

The correlation between a mild bipolar disorder and enhanced creativity is great enough to encourage doctors and patients alike to explore alternative medicine to cure the disease, without jeopardizing the gift of a creative mind

What is bipolar disorder?

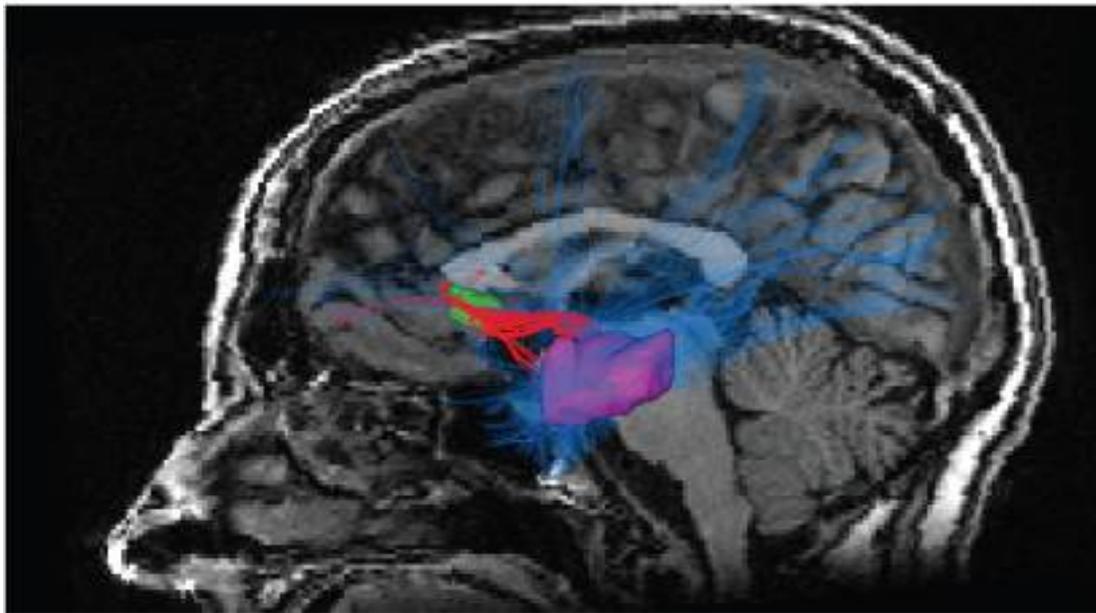
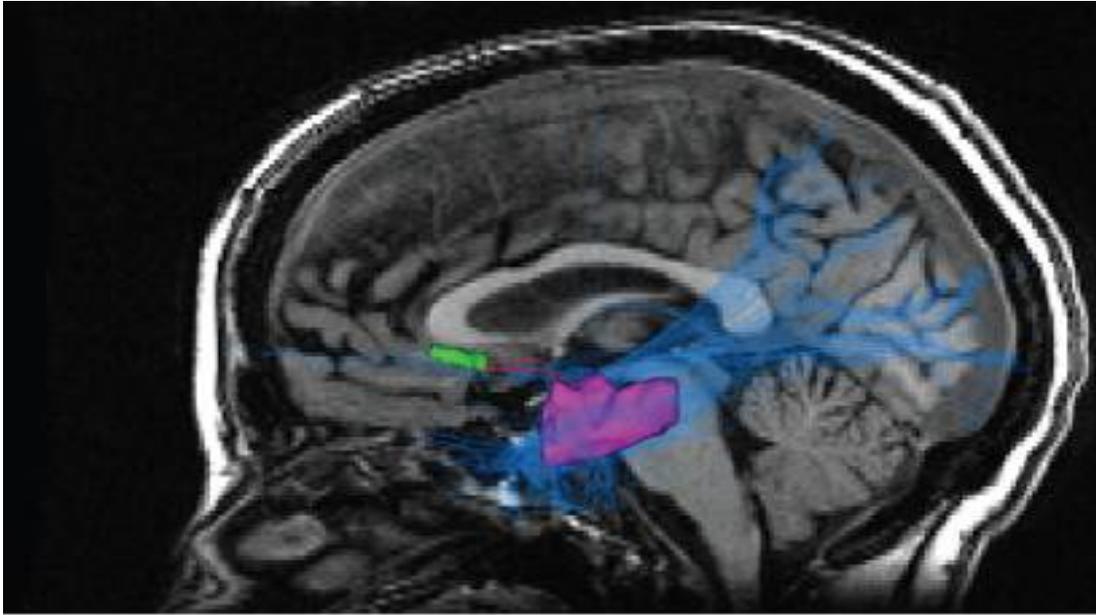
The lack of consistency in the lifestyle of people with creative professions as well as the desire to express oneself is often linked to mood disorders. There are a lot of friends in my environment, including myself, who go through periods of ups and downs throughout their careers. The main focus of my paper is to look for the links that tie the two together. That is not to say that every bipolar person is creative, or that every creative mind is bipolar. However, there has been extensive research done which shows that the link between the two is not just pure coincidence. The mixed states of depressive and manic symptoms "represent an important link between manic-depressive illness, artistic temperament, creativity, and the rhythms and temperament of the natural world (Jamison, 1993)." For example, when Dr. Arnold Ludwig "compared individuals in the creative arts with those in other professions (such as businessman, scientists, and public officials), he found that the artistic group showed two to three times the rate of psychosis, suicide attempts, mood disorders, and substance abuse (Jamison, 1993)."

These ups and downs carry symptoms ranging from the mildest Cyclothymic disorder to much more severe Bipolar I. disorder. "Hypomania (high) or depression (low) can last for days or weeks. In between up and down moods, a person might have normal moods for more than a month - or may cycle continuously from hypomanic to depressed, with no normal period in between (WebMD)." However, the most creativity happens among the lines of the Cyclothymic or Bipolar II disorder. According to Canadian Journal of Psychology, research done as recently as March 2011 shows that "increased creativity is associated with BD, more specifically with mild expression of BD traits, such as hypomania and cyclothymia. IU While fully manic episodes tend to disrupt creativity with their severity, hypomania's more moderate expression of self-confidence and hyperassociativeness fosters focused goal-directed activity (Flaherty, 2011)." Many times, people with this disease are not aware that they have it because, during their highs,

they tend to be very pleasant people to be around. They are usually very driven, outspoken, funny, outgoing, and blossoming with positivity. They feel like they could change the world with their ideas. It is during the "lows" that they seek help, but even the depressive states are often considered as a necessary part of life. It has been shown that "the period of depression might act as a gestation period for the work of art (Allen, 2008)"

"Biographical, epidemiological, and empirical studies now suggest that creativity is enhanced in bipolar disorder probands and suggests that atypicality and hyperconnectivity of specific brain regions may account for these findings (McCrea, 2008)."

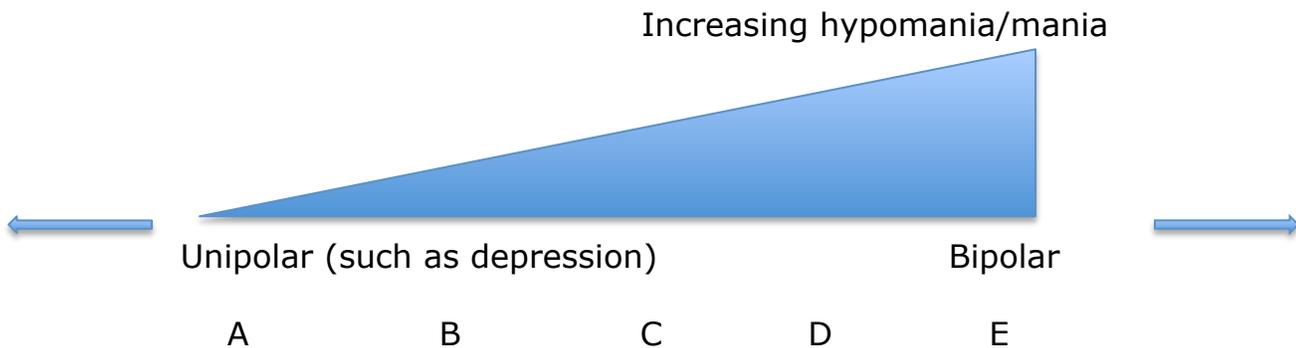
These findings are shown on the pictures below. The first picture is a brain of normal individual. The second picture is one of a bipolar patient. It is obvious, not only from the findings, but even on the picture, that bipolar patients have many more neural connections than a healthy individual.



In order for an individual to be creative, he or she does not need to have an extraordinary intelligence, but should have a thorough knowledge of a particular field as well as specific skills. However, these are not the crucial components of creativity. It is "the ability to develop alternative solutions to problems or the ability to use divergent thinking skills (McCrea, 2008)." The alternative strategies are formed in the frontal lobes, while temporal and parietal cortices are essential for storing information. "Therefore, atypical localization of cognitive functions, and the attendant co-association of brain

regions that are not normally connected through white matter tracts, might be essential for creative innovation (Fischer et al 1991)."

