an empirical measure of creative function (3). However, despite the authors' use of language that seems to posit causation, the study they cite in their review actually does no more than posit correlation between bipolar disorder and creativity (the patients "had … enhanced creativity"). The other studies of bipolar disorder and creativity that the authors review make similar claims to mere
correlation (here, with the language "associated with"): "Creativity has been associated with samples of non-eminent bipolar patients where cyclothymic and hyperthymic temperaments seem to be more prevalent than in the general population" (3). Thus, although Galvez et al. make claims of causation in their literature review, their reliance on studies that only claim correlation weakens their conclusions.

Some very recently published studies intended for scientific—not popular—audiences, however, also make claims that seem to verge on causation, but closer examination reveals that the researchers in the end only claim correlation. These studies include Akinola et al.'s "The Dark Side of Creativity: Biological Vulnerability and Negative Emotions Lead to Greater Artistic Creativity" (2008), in which the authors examine artistic output and the adrenal steroid DHEA which is linked to depression. The language of their title indicates a finding of causation: "lead to." As groundwork for their research, Akinola et al. first point to the studies that indicate correlation, noting that studies show "mood disorders are 8 to 10 times more prevalent in writers and artists than in the general population" (1678). They then report the findings of their research study, in which they sought biological correlates to creative output, noting, "[O]ur findings are consistent with volumes of historical and empirical evidence relating depression to creativity" (1684). However, despite the causation-tinged title of their article, their discussion of their findings does not posit a strong stance of causation: "[W]e believe our data demonstrate some of the first evidence linking biological products and social and emotional factors to predict complex behaviors such as creativity" (1684). They thus only posit a "linking" (or correlation) rather than a cause, coining the phrase "depression-creativity link": "Given the volumes of research on the links between depression and creativity, these data provide provocative evidence regarding possible underlying biological mechanisms involved in the depression-creativity link" (1684). Despite this hedging in their discussion, the authors end their article on a note verging on causation: "[W]e showed that artistic creativity was enhanced following the increased negative mood state" (1684). This language—in particular, "creativity was enhanced" and the verb "following"—indicate a shift toward causation, as one result (creativity) follows from a certain cause (negative mood).

Inverse Causation

Some authors, particularly authors of fringe and pop-science literature, have taken the concept that mood disorders correlate to creativity and inverted it to claim that creative acts themselves predispose artists to—or even cause—mood disorders. Psychologist Mark A. Runco makes a very strong claim for inverse causation. Writing about the poet Sylvia Plath, who was treated for depression and eventually committed suicide, he argues that while "much can be learned by viewing Plath's poetry as an expression of her thinking and affect," he advocates "reversing the usual direction of effect and viewing Plath's affect, as a result of her writing" ("Suicide and Creativity" 638). He concedes his language of causation is controversial, writing, ""Result' may be somewhat strong, and 'influenced by' may be more realistic" (638). Nevertheless, he insists that "the causality originated with the writing rather than with Plath's temperament or experience" (638). Indeed, Runco advocates "a bidirectional view of causality. Rather than assume just one direction of effect, bidirectional effects between the person and the writing should be recognized" (638). He argues in particular that "depression could be a reaction to creative work. Perhaps depression is a reaction to writing. More realistically, writing might contribute to depression, as well as result from it" (645). Runco's article does not appear in mainstream scientific literature,
but rather in the journal *Death Studies*, a fringe science journal with a low impact factor.

Psychologist and scholar of creativity studies James C. Kaufman cites Runco in his work, calling the reversal of "the usual direct of effect" advocated by Runco "the Sylvia Plath effect." Using the term "effect," Kaufman implies causation (rather than correlation) between creativity and psychiatric disability. His article reveals that, in his conception of causation, depression in poets originates from the poetry (the author's creativity) rather than from the brain. Kaufman posits that women poets in particular (as opposed to, say, male non-fiction writers) are particularly susceptible to depression. He attributes this susceptibility to the likelihood that a woman poet will locate her creativity outside of herself (damaging her "self-efficacy"): "Poets [female poets in particular] may mentally assign credit—and, indirectly, their locus of control—to ... a muse, inadvertently placing themselves at a higher risk for depression and other emotional disorders" (*The Sylvia Plath Effect* 47). Thus, Kaufman implies that the poetic work itself creates a "risk" of depression; this is an argument for inverse causation.

