

Bleeding at the Typewriter:
The Potential Link between Creativity and Mental Health in Writers

Submitted by
Paige Rose Brockway
Writing and Rhetoric, Journalism

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Mentor: Sherry Wynn Perdue
Professor, Department of Writing and Rhetoric
Oakland University

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Abstract

Regard of the writer as stereotypically solitary, manic, driven by obsessions, or otherwise mentally disturbed is prevalent throughout history and popular culture. This study examines the professed truth behind this stereotype and interrogates the prevalence of depression, anxiety, and related mood disorders in self-proclaimed professional and/or recreational writers. Survey data was collected from 73 self-identified writers regarding their mental health, writing habits, creativity and productivity levels to identify how variations in mood affects a writer's motivation and perceived ability to write. The goal of this paper is to provide greater insight into the minds of individual writers and to contribute a greater understanding of the link between creative-mindedness and psychological affliction.

Keywords: writing, mental health, depression, mania, anxiety, creativity

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The Link between Creativity and Mental Health in Writers

History has long associated creative genius with madness. Many of the creative greats from a variety of disciplines—Vincent van Gogh, Isaac Newton, Ludwig van Beethoven — suffered from mental afflictions that affected their creative abilities, motivation levels, and patterns of productivity. The creative mad genius, according to Hershman and Lieb (1998), is characterized by “outstanding ability, work of high value, and recognition” (p. 8), and “manic-depression [modernly referred to as bipolar disorder] is almost, but not absolutely, essential in genius” (p. 12). This concept of madness as genius has seeped into popular culture, finding its way into films, novels, and other forms of media.

Writers seem, at least anecdotally, prone to mood and anxiety disorders. Some of literature’s most prominent figures—Charles Dickens, Virginia Woolf, F. Scott Fitzgerald, William Faulkner, Sylvia Plath, and Ernest Hemingway, to name a few—are also its most tragic, falling victim to depression, suicide, and insanity (Jamison, 1993). Hershman and Lieb (1998) would argue that this is all part of the mad genius identity, as “According to tradition, creative individuals must suffer beyond what ordinary mortals endure on the assumption that suffering is essential to creativity” (p. 197).

The field has not yet come to an understanding of whether creative people in general or writers in specific are statistically more likely to experience mood or anxiety disorders, due to the “vast, abstract” natures of both creativity and mental illness (Silvia & Kimbrel, 2010, p. 2). The subject also carries the risk of confirmation bias. The very knowledge that a person suffers or suffered from a mental illness may change how others perceive their creative works, or individuals’ diagnoses may heighten their sensitivity to how they perceive and report about their

own creativity. Studies that aim to answer the questions like “Is creativity related to mental illness?” “Do creative people tend to be mentally ill?” and “Do mentally ill people tend to be creative?” are traditionally hindered by small sample sizes, lack of a standardized view of creativity and how to measure it, and the use of biographical information to retroactively diagnose creative people with mental illnesses (Kyaga et al., 2013; Lerner & Witztum, 2014). As such, this qualitative study of 73 self-identified writers seeks to examine not whether writers are statistically more likely to suffer from mental afflictions, but rather how suffering from symptoms of mood and/or anxiety disorders affects a writer’s ability and motivation to compose.

Anecdotal Evidence: Famous Examples

Psychiatrist Anthony Storr (1995) wrote that “Writers are so notoriously prone to recurrent depression and to manic-depressive illness that every aspiring literary biographer ought to know something about these conditions” (p. 84). Many literary staples—Edgar Allan Poe, Charles Dickens, Virginia Woolf, Ernest Hemingway, Sylvia Plath—notoriously suffered from some variation of a mood disorder, and each found different ways to work around or in cooperation with their moods and mental states. George Elliot and Charles Dickens, for example, “began their novels in states of depression that lifted as the books progressed” (Hershman & Lieb, 1998, p. 34). For others, depression halted productivity. Edgar Allan Poe described how his mood affected his ability to work: “I am excessively slothful, and wonderfully industrious—by fits . . . 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” (as cited in Jamison, 1993, p. 37). Periods of mania are anecdotally linked to increased productivity. Dickens’ brain, while manic, was “a machine that ran day and night” (Hershman & Lieb, 1998, p. 108); he wrote *A Christmas Carol* in just two months. Dickens’ manic episodes,

however, also bred family turmoil, alcoholism, and painful restlessness (Hershman & Lieb, 1998).