Another very important part of my paper is to bring awareness about the misdiagnoses of bipolar disorder. Proper diagnosis is needed in order to prescribe appropriate treatment to the patient. Wrong diagnoses of the disorder and not distinguishing among the severity of the symptoms can have disastrous results. The chart below provides an easy example of the scale that patients experiencing hypomania and mania can find themselves on. It is important to look at patients in a more complex way than "black" or "white", or depressive and bipolar in general.



"Presuming a proper differential diagnostic process has ruled out substance use or organic causes, a patient with depression who lies at Point E, with a clear history of mania currently or in the past, should be given a diagnosis of bipolar disorder (Gordon 2008)." There is not much disagreement when it comes to that statement, and it is considered to be general knowledge about diagnosing mood disorders. However, the problem occurs when looking at the degree of the disease. For example, what about the patients who find themselves at the point A or B?

"We must consider whether patients at Point A who have many 'soft signs' of bipolarity (i.e. non-manic features associated with subsequent manic or hypomanic episodes) warrant consideration as at least 'not unipolar' (Gordon 2008)." Since my paper is concentrated on people experiencing the mild symptoms of bipolar disorder, I think that keeping the spectrum of the disorder in mind is the important aspect of approaching the treatment of bipolar disorder. The basic difference between the bipolar I, and bipolar II is in the duration of the episodes and their severity. However, I think it should be a major determinant in which direction to take when assessing a proper treatment. In other words, do the benefits outweigh the costs regardless of the condition of the patient?

The following chart provides an easy distinction between bipolar I, and bipolar II disorder that should be thought of when considering an outside treatment.

Table Distinction between BP I and BP II (Benazzi, 2006)

Characteristic	BPI	BPII
Diagnostic stability(FN23)	Long-term	Long-term
Bipolar family history(FN24)	More BP I relatives than BP II relatives	More BP II than BP I
Prevalence	Equal in men and women	Higher in woman
Depression	More likely psychomotor retardation(FN27)	More likely p.agitation(FN38,39)
Rapid cycling(FN14,28)	Less common	More common
Risk of suicidality(FN26)	Lower	Higher!

The most important differences among the two in terms of the treatment are the differences in suicidality, depression and rapid cycling.

The beginning of the "mad genius phenomena"

As the book "Touched with Fire" notes, "a possible link between madness and genius is one of the oldest and most persistent of cultural notions; it is also the most controversial one (Jamison, 1993)." In fact, our ancestors considered madness to be something noble, and only the most gifted among us would be so lucky as to possess such a gift. To be mad has been thought of as to be touched by God, whereas to be "normal" was considered very human. Plato and Socrates thought that madness was responsible for altering the thought and emotions and focused on this aspect of distorted consciousness and feeling. Socrates said: "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 of the inspired madman (Ibid., p 48.)."

On the other hand, Aristotle's attention was more toward the "relationship between melancholia, madness, and inspiration. "Why is it," he asked, "that all men who are outstanding in philosophy, poetry or the arts are melancholic?"(Jamison, 1993)."

The change in interest between genius, melancholia, and madness from Renaissance, the rational thought of 18th century, and 19th century Romantics

The Renaissance brought back "the interest in the relationship between genius, melancholia, and madness (Jamison, 1993)." However, with the Enlightenment of the eighteenth century came also the change towards

this relationship. The idea of a rational thought was considered to be a much more important trait of genius than “inspiration” or extremes in mood. By the nineteenth century, Romantics were able to reverse this attitude, and brought back the idea of muses, inspiration, and melancholia.

What is my personal experience in relationship to creative professions and mood disorder?

At the beginning of my research, my claim was purely hypothetical. I’m surrounded by creative minds in my workplace and I always wondered whether it is possible that most of us experience the ups and downs in parallel with our rollercoaster lifestyle.

Since I work in the fashion industry, my closest friends and co-workers are photographers, movie producers, painters, actors, writers, dancers, and fellow models. Even though each profession has great differences, there are a few things common among them. We all lead free-lance lifestyle, without the stereotype of nine to five jobs, but with the uncertainty of ever becoming successful. Another common factor is that all creative careers are founded on a desire to express oneself. We are all trying to find a way to give “voice” to emotions, to find the true meaning of life, and to find one self. All these jobs are on a large scale of creative freedom. Modeling and acting often find themselves at the limit of the creativity scale, since these professions serve as a means to express someone else’s idea. However, this is where I first found the magic of creativity. Although limited, I’m still able to translate the idea of the art director my own way through different emotions, expressions, and movements.

Since I started attending New York University, I have become gradually more interested in pursuing the profession at the top of the creativity scale. My Major is Media studies, and I aspire to go into producing, writing, or screenwriting. As I started to do my research, it seemed as though some people are more inclined to creativity than others. In this paper, I would like to explore the possible link between enhanced creativity and symptoms resembling a mood disorder, such as mild bipolar II disorder. Additionally, I would like to show that more research needs to be done which would respect the large scale of severity at which bipolar disease can manifest itself. Furthermore, I’d like to draw attention to the alternative treatments of the disease, which should be the primary solutions for the patient. I disagree with the use of mood alternating medicine, unless completely necessary. The focus of my study is on people with creative professions suffering from bipolar symptoms and my goal is to show them how to ease the effects of the symptoms while not jeopardizing their creative abilities. I will show the examples of coping with the disease through works of the greatest geniuses in the arts, ranging from poets, and

painters, to play- and songwriters. I also interviewed five of my friends who all work in the creative field, and who learned how to cope with occasional ups and downs which accompany them throughout their artistic life. Some of them have symptoms close to actual bipolar II disorder, but most of them lead a perfectly healthy lifestyle because they have learned how to navigate the life of a creative profession. Either way, I find their input relevant showing actual bipolar patients how to approach difficulties, which might occur and perhaps help them with a few tips on how to get on a healthy track.

It has been shown that people with elevated creativity have a bigger chance of suffering from mood disorders, such as bipolar, than the general population. However, the medical treatment of this disorder might not only be ineffective, but comes with an enormous amount of side-effects, including potential harm to the individual's creative potential.

Five friends with different creative professions.

My case study consists of five friends who work in different areas of creative professions. They all live in either New York City or Los Angeles, are between late twenties to mid-thirties, and are single. Only one of them has been officially diagnosed with a disorder. However, most of them experienced ups and downs which are similar to mild bipolar symptoms in one-way or another. The level of success among them is very different, which goes hand-in-hand with the way they have decided to deal with the occasional mood swings and unstable nature of creative professions. The unedited interviews attached are in the Appendix. I will integrate the answers from the case studies in order to further support my arguments.

Where do we draw the line between mere mood swings and bipolar disorder?

*"Who in the rainbow can draw the line where the violet tint ends and the orange tint begins? Distinctly we see the difference of the colors, but where exactly does one first blindingly enter into the other?
So with sanity and insanity."*

Herman Melville, *Billy Budd, Sailor*

As the above quote suggests, it has been very challenging to draw the line between mere mood swings and full-blown disorder. All of us experience times of extreme sadness followed by happiness, but when should we start to be concerned? The author of "Strong imagination: madness, creativity, and human nature", Daniel Nettle, asks this question in the first chapter of his book. He uses Shakespeare's play "The Midsummer Night's Dreams" to

demonstrate, how even Shakespeare himself paid attention to the boundaries of madness. For example, the following quote identifies the imagination as a source of madness, intense feelings, and inspiration for an artist.

Thesus: "The lunatic, the lover, and the poet Are of imagination all compact."

In another quote, Thesus does not make a statement whether "all artists are mad, or that all mad people are merely misunderstood artists." However, he does say that imagination can lead to either madness, or creativity, depending on which way we decide to direct it.

Thesus: "One sees more devils than vast hell can hold; That is the madman. The lover, all as frantic, Sees Helen's beauty in a brow of Egypt. The poet's eye, in a fine frenzy rolling, Doth glance from heaven to earth, from earth to heaven.

And as imagination bodies forth The form of things unknown, the poet's pen Turns them to shapes, and gives to airy nothing A local habitation and a name. Such tricks hath strong imagination..."

In these lines, Shakespeare made three claims about strong imagination; it is inherited, it flourishes in madness and creativity, and can be associated with the feelings of love. Nettle examines all of these three claims in his book, but what interested me the most is the notion that the strong imagination flourishes in madness and in creativity. Was Shakespeare trying to suggest that creativity could be a treatment of one's madness? Did he use writing to unleash his inner demons?