Inverse causation has drifted from scholarly journals into the popular sphere. It has even contributed to a new way of thinking about treatment for depression in creative types—treating the creativity, rather than the mental illness. Psychologist Eric Maisel, a self-proclaimed "creativity coach" and inventor of the practice of "creativity coaching," argues that depression in creative types stems not from brain chemistry but rather from a "struggle to make life seem meaningful" (4). For Maisel, "creators are not necessarily afflicted with some biological disease or psychological disorder that causes them to experience depression at the alarming rates that we see" (3-4). Rather, Maisel inverts the causation, and suggests that "[creators] experience depression simply because they are caught up in a struggle to make life seem meaningful to them" (4). That is, "creators" become depressed because of their creative work. Maisel outlines a treatment program to help creators who suffer from such "meaning crises" (9). Treating the crises, according to Maisel, will cure the depression. For example, he suggests that patients must be able to do four tasks in order to avoid depression: "(1) To articulate a life plan that feels meaningful and to strive to live by that plan. (2) To articulate what constitutes worthy work and to accomplish [it]. (3) To articulate how the ... hours ... that make up your life will be made to feel meaningful ... . (4) To put the first three intentions into practice in a coordinated way" (52). Maisel's description of depression is more "existential," in his own terms, than clinical (4). In fact, he roundly rejects clinical psychology and psychiatry: "Both the biological and psychological approaches are suspect since both posit an unreal world, completely at odds with human experience" (15).

Unfortunately for his rhetorical purpose, Maisel tends to rely on weak analogies to support his anti-psychiatry arguments, rather than on scientific research. For example, he uses one such weak analogy when he warns against the "alluring" aspects of the "biological approach" to depression (16). In his warning, he compares the pharmacological treatment of depression to electrically stimulating an animal's brain: "Using drugs to manipulate neurotransmitting chemicals and hormones often works, just as electrically activating a rat's pleasure center will make him think that he is having a great day" (16). This comparison implies a strong similarity between pharmacological treatment of mood disorders to direct electrical stimulation of the brain, a weak analogy at best. But, the drugs that treat mood disorders do not function similarly to electrical stimulation, nor do drugs have the same negative consequences of electrical stimulation (such as the necessity of surgically opening a patient's skull to insert electrodes in the brain). Maisel's
language irresponsibly elides the differences between the two treatments, implying that drugs are as equally invasive (and ineffective) as electrical stimulation. This weak analogy and the others Maisel uses render his arguments unpersuasive, as we must question both his understanding of science and his reliance upon weak arguments instead of upon qualitative or quantitative research. Because Maisel advocates a treatment for mental illness with his work, his irresponsible arguments may have material effects on readers—patients—who take his arguments seriously and avoid seeking medical attention.15

Conclusion

It seems, then, that articles published in the most influential science journals rarely posit more than a correlation between creativity and mood disorders, and the earliest of the contemporary research does not stray from this line. Recently, some researchers are more commonly positing causation—such as the positive benefits for creative work that may arise from experiencing mood disorders. These claims appear mostly in fringe or pop-science literature (such as Scientific American), but recently have been featured more prominently in more influential scientific literature such as the work of Akinola et al. and Galvez et al. Inverse causation arguments appear exclusively in pop-science or fringe literature, such as Death Studies (Runco) and The Journal of Creative Behavior (Kaufman), or books published for popular audiences (Maisel). The most influential psychiatric or psychological studies rarely support causation, and they do not support inverse causation at all. In fact, the inverse causation argument appears to be supported by little scientific evidence, pushing it into the realm of pseudoscience. Although texts that posit inverse causation can be accurately termed pseudoscience, their authors often suggest treatment programs for patients with mood disorders based on their arguments, and studies show that patients are tending to resist traditional treatment. Thus, the rhetorical shift from correlation and causation to inverse-causation can have real-life implications for patients.

Psychiatric disability is, as the call for this issue of Disability Studies Quarterly puts it, "inherently rhetorical" and "best … understood through methods of rhetorical inquiry and analysis." By examining recent literature on the correlation between "creativity" (defined differently by different researchers) and "mood disorders" (a rhetorical categorization of certain symptoms found in the DSM), I have shown first that such research is often compelled by popular or nonscientific texts (such as Plato's Phaedrus). I have also shown that the most influential research publications make only the most conservative claims regarding the correlation between mood and creativity, in language (such as Andreasen's) that is fraught with hedges and possibilities—typical of traditional scientific discourse. Problems of proof and argument—rhetorical problems—arise in literature that suggests mood disorders can cause an artist's creativity. The strongest claims of this type rarely appear in influential literature, suggesting that the evidence is less reliable. The strongest claims of inverse causation do not appear in influential scientific literature at all, rendering it, at best, pseudoscience.

Although the nature of "influential" scientific literature is also a rhetorical construction—as audience drives which journals are respected and cited, a journal's influence is thus mutable depending on audience concerns—influence can serve as a strong indicator of reliability. Authors that publish in influential scientific literature must conform to demanding audience expectations about methodology and claims that can be drawn from research. For example, studies published in influential journals are more likely to use reliable research methods (large subject groups, control groups, and the like) and less anecdotal evidence.
The fact that much of the research I study here appears in fringe journals or pop-scientific magazines and books would be merely a theoretical observation if patients did not make treatment decisions based upon their claims. These decisions suggest that unreliable scientific research has a material effect on the lives of persons with psychiatric disabilities. Future research might, one hopes, examine more closely these material effects.