Suicide is a common theme among these eminent writers, with Plath, Woolf, and Hemingway each succumbing to the impulse for self-destruction. In their exploration of literary biography, Sanderson and Sanderson (1997) referred to suicide as “an attempt to shape one’s life story” (p. 408), which is a romantic framing of the writer dying by his own hand. It is dangerous, however, to glorify the mental agony that leads one to make such a choice. Hemingway, for example, faced hospitalization, alcohol abuse, weight gain, explosions of temper, and paranoid delusions before finally ending his own life by shotgun in 1961 (Sanderson & Sanderson, 1997; Hays, 1995). Also consistent with mood disorders is the fact the turbulence of Hemingway’s and Plath’s romantic relationships. Plath made numerous suicide attempts, as discussed in her various works, before ultimately succeeding through carbon monoxide poisoning in 1963 (Stevenson, 1989). Jamison (1993) compiled a list of 126 poets and writers with “probable cyclothymia, major depression, or manic-depressive illness” (p. 267). Of that group, 25 committed suicide and an additional 19 made suicide attempts (pp. 267-269).

An example of a living writer who has suffered from mental afflictions is Stephen King (2000), who documented some of his own depressive episodes, manic highs, and drug and alcohol abuse in his book *On Writing: A Memoir of the Craft*. King (2000) elaborated on his tendency to “go through periods of idleness followed by periods of workaholic frenzy” (p. 94) and described a lost sense of identity when he is not working: “during those periods of full stop I usually lose ends with myself and have trouble sleeping” (p. 153). He went through periods of heavy drug and alcohol abuse, afraid that he would lose the ability to write without substances. He described writing *The Tommyknockers* frantically, “often working until midnight with my

heart running at a hundred and thirty beats a minute and cotton swabs stuck up my nose to stem the coke-induced bleeding” (p. 96).

It is important, however, not to make generalizations about all writers or all creative people based on the mental health of a few. The plight of “mad” artists—the Plaths and Hemingways of the world—may make their works and biographies more memorable, while artists who do not suffer from mental illness can fade into the background and be more easily forgotten. The existence and acknowledgement of writers with mental health issues does not indicate that all writers suffer from mental illness nor that writers must be mentally ill to be successful. Famous examples, however, can and do influence researchers’ areas of focus when it comes to the exploration of mental illness and creativity.

Modern Understanding of Mood and Anxiety Disorders in Relation to Creativity

This section examines psychological disorders that are most commonly linked to creativity in existing literature. This student research project relies upon understandings and criteria of mental disorders provided by the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-V* (American Psychiatric Association [APA], 2013b). To comprehend affected writers’ habits and patterns of productivity, it is necessary to understand the distinction between various mental health issues that have been observed in writers. It is also important to keep in mind that this undergraduate research project is not the work of a tried and true professional. As an undergraduate student, I do not attempt to diagnose or label the participants in this study, and I have made my best efforts to build my understanding of the topic through secondary research and made a conscious effort to design my study as ethically as

possible.¹ For more specific diagnostic criteria of any of the mental health conditions discussed in this section, see the *DSM-V* (APA, 2013b).

Manic, hypomanic, and depressive episodes

Manic, hypomanic, and depressive episodes are often linked to patterns of productivity, ability and motivation to work in creative people (Jamison, 1993; Hershman & Lieb, 1998). The presence of manic, hypomanic, and depressive episodes are also used to diagnosis mental health issues like bipolar disorder, major depressive disorder, and other mood disorders. Manic episodes are defined as “distinct period[s] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day” (APA, 2013b, p. 124). These episodes are accompanied by increased self-esteem, decreased need for sleep, talkativeness, “flight of ideas” or racing thoughts, difficulty with attention, recklessness, and/or psychotic features (APA, 2013b, p. 124). Manics may engage in unrealistic projects, plan excessively, spend excessively, or become uncharacteristically sexually promiscuous. By definition, mania has social and professional consequences and may require hospitalization in some cases (APA, 2013b).

Manic episodes induce volubility, or talkativeness. In writers, this may translate into fast, incessant drafting (Hershman & Lieb, 1998). Though this flow of words and ideas may sound beneficial for productivity and creative release, it can result in compositions that are incoherent, disorganized, or excessively intricate. Manic writers may take on large, unrealistic projects, only

¹The APA’s (2013a) “Cautionary Statement for Forensic Use of DSM-5” states that the *DSM-V* is intended “to meet the needs of clinicians, public health professionals, and research investigators” (para. 1) and notes “a risk that diagnostic information will be misused or misunderstood” (para. 3). I aim to minimize this risk by using the *DSM-V* as responsibly as possible in this project.

to abandon them when the pendulum swings and they sink into a depressive episode. On the global level, novels written during mania often feature “elaborate plots and multiple settings, large casts of characters, much colorful detail, and are likely to cover long spans of time” (Hershman & Lieb, 1998, p. 186). On the sentence level, manic writing may include long-winded prose and flowery or unusual vocabulary. According to Weisberg (1994), manic phases enhance the quantity, but not the quality of creative work (as cited in Akinola & Mendes, 2008, p. 1684).