These questions return us to the opening quote, and the question of where to draw the line between mere mood swings and a disorder. Recent surveys have shown that there is actual anatomical structure of the brain in a healthy person versus a person with a disease. For example, "several studies have shown that manic-depressives have increased activity in a brain structure called the amygdala, which is known to be associated with emotion (Nettle, 2000)." What is more, chemicals in the brain, called neurotransmitters, seem to be abnormal in psychosis.

Furthermore, it has been agreed that the depressive states of bipolar patients as well as manic ones are considered to be a disease if they are not caused by obvious outside influences. For example, if a close friend dies, it is normal to go through a period of mourning that can resemble a depressive state. Also, if one wins a lottery, it is probable that one would experience an enormous amount of manic behavior, for example spending a lot of cash too quickly. But if the circumstances around the person are not out of the ordinary and he or she still experiences the symptoms, it is possible that the person is suffering from the disorder.

A lot of patients described the feeling of disorder as something foreign invading their body. Just like when sick with bacteria, one can feel the foreign existence in a body. In her book *Prozac Nation*, Elizabeth Wurtzel writes:

"That's the thing I want to make clear about depression: It's got nothing at all to do with life. In the course of life there is sadness and pain and sorrow, all of which, in their right time and season, are normal-unpleasant, but normal. Depression is in an altogether different zone."

Nature vs. Nurture

We do not know what came first; the change in the brain and thus the behavior, or whether the circumstances altering the behavior resulted in changes in the brain. The disorder "can still be caused by stressful relationships, or genes, or diet, or any of the other numerous inputs that determine a person's current brain state (Nettle, 2000)." It seems that this issue would remain open for quite some time and I can only provide you with the evidence that I have been able to gather.

While people who prefer medical treatment of the disease lean toward the genetic origin of the disease, the ones who encourage alternative medicine look at the psychological and environmental circumstances of the patients. Furthermore, biological origin is also prevalent, speculating about the changes in neurotransmitters in the brain as a source for the disease. However, "it has also been found that mania can be induced by sleep deprivation and a disruption of circadian rhythms (Wehr *et al.*, 1987), which adds a further dimension to biological theories (Furnham, Anthony, 2010)." Almost all of my case study subjects showed a difficulty with regular sleep and it should be taken more seriously. I think that there is a definite link between this dimension of biological theories and the lifestyle of most people with creative professions. Generally, it is believed that all three factors contribute to the development of the bipolar disease.

Edgar Allan Poe has raised the question about the origin of his creativity in the following quote:

"Men have called me mad, but the question is not yet settled, whether madness is or is not the loftiest intelligence -- whether much that is glorious -- whether all that is profound -- does not spring from disease of thought -- from moods of mind exalted at the expense of the general intellect."

Since the author has been suffering from the disease himself, he based his thoughts only on his own experience. Perhaps, he had no idea of how close to the truth he was. He challenges the general intellect to the originality of thought experienced by people who were different with their thinking

process. As the previous study suggests, creative minds possess different brain connections than those of a healthy individual.

Another author who recognized the uniqueness that lies in the mind of a creative individual was William Wordsworth:

"What is a poet? ...He is a man speaking to men: a man, it is true, endued with more lively sensibility, more enthusiasm and tenderness, who has a greater knowledge of human nature, and a more comprehensive soul, than are supposed to be common among mankind; a man pleased with his own passions and volitions, and who rejoices more than other men in the spirit of life that is in him; delighting to contemplate similar volitions and passions as manifested in the goings-on of the universe, and habitually impelled to create them where he does not find them."

The citation acknowledges that the poet is someone who is different to the general public and he celebrates it. He has qualities such as sensibility, tenderness, who is more in touch with nature, and aware of himself. When one reads such a positive description of an artist, why would we want to alter his talents in any way?

"While each human being is unique and distinct, investigations of creative lives have indicated that creative people in varying degrees tend to be (or have) the following twelve characteristics (Daniels, 1997; Davis, 1992): self-aware regarding their own creativity; independent; risk taking; energetic; curious; sense of humor; perceptive; artistic; original/imaginative; need for privacy/alone time; open-minded; and attracted to complexity/novelty (Daniels 1998)." That is why if you asked anyone with a creative profession why they choose a job without a guarantee, they would tell you that they cannot imagine doing anything else. There were times when I was growing tired of the insecurity of my job, and I studied business for two years. Fortunately, I became honest with myself when I couldn't get rid of the suffocating feeling that "cubicle life" gave me. The subjects of my case studies agree. All of them admit that they find themselves more emotional, and/or perceptive than the general population. When I asked them whether they could imagine doing something else than their current job, most of them agreed that they cannot see themselves doing anything else, or something close to the profession they are currently in. For example, Denis, the photographer from NY says: "If I was be as good as I am in what I am doing right now, I could find joy in many things. I don't like mediocrity and I could not do a suit and tie job." On the other hand, Dan, the actor/director/screenwriter could perhaps see himself as a teacher. In fact he will teach next year on the side. However, his subject is directing which is very creative and he made the whole syllabus himself. Therefore, in this case, his second choice career is not that far from what he is currently involved in.

The evidence of correlation between a mild bipolar disorder and creativity

A study done by Dr. Nancy Andreasen and her colleagues at the University of Iowa focused on the relationship between creativity and psychopathology in living writers. The results are astonishing. "Fully 80 percent of the study sample met formal diagnostic criteria for a major mood disorder. In contrast, 30 percent of the control sample (individuals whose professional work fell outside the arts but who were matched for education, age, and sex) met the same criteria (Jamison, 1993)." The most recent research has been done at the University of Tennessee by psychiatrist Dr. Hagop Akiskal. He and his wife completed "extensive psychiatric interviews of twenty award winning European writers, poets, painters, and sculptors. The study found that "recurrent cyclothymic or hypomanic tendencies occurred in nearly two-thirds of their subjects; all told, 50 percent of the writers and artists had suffered from a major depressive episode. It is important to remember that the "poets, play-writers, novelists, biographers, and artists were selected on the basis of their having won at least one of several major prestigious awards (Jamison, 1993)." These results support my claim that the correlation between disorder and creativity does exist, and is not just a pure speculation.

However, it is important to note, that there are other factors that contribute to creativity. Having a bipolar disorder itself would not result in bursts of ideas. "The manic drive in its controlled form and phase is of value *only* if joined to ability (Jamison, 1993)." For example, a person who is not able to make intelligent decisions experiencing a hypomanic episode would only show elevated activity at his ability level. On the other hand, the hypomania experienced by a person with high ability results in a much more effective union than by people with high ability but normal temperament. There is another common factor between creative and hypomanic thought, in particular two aspects of thinking: "fluency, rapidity, and flexibility of thought on the one hand, and the ability to combine ideas or categories of thought in order to form new and original connections on other (Jamison, 1993)."

Another important point in the relationship between a bipolar disorder and creativity is that "the one part of (poet or artist) that is healthy, by any conceivable definition of health, is that which gives him the power to conceive, to plan, to work, and to bring his work to conclusion (Trilling, 165, 170)." I found that there is still a stigma around being diagnosed with a mood disorder. People often imagine that such a person is suffering from madness twenty-four hours a day. But the fact that individuals with bipolar

disorder are able to function perfectly, and that their episodes of highs and lows are also changed with cycles of normal behavior, is often forgotten. Furthermore, "madness" does not occur in mild forms of bipolar disorder that the creative minds mostly suffer from. In fact, "most people who have manic-depressive illness never become psychotic (Jamison, 1993)."

On the other hand, both the highs and lows of bipolar disorder play an important role when it comes to creativity and both manifest themselves differently. The experience of depression enables the artist to dwell deeper into his soul and discover otherwise hidden details about his emotions. "Learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most widely accepted and written- about aspect of the relationship between melancholy, madness, and the artistic experience (Jamison, 1993)." Ironically, the majority of artists mentioned in the book *Touched with fire* admit that having a very dark experience is a best gift that the artist can ask for, as long as it doesn't kill them. Theodore Roethke wrote: "In a dark time, the eye begins to see..."

Mild depression gives person a perspective about feelings, ideas, and emotions experienced during hypomania, and forces him to slow down. As a result, the focus of thought is sharper. In fact, recent research has shown that mildly depressive character is closer to reality with his or hers observations than a person with normal temperament. Normally, people tend to have a slightly more optimistic view of the world than the actual reality is.

To the contrary, "hypomania and mania often generate ideas and associations, propel contact with life and other people, induce frenzied energies and enthusiasms, and cast an ecstatic, rather cosmic hue over life (Jamison, 1993)."

To the contrary, some people find romanticizing the disorder offensive and don't think the disease can enhance the creative process

The difference between physical disease caused by a bacteria and a mood disorder, among others, is what people decide to do with it. Some choose the same approach as if being invaded by bacteria- they decide to get rid of it by medication. Just like in a physical disease, taking medication does involve side effects and people choosing the path of medications are willing to take the risk. The others decide to live with the disease. Is it possible to let the disease run its course without reaching a tragic end that would be inevitable, if we let the bacteria eat us alive?