Works Cited


**Endnotes**


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2. Researchers, such as Ute Wiedemann et al. and Irving Gottesman et al. have noted the connections between Juda's research and German eugenics of the early 20th century. Her work must be read with that particular historical context.

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context in mind. Nevertheless, her work has strongly influenced contemporary medical researchers in the field of creativity and mood disorders.

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3. Mood disorders are a classification of illness in the Diagnostic and Statistical Manual of the American Psychiatric Association (the "DSM", currently in its fourth edition). They include depression, bipolar disorder, and other similar illnesses.

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4. In a few instances, I examine the voices of patients by reading posts on online psychiatry discussion boards. These posts are often anonymous, or the author only provides a first name, as psychiatric illness still possesses a stigma. I do not examine these posts as scientific literature, but rather to see how patients respond to psychiatric treatment.

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5. By "fringe literature" I refer to less prominent journals in a field; these journals may be peer reviewed but are often less mainstream or influential. In scientific research terms, these journals have a low "impact factor." The "impact factor" of a journal is calculated based on the number of times a journal's articles are cited in other literature, divided by the number of citable articles. For example, the impact factor of Death Studies is reported by the publisher to be .842 (Taylor and Francis); compare this impact factor with that of the American Journal of Psychiatry, which is 10.55 (Sciencewatch.com). The fringe category is not fixed, however, and I do not mean the term to be derogatory. The term "fringe" is also highly rhetorical, because determining whether a journal is "mainstream" and "influential" depends exclusively on audience.

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6. Rhetoric scholars have tackled many issues of rhetoric and psychiatry, including Catherine Prendergast, who has written on schizophrenia; Carol Berkenkotter, who has performed genre studies of psychiatric note-taking; Jordynn Jack, who has written on the rhetorics of neuroscience and autism.

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7. See also Bradley Lewis's Moving Beyond Prozac, DSM, and the New Psychiatry: The Birth of Postpsychiatry, in which the author argues for a poststructuralist approach to mental health treatment and against the use of the DSM as an overly prescriptive diagnostic tool.
8. Congress formalized the requirement of insurance parity between psychiatric and physical ailments fairly recently, when it enacted the The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The new law "prohibits group health insurance plans from restricting access to care by limiting benefits and requiring higher patient costs for mental health and substance abuse disorders compared with those costs that apply to general medical or surgical benefits" (Hitt).

9. For example, the eating disorder treatment center The Kartini Clinic lobbied for revision of the eating disorders definitions in the new edition of the DSM in order to increase patient insurance coverage. They described their motives on their website as motivated by the desire to persuade insurance companies to cover their patients' treatments: "It is true that childhood-onset anorexia nervosa would be the same illness no matter what we called it, so why does it matter how it is defined in a medical/psychiatric reference manual like the DSM? Why are so many of us lobbying hard to revise the definition of anorexia nervosa to meet clinical reality? For one thing, insurance companies use the DSM as one tool to decide who gets treatment and who doesn't" (O'Toole).

10. Caramagno criticizes the "Neurotic Model" of psychoanalytic literary theory, in part, because it "fortifies common cultural stereotypes about artists"; he thus claims to reject the "assumption that Virginia Woolf became a great artist because she was a neurotic" (8). It seems, however, that he has substituted "bipolar" for "neurotic" in his analysis of her life and work. I do agree that outmoded psychiatric theories are probably not the best way to understand Woolf's creative output.

11. According to the popular, doctor-edited web site WebMD, "Hypomania is a less severe form of mania. Hypomania is a mood that many don't perceive as a problem. It actually may feel pretty good. You have a greater sense of well-being and productivity. However, for someone with bipolar disorder, hypomania can evolve into mania—or can switch into serious depression."

12. Andreasen has authored some of the major studies in this area, including "Bipolar Affective Disorder and Creativity: Implications and Clinical Management," in *Comprehensive Psychiatry* (1988); and *The Creating Brain:*
13. For other recent reviews and studies geared toward a scientific audience, see also Shefali Srivastava et al., "Toward Interaction of Affective and Cognitive Contributors to Creativity in Bipolar Disorders: A Controlled Study" (2010), and Timothy Griffiths, "Capturing Creativity" (2008).


15. Despite his vocal mistrust of psychiatry and psychology, Maisel does, however, provide a "Notice" at the beginning of the book warning that the book "is not intended as a substitute for any treatment that may have been prescribed by your doctor" (v), suggesting that the lawyers who represent his publisher have less confidence in Maisel's rejection of traditional psychiatry than he does.