Hypomania—which literally means “less mania”—shares the same symptoms as mania, but lasts for periods of just four days or more, as opposed to the weeklong duration required to meet the criteria for a manic episode. Hypomanic episodes are “observable by others,” but are not severe enough to include psychotic features or require hospitalization, as manic episodes might (APA, 2013b, p. 125). According to Hershman and Lieb (1998), “hypomania is often a social and financial asset,” as hypomanics may work excitedly or almost compulsively due to their restlessness (p. 23).

Hypomania may be the best state in which to write. It includes the energy and drive to work without the emotional extremes of mania. The hypomanic writer is focused, enthusiastic, with an “infectious gaiety” and a “lively attention to everything” (Hershman & Lieb, 1998, pp. 23-24). However, like mania, hypomania can create an inflated ego and sensitivity to minor frustrations. A writer’s hypomanic spell is easily broken by small hurdles that may be blown out of proportion, and negative emotions may be taken out on loved ones (Hershman & Lieb, 1998).

Finally, major depressive episodes include depressed mood and/or a loss of interest or pleasure in usual activities accompanied by weight loss, difficulty sleeping, psychomotor disturbance, fatigue or lack of energy, feelings of worthlessness or guilt, difficulty with attention

or decision-making, thoughts of death, and/or suicide ideation, attempt(s), or plan(s). To meet the criteria for a major depressive episode, at least five of the aforementioned symptoms must persist for a two-week period. These episodes cause distress and social or professional impairment (APA, 2013b).

Novels written during depressive episodes often reflect their creators' state of mind. They may "focus on hopeless relationships and situations, people who are doomed, or who are physically or mentally damaged or handicapped" (Hershman & Lieb, 1998, p. 186). Their plots may be slow-moving, with few characters and limited settings. Topics favored by depressed writers—illness, poverty, death, and destruction—are taken on in dark, often philosophical tones using simple grammar and vocabulary (Hershman & Lieb, 1998). Depression can lead to periods that are "bereft of creative work" (Jamison, 1993, p. 108). However, while some writers find themselves unable to work during depressive episodes, others use them as an inverse sort of motivator. Storr (1995) noted, "There are some writers who, at first sight, simply appear to be gifted with more energy than the average person. Closer examination reveals that they are prone to depression, but strive to prevent this descending upon them by feverish overactivity" (p. 85). Those who sense the oncoming of a depressive episode may throw themselves into work or activity to keep themselves busy, attempting to write themselves out of depression.

Bipolar and cyclothymic disorders

Manic, hypomanic, and major depressive episodes are used as diagnostic criteria for bipolar and related disorders. Bipolar I disorder—the modern iteration of what was formerly called "manic-depression"—is characterized by one or more manic episode(s). Hypomanic episodes are common in bipolar I, and the "vast majority" experience major depressive episodes, though these are not required for a bipolar I diagnosis (APA, 2013b, p. 123). Bipolar I is

characterized by rapidly shifting moods, with approximately 60% of manic episodes being immediately followed by a major depressive episode (APA, 2013b). In writers with bipolar I, these shifts can dictate productivity and motivation levels. These writers' ability to work can fluctuate greatly; as Hershman and Lieb (1998) pointed out, "It is particularly painful when manic creativity departs and crippling depression takes over before the work is completed" (p. 203). Affected writers may learn to push through their depression, awaiting a middle ground or state of mania or hypomania in which they feel better able to work. Others may be able and willing to write during depressions by using their emotions as inspiration or by using work as a coping mechanism. Writers with bipolar I may also find themselves dealing with comorbid disorders, as bipolar I often occurs alongside anxiety and alcohol use disorders. Bipolar individuals are at least 15 times more likely to commit suicide than the general population (APA, 2013b).