"Medicine or not" is an ongoing discussion and I have encountered different opinions. Generally, patients with very serious symptoms of bipolar disease

that can be accompanied by suicidal thoughts, find romanticizing the disease as a source of creativity, offensive. On the other hand, there are patients who have learned to live with the disease and take advantage of the symptoms they are experiencing.

The biggest controversy is whether it is acceptable not to treat the disorder with medicine that has been shown to improve the patient's health in order to protect his creative ability.

Artists who have decided to not take medicine and rather live with their symptoms

As I have mentioned previously, the patients have described the disorder using an analogy of an alien invading the body. People who decide to live with the disease form a sort of "friend" from their disease. For example, poet David Budbill, M Div, looked at the bipolar disorder as an inseparable part of his life. He says that "this pattern of bursts of creativity-making poems, stories, plays, essays- alternating with periods of paralytic depression was to be the way I lived my life for the next thirty years (Berlin, 2008)." Budbill went as far as calling the depression he was experiencing a pet name "The Angel of Depression." He wrote the following poetry about his new imaginary friend:

Letter to the Angel of Depression

O, Angel of depression, I give myself to you. I give myself to you angel of darkness, Angel of quiet pain, Angel of numbness, Angel of stillness still as death, Angel of the eyes that stare, Angel of the breath that barely moves, Angel of Dullness, I give myself to you. I give myself to you. I praise you. I pay homage to you. I attend to you. I do not turn my back on you. I make this prayer for you. I speak it openly in front of everyone. O, Angel of darkness, Angel of depression, dark Angel of life, I don't forget you. Therefore, now, I pray you, give me leave, Release me, let me go.

Instead of fighting the depressive periods, he indulged in them, took advantage of them, but still hoped for them to end soon. The author does not by any means undermine the seriousness of his disease. He even admits that he have had suicidal thoughts in the past. However, he did try to treat his disease with medicine and it did not work for him. He describes the feelings of an out-of-body experience when he took medicine. He says he

wanted to scream, but no sound came out. From then on, he decided that living with the "Angel of Depression" works much better for him and managed to keep his disorder in check.

In his analyses, the poet also touches on a very important part of today's problem; lack of time. He thinks that because we are always rushing somewhere, we do not have time to recharge and gain new ideas. Therefore, he looks into "The Angel of Depression" as a forced time to slow down, take time and recharge.

In fact, Storr examines the same notion in his book *The Dynamics of Creation*; "Those especially, who have been brought up to think that idleness is a sin, and constant activity a virtue, find it hard to believe that there are times when more is accomplished by passivity than activity. Bertrand Russell furnishes an example of what is meant with his habitual lucidity" (Storr, 1972)

Edgar Allen Poe is another example of an artist suffering from manic-depressive illness, who decided to deal with the illness on his own terms. He described his symptoms as follows:

"I am excessively slothful, and wonderfully industrious--by fits. There are epochs when any kind of mental exercise is torture, and when nothing yields me pleasure but the solitary communion with the 'mountains & the woods'--the 'altars' of Byron. I have thus rambled and dreamed away whole months, and awake, at last, to a sort of mania for composition. Then I scribble all day, and read all night, so long as the disease endures."

Poe seemed to have decided to take the illness to his own hands. When he was experiencing the phase of mania, he felt the burst of creativity and was determined to purge all the ideas as long as the disease would allow him. On the other hand, he found himself wondering around woods and nature when feeling depressed. Perhaps, he would be able to help his depression more if his walks would turn into more endurance challenging exercise and if he was to focus on healthy diet. Physical activity releases dopamine and endorphins, which have been shown to elevate mood. If he had been given enough information as to how to help himself, he might have been able to take control of his disorder and ease his suffering.

My case studies agreed that they would rather deal with the disorder than take medicine, except one.

Artists who decided to take medicine to treat their symptoms

Poet Ren Powell, who is also fighting with a bipolar disorder, was fortunate enough to find medication that worked for her. She does admit that the pen

often served as her own diagnostic tool. This way, she was able to get to know herself and learn what emotions she needs to be aware of in order to "stay within the boundaries."

After experiencing very unpleasant side effects of medication, she tried to stay away from it for two years, but feared that her manic states might jeopardize her professional and personal life. That is why she welcomed a new drug called "Lamictal" that seem to be working for her for the past three months. I think the biggest difference in this case is that Ren Powell was concerned about her manic states interfering with normal functioning of her life. I assume that she was experiencing the severe case of bipolar I disorder and thus found medication necessary.

"The more I am spent, ill, a broken pitcher, by so much more am I an artist."

Vincent Van Gogh

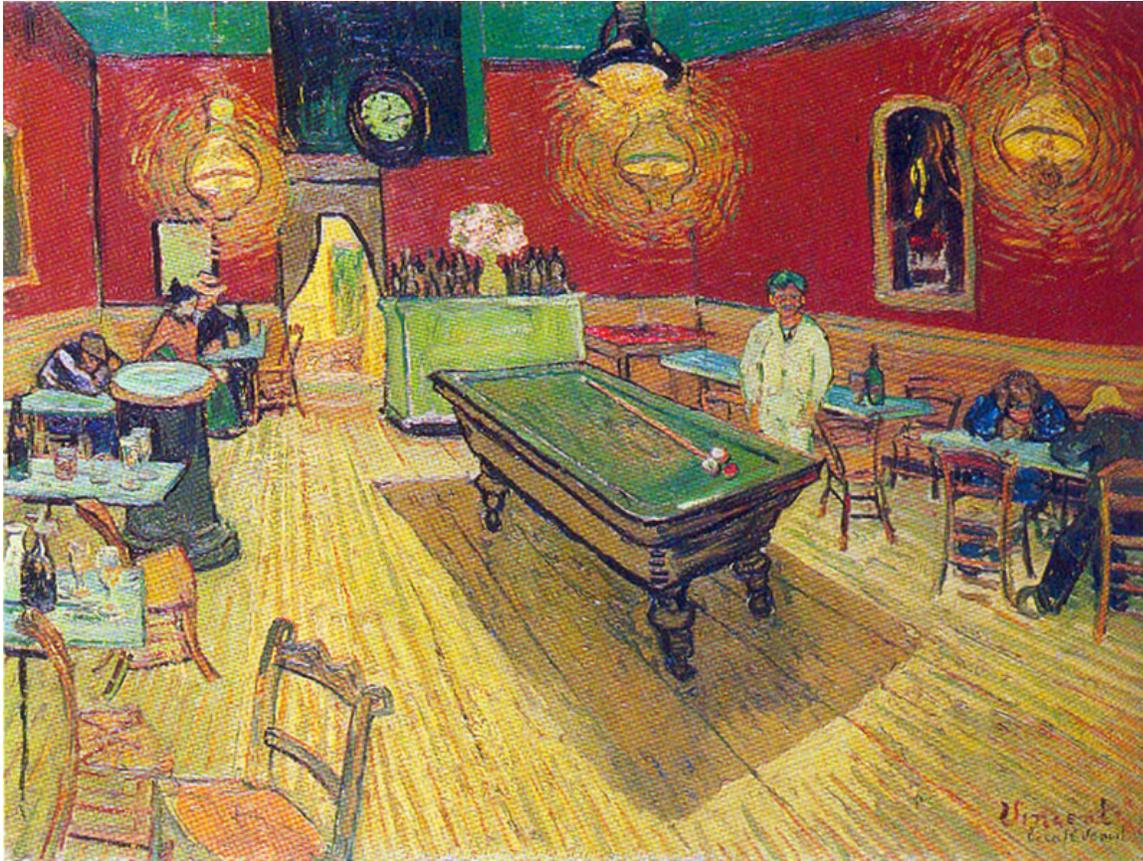
The different outlooks on life experienced during the hypomanic and depressive states are visible in the works of art. One can identify which state the artist find himself in when creating his art. A good example is the work of Vincent Van Gogh, who had to be hospitalized for the severity of his symptoms. The movie I watched recently about his life, "Lust for life", showed the extremes that the painter was going through. When experiencing his periods of mania, he used vivid colors; the brushstrokes were more scattered and dynamic. His paintings of landscapes, penetrated by sunshine, would be a good example. "Manic paintings, usually produced rapidly and impulsively, often have an agitated or swirling quality to them (Jamison, 1993)." As an example, I've provided the picture of the painting below, named "The Red vineyard at Aries".



The Red vineyard at Arles, 1888
Vincent Van Gogh

On the other hand, during the states of depression, the paintings would lack motion and deal with the question of death. This can be seen in his painting done at a bar showing men drinking. The light is dark, the brushstrokes more blended and the overall mood is gloomy. The painting evokes the slowness of the artist's mind and didn't require much imagination.