Bipolar II disorder was previously, but is no longer, considered to be the milder of the two forms of bipolar disorder. Bipolar II is distinguished from bipolar I in that its diagnosis requires at least one major depressive episode, in addition to at least one hypomanic episode. These major depressive episodes are longer and more frequent than those experienced by individuals with bipolar I. While hypomania does not typically cause severe impairment, individuals with bipolar II spend significant amounts of time in depression, and this can result in issues with social or professional functioning (APA, 2013b). In writers, this can translate to long periods of diminished productivity without manic highs to balance out the "lost" time. Impulsivity associated with the disorder may also lead to substance abuse or suicide attempts, which are reported by at least one-third of people with bipolar II (APA, 2013b).

Cyclothymia is a third disorder characterized by hypomanic and depressive symptoms

that do not quite meet the criteria to be considered hypomanic or major depressive episodes. Cyclothymia typically appears in adolescence or early adulthood, and there is a considerable 15-50% risk of a cyclothymic later being diagnosed with a bipolar disorder due to experiencing a manic, hypomanic, or major depressive disorder. Because of their alternating moods, people with cyclothymia may be considered “temperamental, moody, unpredictable, inconsistent, or unreliable” (APA, 2013b, p. 140), which may impact the work of an affected writer to a lesser degree than the symptoms of bipolar I or II.

Depressive and anxiety disorders

Depressive disorders that are relevant to this project include major depressive disorder and persistent depressive disorder (also called dysthymia). Both of these disorders include depressive episodes with “the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function” (APA, 2013b, p. 155), and the absence of manic and hypomanic episodes. Thus, writers with depressive disorders experience the diminishing effects of depression without the upswing of enthusiasm for their work that can accompany mania or hypomania. The two disorders are distinguished by differing durations; major depressive disorder’s episodes last for two weeks or longer, while persistent depressive disorder’s episodes last for two years or longer. Writers affected by major depressive disorder or persistent depressive disorder may experience long periods without productivity or motivation to work. The “impaired ability to think, concentrate, or make even minor decisions” (APA, 2013b, p. 164) brought on by depression may give writers difficulty with meeting deadlines, conceiving new ideas, and developing their work.

Anxiety disorders, particularly generalized anxiety disorder, can also impact a writer’s ability and motivation to work. Symptoms such as restlessness and feeling “keyed up” or “on

edge” (APA, 2013b, p. 222) may positively influence the desire to be productive. Alternatively, anxiety can also cause fatigue from excess worrying, difficulty concentrating, and sleep disturbance (APA, 2013b), which all have negative impacts on one’s ability to write or remain focused on a particular project or goal. In general, “excessive worrying impairs the individual’s capacity to do things quickly and efficiently” (APA, 2013b, p. 225).

In the context of this study, manic, hypomanic, and depressive episodes both serve as diagnostic criteria for larger conditions and impact writers’ levels of motivation, inspiration, and productivity. Chronically, bipolar, depressive, and anxiety disorders each exert corresponding influences on a writer’s long-term habits, temperament, and creative output.

Literature Review

Historical Conceptions

Claims about the link between madness and creativity dates back to ancient Greece, where, during the era of Socrates and Plato, divine inspiration was considered a sacred state of mind that could only be reached via illness, possession, madness, or alteration of consciousness (Jamison, 1993). Artistic madness was considered “possession by the Muses” and noted by Socrates as an integral part of poetry (Jamison, 1993). Aristotle later pondered the existence of a connection between depression and ability, stating that “All extraordinary men distinguished in philosophy, politics, poetry and the arts are evidently melancholic” (as cited in Hershman & Lieb, 1998, p. 8). The earliest mention of a mood disorder also came from ancient Greece. During the fifth century B.C., Hippocrates recognized both mania and depression as being within the realm of medicine, but did not connect them as being two halves of the same disorder (Hershman & Lieb, 1998). Three centuries later, a Greek physician named Areteus concluded that the two could alternate in the same patient, advancing toward the understanding of bipolar

disorder that exists today (Hershman & Lieb, 1998).

The concept of a link between madness and genius persisted through the Renaissance, but 18th-century attitudes shifted in favor of rationality as the source of genius, only for this perception to be reversed again by 19th-century Romantics (Jamison, 1993). Romantics used drugs, alcohol, and self-deprivation to induce inspiration, believing that hallucination was “the most fertile condition for the artist” (Hershman & Lieb, 1998, p. 9). In Europe, contemporary scholars explored the relationship between madness and genius, and psychiatrists identified the cyclical nature of mania and depression (Jamison, 1993; Hershman & Lieb, 1998). The disorder was dubbed “manic-depressive insanity” by German psychiatrist Emil Kraepelin, who gave an in-depth description of the disorder in his 1889 book, *Lehrbuch der Psychiatrie* (Hershman & Lieb, 1998).