"The Night Cafe in the Place Lamartine in Arles" was created when the painter was going through a depressive state during his life. The inspiration for this painting has been shown in the movie as well. It shows Van Gogh at the cafe, half asleep at the table, endlessly drinking until he is thrown out of the locale. The waiter in the movie asks him to pay back his debt for drinking on the house regularly during the past few weeks. It suggests that the artist was going through a very difficult time of his life at that moment and was trying to ease his pain through alcohol. It is not unusual for people with bipolar disorder to seek drugs or alcohol as a form of self-therapy.



The Night Cafe in the Place Lamartine in Arles, c.1888
Vincent Van Gogh

The opening quote by Van Gogh shows, that he suffered from painful depressions. However, he did realize that the darker his experiences would get, the more original and imaginative he would be. At one point in his life, he even ended up in a treatment facility to cure his mood swings. The hardest part about his treatment was that he was forbidden to paint, since the doctors thought that the art was responsible for his suffering. However, when the artist was not improving with all medication, they let him start to create again. The art served as his own treatment and made him feel better. His genius was in his ability to purge his deepest emotions onto the canvas. Although his life ended tragically, he enabled us to look at his soul through his paintings and perhaps identify our own emotions and feelings in his art.

a) *"The Devil and Daniel Johnson" movie*

I came across this wonderful documentary when doing my research. It offers a one-of-a-kind insight into "the life of Daniel Johnston, manic-depressive genius singer/songwriter/artist is revealed in this portrait of

madness, creativity and love (<http://www.imdb.com/title/tt0436231/>).” Daniel has been suffering from a severe case of bipolar disorder, and the documentary captures the negative effect it had on his life. At the height of his career he had been establishing himself as a new legend in a music industry, getting support from such famous bands as Nirvana. However, he ignored his manic-depressive symptoms and his disorder started to get worse. As a result his poor choices ruined his personal relationships, as well as his career. He tried to commit suicide, an event that served as a breaking point for his parents to realize that his case needed immediate medical attention. He has been prescribed lithium and several other drugs. They seemed to be keeping him stable, but he completely lost his originality and creative ability. His appearance changed dramatically, since he gained a lot of weight. Now he lives in a remote part of the country, playing in a local band with teenage boys. Daniel’s story is a good example of how the disease can have disastrous results when not attended to in the early stages, and the devastating effect of medications.

Last but not least, John, the actor from Los Angeles, is the only one from my case study who has been officially diagnosed, takes medicine to get hold of his disorder. However, he does admit that it is a new thing for him, so I cannot conclude how effective the treatment is. Considering that he has suicidal thoughts, his case is severe enough that it might be necessary to seek medical treatment. Once again, the severity of his disorder was not specified, and therefore it was much harder for me to establish at what stage he finds himself in.

Does creating have to be painful? If so, why would people do it?

It is obvious that creative work is very tormenting. Often, writers would tear up their work hundred times before reaching the final draft.

“Chopin is described by Georges Sand as “shutting himself up in his room for whole days, weeping, walking, breaking his pens, repeating and alternating a bar a hundred times, spending six weeks on a single page (Storr, 1972).”

One might wonder why is it that people persistently put themselves through such misery in order to produce a new idea. “One possible explanation is that, to use a psychoanalytic terminology, creative activity is employed as a *defense*.”

"The ego adopts a number of different techniques for meeting and dealing with the anxieties by which it is threatened."

According to Fairbairn, "the hypothesis that creative ability is sometimes used as a defense provides an explanation as to why it is that creative people often attach enormous importance to their work that it would be appropriate to describe it as an addiction (Storr, 1972)"

For example, Tom, the musician from my case study admitted that creating definitely gets painful sometimes. However, he came up with a way of how to deal with the pain of creating. He says: ". As far as coping with it, sometimes I'll just stop writing whatever I'm writing, and return back to it when I can handle getting sad emotions out in a healthier and conducive manner." Eva, poet and artist from New York took my question about painful creativity quite literally. She gave me an example of how painful creating her installation can get. Eva says: "Well, for my poetry tank my very first installation I dedicated half a liter of my own blood within only a couple of months – under medical guidance though – but still I suffered anxiety attacks, coldness, weight loss, depression all that stuff but I had to do it – my way of giving my so called heart blood into my art." However, her art is her life and she would not give it up on it for anything, despite the pain. As to why people do it, I think it is the same reason I have given earlier. I think creative people just cannot see themselves doing any other kind of work that would require them to follow the norm or submit to the boundaries of "normal lifestyle."

On the contrary, two of my case studies claim that creating never gets painful. Dan always feels creative. In fact, he claims that creating is usually accompanied by a positive experience. He says: "Sadness or anger don't usually help, it's best when I'm happy and feeling positive." Denis, the photographer from NY agrees. What is more, he credits his work for keeping him focused and away from substances such as alcohol. Denis says; "I guess I don't try to reach the 'dark corners of myself' with my photography, so usually creating feels very positive. The more I create, the less I need to drink..." His insight is in line with the claim made by Storr, that art is often used as a defense against one's anxieties.

Patients and doctors alike should consider treating mild symptoms of bipolar disorder with healthy eating habits, structured work ethics, regular exercise, and alternative medicine such as Omega 3's, aromatherapy and herbal supplements.

There is a controversy surrounding this issue and that is whether creative people who experience bipolar symptoms should take traditional medicine, even if that means a potential risk to their ability to create. Throughout my research, it has been very discouraging to find out that only

a minimum of surveys concentrate on the mild forms of bipolar disorder. Yet, the differences between the two are astonishing, as I have shown before. Let's look at the treatments available and demonstrate why I consider the alternative way of treating the disorder as more plausible.

The alternative approach to treatment of mild bipolar disorder

The alternative treatment of a bipolar disorder is still a very new concept. Fortunately, there are new studies coming up with alternative treatments of bipolar disorder. These treatments are recommended for the patients whom I focus on, the ones with mild symptoms of bipolar disorder known as Cyclothymic or Bipolar II disorder. While traditional medical treatment is recommended to be used for the severe cases of bipolar disorder I, the mild symptoms can be significantly reduced by focusing on healthy lifestyle, environment, enough sleep, good nutrition, and a strong social support system. Furthermore, conventional medicine did not prove to be successful when it comes to treatment because the side effects outweigh the benefits of the medication. "The limited effectiveness and safety issues associated with conventional psychotropics in the management of bipolar disorder have resulted in high relapse rates in individuals taking mood stabilizers and other psychotropic medications, with associated impairment in social, academic, and occupational functioning, and increased risk of suicide.(FN14) These issues underscore the urgent need to identify more effective, better-tolerated treatments for bipolar disorder and invite rigorous and open-minded consideration of emerging research findings for promising CAM and integrative treatments (Lake 2011)." For example supplements such as Omega 3's, Folic acid, Magnesium, and Herbal supplements have proven to be effective when treating mild symptoms.

More findings suggest that social and environmental factors are responsible for the disease. Naturally, the suggested cause of the disease will also influence the treatment for the disease. Therefore, if environmental and social factors are in fact the primary cause of bipolar disorder, the treatment should be found in adjusting the lifestyle of the person experiencing the symptoms. One of the main indicators of healthy lifestyle is the nutrition. That is why Omega 3 fish oil as a dietary supplement is one of the treatment alternatives that had been recently examined. Unfortunately, almost no research has been done that differentiates among the levels of bipolar disorder I, and II. Therefore, the results are very general, and this lack of detail should be taken into consideration.

A study done by Stoll in 1999 involved a 4 months treatment consisting of 14 patients receiving Omega 3's and 16 patients receiving an olive oil placebo. The results of this study demonstrate the benefits of Omega 3's for

bipolar disorder, but it may also be “that this study more demonstrated the antidepressant potential of n-3 PUFAs (Parker 2008).” Another study was conducted that involved comparing an omega-3 fatty acid (docosahexaenoic acid, DHA) versus placebo, added to psychosocial treatment for women with BD who chose to discontinue standard pharmacologic treatment while attempting to conceive. This way, women not using any other medicine thus used the omega 3’s as a monotherapy. Although the treatment with Omega 3’s was well tolerated, it needs further study. The latest study done in 2008 involved 75 participants, provided data for analysis, and showed a benefit of active treatment over control for depression symptom levels. As a result, the Omega 3’s proved to be an effective treatment for depression symptoms, but not mania.

Taking into consideration that these studies did not differentiate between the levels of the disorder, the results were regarded as not sufficient enough. However, bipolar II is shown to have longer depressive episodes than manic episodes. If the Omega 3’s would prove efficient in treatment of depressive episodes as studies suggest, patients’ wellbeing would improve significantly. What is more, manic episodes in these mild forms of the disorder are not extreme enough to cause significant harm to himself/herself or others. Therefore, I find these results very promising in finding the alternative cure for the bipolar II symptoms. After all, approximately 300– 500 mg per day of EPA and DHA are recommended for general wellbeing, which equates to about two fish oil capsules daily or two oily fish meals per week (Parker 2008).”