The subject was further explored throughout the 20th century by professionals who have established the modern understanding of bipolar and other mood disorders and any possible link they may have with creativity. Krestschmer (1931), a German psychiatrist, recognized that periods of mania seemed to be related to productivity, while periods of depression were linked to sterility (as cited in Hershman & Lieb, 1998). Various scholars and medical professionals agreed, but many pushed back—and continue to do so—at the notion that creativity is born of madness (Jamison, 1993; Hershman & Lieb, 1998). For example, in the 1940s, Myerson and Boyle argued that “The manic drive in its controlled form and phase is of value *only* if joined by ability” (as cited in Jamison, 1993, p. 55). In other words, a mood disorder is not the be-all-and-end-all to creative accomplishment. Others have emphasized the detrimental effects of psychiatric extremes on social and professional functioning, but acknowledged that milder states of mania and depression may foster periods of creativity and productivity (Jamison, 1993; Hershman &

Lieb, 1998). This continues to be the most widely accepted view of the relationship between psychiatric disorders and creativity (Jamison, 1993). The following section discusses selected studies in more depth.

Notable Previous Studies

An early study by Andreasen (1987) identified the existence of a link between creativity and mental illness in writers. The 15-year study examined creativity and lifelong prevalence of mental illness in creative writers and their first-degree relatives in comparison with the general population. At the time, Andreasen (1987) noted the absence of quantitative studies on the subject of creativity of mental illness, and the lack of studies using structured interviews or contemporary diagnostic criteria for psychiatric evaluation. Prior to Andreasen's (1987) work, the field was also hindered by ambiguous diagnostic criteria and confusion over the distinction between schizophrenia and manic-depressive illness, which are now known to be two very different disorders (Jamison, 1993). Andreasen's (1987) study was initially designed to test a hypothesis that creativity individuals had higher rates of schizophrenia. The results demonstrated otherwise—no schizophrenia was reported by any of the writers or control subjects—but Andreasen (1987) found an association between creativity and mood disorders, which she had “not even suspected” (p. 1292).

To find this association, Andreasen (1987) had pulled 30 participants from a group of creative writers attending the University of Iowa Writers' Workshop. An additional 30 control subjects of various occupations were selected through sociodemographic matching with the writers, for a total of 60 participants. Eighty percent of Andreasen's (1987) creative writers reported that they had experienced an affective-disorder episode throughout their lifetime, as opposed to 30% of the control subjects. Additionally, 43% of the writers had some type of

bipolar disorder, as opposed to 10% of the control subjects. The writers also had significantly higher rates of alcoholism, but the rate of drug abuse was equal across both groups. Andreasen (1987) also analyzed the presence of mental health disorders and creative occupations in the participants' first-degree relatives (parents, siblings, and children) and found that the writers' relatives also had higher rates of mental illness in comparison with the control group's relatives. This is consistent with today's understanding that mood disorders are genetically inheritable (APA, 2013b). Interestingly, the writers' relatives were also more likely to have creative occupations, hobbies, or "professional success . . . such as writing novels, dancing in a major company, performing as a concert artist, [etc.]" than the control group's relatives (Andreasen, 1987, p. 1290). Overall, the results indicated that there is indeed a connection between rates of creativity and mental health in writers—and their family members (Andreasen, 1987).

Two years later, Jamison (1989) concluded that there are overlaps between creative states and changes in mood, cognition, and behavior (as cited in Jamison, 1993). A clinical psychologist who suffers from bipolar disorder herself, Jamison (1989) took on a number of focuses in her study. Of particular interest to this project is her concentration on the role of mood in productivity and patterns between the two. She studied 47 "eminent" writers and artists from Britain, of which 38% had received treatment for a mood disorder. Of the entire group of writers, 89% reported experiencing "intense, highly productive, and creative episodes," which were punctuated by a decreased need for sleep, physical restlessness, as well as "increases in enthusiasm, energy, self-confidence, speed of mental association, fluency of thoughts and elevated mood, and a strong sense of well-being" (as cited in Jamison, 1993, pp. 77-78). These states seem consistent with episodes of mania or hypomania.

Later, Jamison (1993) also conducted an in-depth study of mood disorders and suicide in

poets. Her sample was comprised of “all major British and Irish poets born between 1705 and 1805” (p. 61). Jamison (1993) examined each poet’s available public writings, personal correspondences, private compositions, medical records, and family history. She coded for medical diagnoses and treatment, as well as symptoms, cycles, and “patterns in moods, behavior, and productivity” that might point to a mood disorder. Of the 36 writers examined, six had been committed to mental asylums, two committed suicide, and more than half likely suffered from mood disorders. Thirteen likely had bipolar I (referred to as “manic-depression” at the time), and six showed milder symptoms that suggested cyclothymia or bipolar II. Compared with rates of manic-depression in the general population at the time of the study, the poets were 30 times more likely to have manic depression and over five times more likely to have committed suicide.

Though both Jamison (1993) and Andreasen (1987; 2008) agreed that there is a statistically higher prevalence of mood disorders in writers, other authors have chimed into the conversation in attempts to answer the question of whether creative people are more likely to have such disorders than the general population. In a more-recent study of 1,629 writers, Kaufman (2001) found that poets specifically had a significantly higher rate of mental illness than other types of writers, while female poets were more likely to be mentally ill across females in a range of writing- and non-writing-related professions. This is consistent with Jamison’s (1989) earlier findings that poets were more likely than playwrights, novelists, biographers, and artists to have been prescribed medication for depression and to have sought medical intervention for mania (as cited in Jamison, 1993). Kaufman (2001) referred to this as “the Sylvia Plath effect” (p. 37).

While Kaufman’s (2001) findings were seemingly agreeable with those of Jamison (1993) and Andreasen (1987), Pavitra, Chandrashekar, and Choudhury’s (2007) small-scale

study of writers, musicians, and controls found that there was “no difference between creative and non-creative groups in terms of mental illness” (p. 34). Pavitra et al. (2007) are not alone in their beliefs; it is certainly probable that writers with mental health issues are the exception, not the rule. Researchers who believe in the link between creativity and mental illness have argued that “those in the arts suffer from significantly higher rates of mood disorders compared to matched controls (Andreasen, 1987; Ludwig, 1995), and mood disorders are eight to 10 times more prevalent in writers and artists than in the general population (Jamison, 1993)” (Akinola & Mendes, 2008, p. 1678). In a 40-year longitudinal study of Swedish total population registers, Kyaga et al. (2013) identified a positive association between bipolar disorder and creative professions in general. Authors specifically were almost twice as likely as controls to have bipolar disorder or schizophrenia, and were more likely to have depression, anxiety, and drug or alcohol addictions, and to commit suicide (Kyaga et al., 2013). However, whether there is a statistically higher prevalence of manic depression, anxiety, or other mood disorders is not the focus of this research, which seeks to examine how writers afflicted with symptoms of these disorders are impacted in terms of productivity, motivation, and creative work flow.

Methodology

To better understand how symptoms of mood disorders affect a writer’s ability and motivation to write, I conducted an online survey of self-identified professional, recreational, and academic writers. The survey was designed on Qualtrics and distributed via social media. Specifically, the objective of the study was to gain insight on whether symptoms of mood and/or anxiety disorders affect writers’ creative process and abilities; whether writing plays a role in alleviating or worsening these symptoms; and when writers feel most productive, creative, and motivated in relationship to their moods. For a full list of survey questions, see Appendix A.

The survey was taken on a voluntary basis, and there was a total of 73 responses, though not all participants completed the survey in full. The survey was distributed through social media, and responses were anonymous. Of the participants who provided their gender identities, 55 (79%, $n = 70$) identified as female, 13 (19%, $n = 70$) identified as male, and two (3%, $n = 70$) identified as “Other.” This off-balance distribution limited the scope of claims that could be made about how different genders affect or are affected by mental health and creativity. The majority of participants were aged 18-29 (77%, $n = 70$). See Table 1 for a complete breakdown of participants’ ages.

Table 1

Ages of Survey Participants

Age	Number of Participants	Percentage of Participants ($n = 70$)
18-29 years	54	77%
30-39 years	5	7%
40-49 years	4	6%
50+ years	7	10%

I also asked participants what type of writing they do: professional, recreational, academic, or “Other.” Participants were able to select multiple options for this question. Twenty-three reported that they write professionally (36%, $n = 64$), 44 write recreationally (69%, $n = 64$), 46 write academically (71%, $n = 64$), and one participant selected “Other,” specifying writing for publication. The high percentage of participants who reported writing academically can be attributed to the fact that 77% of the respondents were between the ages of 18-29, and members of this age group are of a higher likelihood to be attending post-secondary school.