More attention has to be given specifically to the treatment of bipolar II disorder. The studies suggest that an individual approach is necessary in the treatment of the disorder. I think that understanding the disease and knowing how to improve the general lifestyle is the most important aspect of the cure. I would suggest that before any medical treatment is prescribed, one should strive to make a conscious decision toward a healthy lifestyle. Enough sleep, exercise, water, healthy diet and structure each day can put a patient back on track. Not everybody has enough strength and knowledge to make healthy decisions on their own. In that case, I would recommend looking for outside help in the form of psychotherapy or treatment facilities. I have come across a treatment facility in California called “Bridges to Recovery.” Their main focus is to motivate the patients toward a healthier lifestyle through numerous structured activities. Playing to their advantage is also their beautiful location on Pacific Palisades, offering the patients a pure escape to paradise, enabling them to concentrate on their treatment. The center focuses on a personal approach to patients and their psychotherapy treatment is offered to them in individual or group form. In the individual treatment, patients are assigned a specific therapist who meets with them

weekly. The therapists are highly trained in psychodynamic, behavioral, and neuropsychological treatment. From their experience, getting into the core of the patient's distress and understanding its origin is the most important aspect of achieving recovery. Even after completing the treatment, the therapist would help a patient out together a plan that would help him or her to stay on the right track. The group therapy called Dialectic Behavior Therapy is also one of the most important parts of the treatment at the facility. Here, the patients are encouraged to share the insights they gained through the individual therapy and share the opinions. Through social interaction, the group therapy has proven to be excellent in terms of creating self-awareness and personal growth. Another specialty of the center is dialectical behavioral therapy that is inspired by Buddhism and teaches patients' mindfulness, enabling the patient "to become aware of the different aspects of experience and to develop the ability to stay with the experience in the present moment (<http://www.bridgestorecovery.com/treatments.html>)."

This kind of treatment has been proven to work best when dealing with bursts of intense and sudden emotions. Furthermore, it helps patients to gain self-esteem, how to interact in social situations effectively, and how to deal with stressful and emotional situations. I find all these options invaluable and definitely more appealing than medical treatment.

The medical treatment of bipolar II

Comparing different approaches to the treatment of the disease and taking into consideration the research I have done, I strongly believe that the mild symptoms of the bipolar disease can be taken care of through alternative medicine and the adoption of a healthy lifestyle. In severe cases experiencing suicidal behavior (which might happen even in otherwise mild symptoms of bipolar II disorder), a controlled dosage of lithium is proven to be helpful. Lithium is a salt that changes the polarization in the cells and thus slows down the firing of neurotransmitters responsible for the highs and lows. However, one has to keep in mind that the research for bipolar II specifically is very limited, and doesn't have a substantial support. Anti-depressants might be a helpful drug when experiencing unipolar depression, but it has not been shown to be helpful in the treatment of bipolar disease.

Although there is lack of research done on the exact neurobiological changes which occur in the brain during the disorder, antidepressants are prescribed since they were found to be useful when dealing with unipolar depression. Again, the scale of the patient disorder is not taken into consideration and the side effects can be disastrous.

In fact, "antidepressants have never been shown to improve depression symptoms when they co-occur with hypomanic features (Gordon 2008)."

What is more, antidepressants have been shown to increase the severity of manic and depressive episodes, as well as the rapidity of the cycle repetition. "In bipolar rapid cycling, antidepressants have been suggested as increasing cycling frequency and rendering mood-stabilising agents less effective (Wehr et al., 1988). Recent mania or hypomania (i.e. during the two months preceding a current depressive episode) has also been associated with an elevated risk for affective polarity switch when antidepressants are added to mood stabilizers (MacQueen et al., 2002). In data from the Stanley Bipolar Network, risk for antidepressant induced mania or hypomania also was higher in Bipolar (I, II or NOS) depressed patients without a family history of affective disorder (Leverich et al., 2006)."

"New findings from the National Institute of Mental Health Systematic Treatment Enhancement Program for Bipolar Disorder (NIMH STEP-BD) indicate that in Bipolar (I or II) patients with full depressive episodes plus any concurrent manic/hypomanic symptoms, the addition of antidepressants to mood-stabilizing agents holds no value for hastening improvement, but does increase mania symptom severity (Gordon 2008)." Since the antidepressants are often given in combination with mood stabilizers, it is safe to conclude that instead of improving the patients health, the disorder can become much more serious. I am particularly concerned about the patients with the mild symptoms of disorder that I concentrate on. The evidence provided suggests, that medication might upgrade the patients in the full-blown bipolar I disorder, with symptoms that are more severe. This way, the patient who initially started at point A, might find himself at the point C or worse on the bipolar scale of severity.

"A further safety concern with antidepressants involves the controversial relationship between antidepressant use and the emergence or exacerbation of suicidal features, particularly in children and adolescents (Gordon 2008)." Considering that it has been shown that Bipolar II patients are at higher risk of suicidal behavior than bipolar I, such findings are especially alarming and should not be taken lightly.

According to the research that I have analyzed, "data from controlled trials examining the utility of traditional antidepressants specifically for BP II depression are exceedingly rare. Many practice guidelines acknowledge this shortcoming by advising extrapolation from the literature regarding BP I depression (Gordon 2008)." Since my paper concentrates on the correlation between creativity and mild bipolar disorder, these particular gaps in the research and thus medication given for the treatment is worrisome. It has been shown that creativity is only induced when experiencing the mild symptoms of bipolar disorder. While fully manic episodes tend to disrupt creativity with their severity, hypomania's more moderate expression of self-confidence and hyperassociativeness fosters focused goal-directed activity (Flaherty, 2011)." If the medication prescribed would indeed increase the

severity of manic episodes, it jeopardizes the patient's ability to be creative, among other things.

Change in a work ethic

Shifting the focus from indulging in oneself to awareness of the world around us

The idea of shifting a focus from oneself to the world that surrounds us is a new concept for me. I have never even thought of it until I talked to one of my friends in the case study. All of the others in my cases agreed with a claim that I have previously cited in the paper. It says that "learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most written about and widely accepted aspect of relationship between melancholy, madness, and the artistic experience (Jamison 1993)." Although Dan in my case study does not disagree, his answer implies that the conscious change in his thinking helped him to get better results in his creativity. Evidence of the effectiveness at this approach could be his career, which skyrocketed in the past year-or-two, after he educated himself and opened his mind. Dan answers: "I guess so, but I don't think about myself as much when I work as I used to. Now I'm interested in subjects outside of my own experience and pain."

I have also found an example of this approach in my resources. Poet J.D. Smith thought that seeking the medical treatment for depression would be a form of disrespect to the mysteriousness of poets viewed from the outside. According to general opinion, poets ought to be somewhat different, disturbed, out of the ordinary. However, J.D. Smith wanted to find peace and deal with his mood disorder. He also found, that thinking outside of his own self enabled him to think more clearly. He says, "focusing on topics other than myself is a growing source of pleasure for me (Jamison, 1993)." The first shift he has done was the change of language in his poems, shifting from "I" to "We". In addition, he is "drawn to social and moral concerns, such as the relationship between the individual and history and the ruptured relationship between the human and natural worlds (Jamison, 1993)." He says that he was always interested in such topics, but it is not until he made a conscious decision to move away from his own anxieties, that he finds the global issues more appealing. He closes his thought by admitting that "the inability to concentrate and a tendency to give up difficult projects in despair and self-loathing had previously prevented me from following through on normal poems on any consistent basis. The changes that have allowed me to engage with the world and spend less time loathing myself apart from it, gaining what Freud called the ability to work and love, have given me license

to engage with poems in a way I might not have considered before (Jamison, 1993).”

Conclusion

The idea of “mad genius” is still as controversial as it was centuries ago. It is still very difficult to draw the line between an actual bipolar disorder and mere mood swings. As seen in my case study, only one of my subjects was officially diagnosed with a mood disorder and seeks treatment. The rest admitted that they feel different than the general population and that their lifestyle might resemble the highs and lows of bipolar symptoms. But they all also admitted that they are not in support of medical treatment and would rather deal with the “demons” and “fairies”. I think the most important thing to remember is to be aware of oneself and know one’s limits. Almost all the subjects in my case study know themselves and they know how to maintain a healthy balance. Whether it is exercise, going back to school, escape to nature, the right kind of music, they all know how to keep it together. Whether a person is officially diagnosed with a disorder, or just goes through symptoms that are similar to bipolar II disorder, the approach to treating them has to be very personal. Everybody is different and what works for one might not work for another. I think once everybody finds what works for them the best and are content with the state they are in, they should not seek medical treatment in order to ease their pain, especially if their creative ability is in jeopardy. Understandably, not everybody would be able to find answers themselves, and in that case I would recommend looking into a psychotherapy treatment or other alternatives offered at centers such as “Bridges to Recovery”.