Participants were also asked whether they had ever been formally treated or diagnosed

for depressive, anxiety, or personality disorders (see Table 2). Again, participants were able to select more than one option for this question. Although almost half had never been treated or diagnosed with any of these types of disorders (45%, $n = 60$), over one-third reported having a depressive disorder (37%, $n = 60$), and even more reported having an anxiety disorder (43%, $n = 60$). Five participants said they had been diagnosed with or treated for a personality disorder (8%, $n = 60$), and four selected “Other” (7%, $n = 60$). Of the four “other” responses, two specified attention deficit hyperactivity disorder, one reported an eating disorder, and one said that while he or she has not been formally treated, he or she suffers from “depressive anxiety on a daily, fluctuating basis.”

Table 2

Mental Health Diagnosis/Treatment Reported by Participants

Diagnosis	Number of Participants	Percentage of Participants ($n = 60$)
Depressive disorder(s) ^a	22	37%
Anxiety disorder(s) ^b	26	43%
Personality disorder(s) ^c	5	8%
Other	4	7%
None	27	45%

^aSuch as major depressive disorder, bipolar disorder, disruptive mood dysregulation disorder, etc.

^bSuch as generalized anxiety disorder, panic disorder, etc.

^cSuch as borderline personality disorder, obsessive-compulsive personality disorder, etc.

Results

Participants were asked to consider whether their creative process and abilities are enhanced and/or hindered due to symptoms of anxiety, depression, or other mental health concerns. The majority agreed that their creativity process and abilities are affected in some way (86%, $n = 59$), with only eight selecting “No, I do not believe my creative process/abilities are

affected when I experience symptoms” (14%). Of the group that said its creativity is indeed affected, three said their creative process and abilities are “enhanced” when experiencing symptoms (6%, $n = 51$), 22 said they are “hindered” (43%), and 26 said they are “sometimes enhanced and sometimes hindered” (51%).

Despite 37% of all participants reporting that their creativity is hindered by symptoms of anxiety, depression, or other mental health concerns ($n = 59$), over one-third said that writing can help alleviate these symptoms (35%, $n = 57$). A greater percentage said writing can either alleviate or worsen symptoms, depending on the situation (47%). Just one participant reported that writing only worsens symptoms (2%), while nine reported that writing has no effect on symptoms (16%).

These sentiments were echoed in the last two questions of the survey, which were free-response questions. The second-to-last question was a series of four fill-in-the-blank prompts for which respondents could provide more than one answer:

1. I am most productive when I feel...
2. I am most creative when I feel...
3. I write “best” when I feel...
4. I am most motivated to write when I feel...

In response to the prompt about productivity, one-third described being most productive when experiencing positive emotions, for example, when they are “happy,” “not stressed,” “upbeat,” “relaxed,” and “excited” (33%, $n = 54$). The next-largest group used words that described being “energetic,” “energized,” and “well-rested” (20%), and the third-largest group said they are most productive when they are “focused” or “fixed on an objective” (16%). Only one respondent said he/she feels most productive when experiencing a negative emotion, loneliness (2%).

In contrast, 15% said they feel most creative when they are feeling negatively, “sad,” “angry,” or “depressed” ($n = 54$). Fifteen percent also said they write best when feeling “depressed,” “anxious,” “moody,” or “down.” Happiness, however, was the most frequently reported state-of-mind for feeling most creative (35%) and writing best (24%). Happiness also seems to play a role in motivation; nearly one-third said they feel most motivated when experiencing positive emotions (30%, $n = 54$). Five said they are most motivated when experiencing negative emotions (9%), and seven said they are most motivated by states of being that could be tied to either positive or negative emotions, such as being “inspired” or “passionate” (13%).

The final survey question asked for a written response to the question, “What leads you to believe that your writing behaviors are or are not affected by your mental health?” Responses were mixed, but participants were in general agreement that their writing behaviors are in some way impacted by their mental health. Only two participants indicated that their mental health does not influence their writing behaviors, while a third said he or she feels mentally healthy “almost all the time,” so their mental health does not play any role in his or her writing behaviors ($n = 45$).

Many responses to this question expressed the tendency to be less inclined to write during depressive episodes. One respondent wrote, “My brain becomes cloudy and careless which causes nothing to be done and no creative thoughts to flow.” Another described a “cycle of hopelessness,” during which he or she “go[es] completely dormant and stagnant until the depression lifts.” Anxiety seems to have the same effect, with participants reporting, “When I’m feel [sic] down or anxious output slows to a crawl,” “I can’t write for pleasure when I am stressed or anxious,” and “When I am feeling anxious or depressed, I oftentimes don’t feel like

participating in activities that I enjoy, including writing.”