I would like to emphasize that I am talking about the mild forms of bipolar disorder, or the highs and lows that resemble one of the disorders, not the forms where the person can be dangerous to himself or others. Therefore, I would go as far as to say that I find seeking medical treatment as an easy way out. It is definitely easier to take a pill than to devote time to soul searching and understanding oneself. The latter can be lengthy and painful. However for me, the harder and longer journey toward self-awareness and individual healthy balance is a better solution than losing the potential of a creative genius to a dull, blank, and ordinary person.

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Appendix

Going through the answers of my friends has been fascinating. As you will see, most of them are aware of their heightened perception of things around them. Some of them even acknowledged that there is something “mad” about their thought processes, but rather than thinking about it as an issue, they considered it to be a positive trait. Only one of my case studies has been diagnosed with a mood disorder. However, when the others were asked if they would, hypothetically, seek treatment or take medicine if it would jeopardize their creativity, all of them would rather deal with “their demons and fairies.” Furthermore, this supports my previous research that showed, that most of artists experiencing mild forms of the disease go without treatment, because they don’t find it as a problem, but merely as a character trait and a plus. I have to agree that the most important thing is that a person finds a balance that works for him or her, not what the general population considers to be a norm. On the other hand, I have been pleased to find that none of my friends looked into alcohol or drugs as a coping mechanism except one. Rather, they found their own ways of how to get inspired, obtain balance, or recover from a plateau. Names have been changed in order to protect the privacy of my volunteers. I have not altered the answers in any kind of way, so please forgive the slang and unrefined language in some cases.

Tom, Los Angeles, singer/songwriter

Briefly explain what you do, how long, e.t.c...

I'm a musician. I've been playing classical cello since the age of four, and I'm currently a singer-songwriter, recording, and touring artist.

Do you find yourself to be more emotional and perceptive than other people?

I prefer not to compare my self to other people, however am I emotional? Definitely. Over emotional? Quite possibly.

Do you prefer to have time alone or are you constantly social? What is better for your creativity?

I still haven't figured this one quite out yet. There are times where I'm alone in a cabin in the mountains. Completely content with my piano, guitar, and a bottle of wine. Other times I'm more comfortable at some fancy club in NYC and LA surrounded by pretty strangers. I think in the end, it all boils down to balance.

Do you have any special rituals when you are getting ready to create?

Not really. I rarely go into creating something with the intent of creating something. It usually just comes to me. I could be at dinner, and jot down some notes on a napkin, or into my cell phone.

What do you find is your biggest inspiration?

Life. The people I'm surrounded by. Relationships, friendly, and romantic.

Can you imagine doing any other profession?

Maybe? I'm not sure. I love to cook. That could be cool. I'll always make music...

Do you think you were born with an artistic inclination or is it something you ended up doing because of your environment or personal traits?

Who knows? I don't think there's scientific evidence that exist about such things... It sounds cool and all to say I've got some sort of "Innate proclivity towards instruments and sound" but all in all it's experiences, and the work I put into it. Neither of my parents were musicians growing up, but they listened to it. I banged on pots as a baby, but I'd hardly say I was composing a symphony ;)

When do you feel the most creative? Are there any moods that accompany the bursts of creativity? (sadness, depression, euphoria)

Extremities. It comes and goes. It's definitely based on moods and emotions. If I'm happy, or depressed, I sometimes use music as a for of self-expression. It's not always cathartic, but its what usually yields creativity.

Have you ever experienced a plateau and if so, how did you deal with it?

I think everyone experiences a plateau at some point no matter the craft or career. When I usually hit a "Wall" I do many things, depending on the reason. First I'll examine why. Is it because I'm too content? Is it because I'm dwelling on the past? Etc. Then I'll usually change my environment. This could mean get another apartment, examine who I'm surrounded by, or taking a sabbatical to Europe or Asia.

Does creating get ever painful to you? If so, how do you cope?

(exercise, drink, illegal substances)

Creating can definitely be painful sometimes. As far as coping with it, sometimes I'll just stop writing whatever I'm writing, and return back to it when I can handle getting sad emotions out in a more healthier and conducive manner. Exercise, drink, "illegal" substances? Sure, I've done these things. As far as it being a coping mechanism, I wouldn't lean towards that. Not all the time anyway.

Would you say that artistic expression is a form of therapy for any life experiences you go through?

Yes and No. As I mentioned above, it's not always cathartic. At the same time, If I write a song about something that I'm going through, who's to say that it won't help one of my fans, friends, or listeners who are or could be going something similar?

Do you believe in the "mad genius" phenomena, claiming that every artist has to be a little mad in order to really reach the deep artistic potential?

I don't know... It's easy to attribute these things to creativity. I try not to think about it. At the end of the day, whatever I'm creating, whatever song I write or perform, it's larger than "me".

Have you ever been diagnosed with a mood disorder? If yes, specify. Did you seek any treatment?

Diagnosed? No. Is my head most likely fucked? Yes. I get panic attacks more often than not, and my sleep habits are non-existent. I'm sure there's a shit ton more I could rattle off, but I wouldn't want to scare anyone away ;)

Eva, poet, currently travelling the world with her art project

Briefly explain what you do, how long, e.t.c...

I am a digital poet. My team's work is a crossover of media, film, photography, performance, object and installation art.

Do you find yourself to be more emotional and/or perceptive than the general population?

Yes

Do you prefer to have time alone or are you constantly social? What is better for your creativity?

I can't be alone

Do you have any special rituals when you are about to create?

No – but pain is the petrol for creativity

What do you find is your biggest inspiration?

Well, pain – but also nature, other artists, shows, and metropolitan cities

Can you imagine doing any other profession?

Not even in my wildest dreams – I kind of gave my life up and devote every second into my digital poetry

What do you do to maintain a healthy balance in your life, considering the unstable nature of a creative profession? (no fixed hours, no guarantees for success, inconsistent paycheck)

Yoga, Baby! That helps me not to freak out

Do you think you were born with an artistic inclination or is it something you ended up doing because of your environment or your personal traits?

I always wanted to create – nothing else! In my case to write poetry all over the world on anything that I can get my hands on...I film that and digitalize it into installations of poetic form – the ultimate symbioses of word, imagery and film

When do you feel the most creative? Are there any moods that accompany the bursts of creativity? (sadness, depression, euphoria)

As I said earlier – depression is great, love sickness as well, hunger, I mean it – it's always the hunger after the ultimate...

Have you ever experienced a plateau and if so, how did you deal with it?

It's the greatest emptiness because there is silence and no motion – the moment I achieved something it loses its meaning...just like when you are in love desperately trying to get someone – the second he's yours it's like year, kiss my ass and you're gone...

Does creating get ever painful to you? If so, how do you cope? (ex. exercise, drink, illegal substances)

Well, for my poetry tank my very first installation I dedicated half a liter of my own blood within only a couple of months – under medical guidance though – but still I suffered anxiety attacks, coldness, weight loss, depression all that stuff but I had to do it – my way of giving my so called heart blood into my art.

Would you say that artistic expression is a cathartic experience for you?

Hmm, more a lunatic love thing – always between giving and taking, losing and having, creating chaos and so much more – but yes, only other artists or brother and sisters in crime can understand the instinct that drives you, is your force to create....

According to my research, "learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most written about and widely accepted aspect of relationship between melancholy, madness, and the artistic experience." Do you agree? Explain and give me an example if you can.

Jesus died for the people. He gave his life for love on purpose. John Lennon was shot by someone who wanted to get more famous than him. Lennon believed in peace. And yet he died of hate! I write love poems and search for unconditional love all over the world. I ask people of all races and religion: What's your place of protection? And yet I have none – never had – despite my perfect family I torture myself to feel something so I can be alive. I am considered to be beautiful from the outside but I hate myself. I write things like: I am an alien outside but inside I am still human – or will the last illusion before disillusion be love?

Luxury kills creativity but creativity can buy u luxury! And then as a contrast: Bewitched by one another I love you like no other. See what I mean? Always black and white, life as a borderline, an egg is always white and yellow gold – just like the love is hot and cold (by me as well) of course!!!!!!

Have you ever been diagnosed with a mood disorder? If yes, specify. Did you ever seek any treatment? If not, imagine you would be diagnosed. Would you take medication if it jeopardized your creative ability? Or would you rather live with the “demons and fairies” and protect your creativity?

You got it! Thank you! Bewitched by one another I love you like no other...

Denis, photographer, New York City

Do you find yourself to be more emotional and/or perceptive than the general population?

I don't think more emotional, I know many people in normal jobs, who are extremely emotional, but perceptive maybe yes. I do constantly observe people's moods, characters, movements, etc. and am always very alert about everything going on around me. Taking in anything visually stimulating, etc.

Do you prefer to have time alone or are you constantly social? What is better for your creativity?

Both, I am on one hand very social and get stimulated by people around me, but then I also need to withdraw, lock myself away and regenerate, organize thoughts and ideas, etc. I need to observe and be social to get ideas, but I need time alone to form the ideas. Also when I work with a team on a shoot, its important to have them around, but sometimes I need to hide for a moment, to see, if I am following through with my idea and don't get too much influenced by other opinions.

Do you have any special rituals when you are about to create?

Not really. Choice of Music is important, to put me into the right mood.

What do you find is your biggest inspiration?

I don't really have a muse, or anything like that. Inspiration for me can come from so many different things. I have harddrives of inspiration images, but sometimes you get the best ideas, just by watching and observing.

Can you imagine doing any other profession?

I probably could, if I would be as good, as I am in what I am doing right now, I could find joy in many things. I don't like mediocracy and I could not do a suit and tie job,.

What do you do to maintain a healthy balance in your life, considering the unstable nature of a creative profession? (no fixed hours, no guarantees for success, inconsistent paycheck)

it needs a lot of discipline and is not always very easy. I do need a 'hide away' / home, where I can disappear to and regenerate. Good friends and family, who believe in my work are a big help, but as a good friend recently asked me: where is your place of protection? I do not have one, and sometimes it is very scary, but then again, when you create something you like, its so rewarding and I do enjoy my lifestyle

Do you think you were born with an artistic inclination or is it something you ended up doing because of your environment or your personal traits?

I do believe, its something I was born with, but I also think, someone can become an artist later in life, through environment, etc.

When do you feel the most creative? Are there any moods that accompany the bursts of creativity? (sadness, depression, euphoria)

Of course any of these mood swings burst creativity and I have had these many times.

Have you ever experienced a plateau and if so, how did you deal with it?

Traveling helps...

Does creating get ever painful to you? If so, how do you cope? (ex. exercise, drink, illegal substances)

I guess I don't try to reach the 'dark corners of myself' with my photography, so usually creating feels very positive. The more I create, the lesser I need to drink..

Would you say that artistic expression is a cathartic experience for you?

Yes, in many cases...

According to my research, "learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most written about and widely accepted aspect of relationship between melancholy, madness, and the artistic experience." Do you agree? Explain and give me an example if you can.

Yes, I agree... don't know, if that is really an example for this, but for instance, when I felt a lot of loneliness, I directed the shoots, that all the models in my pictures would be disconnected, it could be the most romantic setting, still I pushed it that way..

Have you ever been diagnosed with a mood disorder? If yes, specify. Did you ever seek any treatment? If not, imagine you would be diagnosed. Would you take medication if it jeopardized your creative ability? Or would you rather live with the "demons and fairies" and protect your creativity?

No ☺

I wouldn't take any medicine, but try to use those moods, demons and fairies ...

...

John is really struggling with his career as well as with his disorder. He has been diagnosed with several mood disorders, but he does not specify whether he is bipolar I, or II. However, judging from his answers, his disorder is severe enough to interfere with his everyday life and has also suicidal thoughts. This further proves that severe cases of bipolar disorder do not help with the creative process but are rather destructive.

Unfortunately in his case, the medicine he is prescribed might be necessary, even though I believe that if combined, some of my alternative suggestions would help him to get back on track. I have to warn you that some of his answers are really disturbing.

John, Los Angeles, actor/painter

Briefly explain what you do, how long, e.t.c...

I am an actor and do drawings. I have been acting for 5 years I'm on a TV show now.

Do you find yourself to be more emotional and perceptive than other

people?

Where do I start with this one...More emotional yes. I feel like everything gets to me really easy and I can be very sad, depressed and excited about things. I see things in people and art I ignore but I see a lot more than most.

Do you prefer to have time alone or are you constantly social? What is better for your creativity?

I like to be alone or spend time with the few friends I trust. I am only social when I'm drinking or taking drugs out in bars, without it I do not talk to people and avoid even speaking with the cast and crew on set of my show. I am very lonely most of the time and unless I go out to drink.

Do you have any special rituals when you are getting ready to create?

I get drunk then feel bad and go running and the cycle happens again.

What do you find is your biggest inspiration?

My mom she stands by me no matter that I decide to do. Just good actors and artists I really love some good rock and roll and people making or being a part of really good work.

Can you imagine doing any other profession?

Yeah I could be a painter, but also I love playing the guitar.

What do you do to maintain a healthy balance in your life, considering the unstable nature of a creative profession? (no fixed hours, no guarantees for success, inconsistent paycheck)

I work out and go running and eat really healthy until I get depressed and start drinking and eat everything and eat like shit then want to sober up with blow and sleep with getting high and drinking wine so I stay in shape until the nights go by like I don't know what.

Do you think you were born with an artistic inclination or is it something you ended up doing because of your environment or personal traits?

I'm not sure because I always loved playing music and writing songs doing modeling and doing drawings and I fell into working on TV and soaps. When do you feel the most creative? Are there any moods that accompany the bursts of creativity? (sadness, depression, euphoria)
I am most creative when I have a lot of castings and playing music or just drawing. I feel euphoria then get very touchy and feel depressed and a longing to be fulfilled.

Have you ever experienced a plateau and if so, how did you deal with it?

For a while wanted to just jump off a cliff or something.

Does creating get ever painful to you? If so, how do you cope? (exercise, drink, illegal substances)

Yeah I hate thinking of things about my past about my childhood or the things I have done in life I am not proud of and yeah I exercise, drink and smoke weed and do lots of "illegal substances".

Would you say that artistic expression is a form of therapy for any life experiences you go through?

Yeah all the time it expresses a feeling and I share that with people through my art but it feels good to do it to go through the process.

Do you believe in the "mad genius" phenomena, claiming that every artist has to be a little mad in order to really reach the deep artistic potential?

Oh yeah their is a little madness in everyone and experience throughout yourself the good bad and ugly is art an expression of you.

Have you ever been diagnosed with a mood disorder? If yes, specify. Did you seek any treatment?

Yeah I was diagnosed with bipolar disorder, depression, panic attacks and anxiety attacks. I don't talk to anyone or call back people for days and check into a hotel room alone, and drink, and smoke, and do drugs ,order pizza, drink more wine, and play my guitar till I feel ok. My relationships always go down hill from this shit. I take meds its a new thing. And I go to see a psychiatrist therapy guy.

The last questionnaire I have received was from my friend Roy. I'm particularly thankful to his input, because he is one of the most successful people in the entertainment industry. His answers helped me to get a new perspective on the creative process and even inspired me to develop a new claim of policy. To the contrary of all my other subjects, he feels constantly creative, doesn't find inspiration in pain, and decided to look at subjects outside his own experience to feed his creative process.

Dan, New York City, actor/director/writer

Briefly explain what you do, how long, e.t.c...

I am an actor/director/writer.

Do you find yourself to be more emotional and/or perceptive than the general population?

Yes.

Do you prefer to have time alone or are you constantly social? What is better for your creativity?

It depends on the project. Sometimes I like to collaborate, but some projects require alone time, like editing.

Do you have any special rituals when you are about to create?

Coffee, I lie on the couch.

What do you find is your biggest inspiration?

Working with Other great artists.

Can you imagine doing any other profession?

Maybe. Teaching.

What do you do to maintain a healthy balance in your life, considering the unstable nature of a creative profession? (no fixed hours, no guarantees for success, inconsistent paycheck)

I work on things I love, always.

Do you think you were born with an artistic inclination or is it something you ended up doing because of your environment or your personal traits?

I was brought up by artistic parents, so I have been surrounded by it from a young age.

When do you feel the most creative? Are there any moods that accompany the bursts of creativity? (sadness, depression, euphoria)

No, I always feel creative. Sadness or anger don't usually help, it's best when I'm happy and feeling positive.

Have you ever experienced a plateau and if so, how did you deal with it?

I changed my work habits. I stopped being a difficult person to work with and started being a team player. I also went back to school and learned more.

Does creating get ever painful to you? If so, how do you cope? (ex. exercise, drink, illegal substances)

No.

Would you say that artistic expression is a cathartic experience for you?

Yes.

According to my research, "learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most written about and widely accepted aspect of relationship between melancholy, madness, and the artistic experience." Do you agree? Explain and give me an example if you can.

I guess so, but I don't think about myself as much when I work as I used to. Now I'm interested in subjects outside of my own experience and pain.

Have you ever been diagnosed with a mood disorder? If yes, specify. Did you ever seek any treatment? If not, imagine you would be diagnosed. Would you take medication if it jeopardized your creative

ability? Or would you rather live with the “demons and fairies” and protect your creativity?

No and not if I didn't absolutely need it. I don't like mood altering substances, but I can understand situations where people do need to be medicated.