Discussion

The greatest takeaway from these qualitative data is that not all writers are motivated or inspired by the same emotional states. While the survey results show that happiness prevails as the most-preferred state to write in, many respondents indicated the exact opposite: they are most-inspired by negative emotions like depression.

On the free-response questions, many participants indicated that they have experienced the “brain fog” of depression mentioned throughout the literature on creativity and mental health. One survey respondent described his or her current state of depression, writing, “When I have forced myself to write, I squeeze very little out and rarely does the text have any redeeming value.” The dull cloudiness associated with depression lessens productivity, dries up the well of inspiration and hinders the flight of ideas that many participants indicated experiencing during periods of happiness and energy. Because of its effect on self-esteem, depression may also negatively impact how writers view their own writing. “When I’m sad I don’t like the writing I do,” wrote one participant, “but looking back later at writing pieces from when I’m sad or anxious I feel like the quality is usually very good.” Another reported feeling that his or her work is “terrible writing and there’s no point in continuing . . . it could be very good writing but in the moment I don’t perceive it that way.” Skewed perceptions of a work’s value can have extreme consequences; Hershman and Lieb (1998) cited the example of Arthur Rimbaud, a 19th-century French poet who “burned all of his work in a fit of despair” because he had convinced himself it was worthless (p. 179). As detrimental as this effect can be to a writer’s feelings of self-worth, there may be some benefits to the self-criticism that comes with mild depression, as “it can also serve a critical editorial role for work produced in more fevered states” (Jamison, 1993, p. 118).

Designating periods of depression as an opportunity to edit may benefit writers who find themselves unable to produce new material in this state of mind.

A number of participants also referred to using writing as a coping mechanism or stress reliever. One respondent noted “an urge to purge the emotions” he or she has when experiencing anxiety. Another respondent, who has major depressive disorder and explained that he or she has made multiple suicide attempts, described daily journaling as “the greatest relief I have discovered besides being heavily sedated with medication.” Journaling or writing in general may be a worthwhile way for writers to try to cope with their emotions, especially considering Jamison’s (1993) finding that many writers and artists dislike the feelings of sedation or dullness that can come from taking medication. Some stop taking their prescriptions altogether because “they miss the highs or the emotional intensity associated with their illness, or because they feel that drug side effects interfere with the clarity and rapidity of their thought or diminish their levels of enthusiasm, emotion, and energy” (pp. 7-8). Creative people sometimes feel that they must experience authentic emotional extremes for inspiration or to preserve their artistic temperament (Hershman & Lieb, 1998).

Like Dickens, Poe, and the other famous writers who have suffered from mental afflictions throughout history, the survey participants’ abilities and desire to write are impacted by their moods, and vice versa. Emotional highs and lows play a role in what they write, when they write, and how they write. It is also interesting to note that the states in which one particular writer feels most productive, creative, successful, and motivated are not necessarily the same. For example, one respondent indicated feeling most productive during periods of stability, but feeling most creative when uneasy, and feeling most motivated to write when upset. Another said he or she writes best when “enclosed in depression,” but is most motivated when his or her

“mind finally settles.” Across all four categories of productivity, creativity, “best” writing, and motivation, writers noted the benefits of high energy levels and excitement, both emotions that may be contextually attributable to mania or hypomania. For some, the act of writing itself can bring out these positive emotions; one respondent said, “[F]inally getting myself to write again is one of the things that actually saved my mental health and put me in a better mood.” If I were to perform this study again, I would be curious to see how participants would respond to the free-response questions had they been oppositely phrased to ask when writers feel *least* productive, creative, or motivated, and when they feel that they write poorly.

Survey Limitations

Limitations of this survey included its sample size and distribution of age and gender across participants. The survey had 73 total participants, many of whom did not complete all of the questions. It would be inappropriate to make wide or sweeping claims about the entire population of writers based on the quantitative and qualitative information gathered from this limited number of responses. Additionally, participants of the survey were overwhelmingly female (79%, $n = 70$) and of a younger age group; 77% were aged 18-29 ($n = 70$). Neither of these majorities was intentional, but the fact that the survey was distributed through social media may have contributed to the youth of the participants.

This subject of this research also poses a risk for confirmation bias. The data are self-reported, and people may have skewed perceptions of their own mental health, creative abilities, and levels of motivation and productivity. Those who have been diagnosed with a psychiatric disorder may prefer to believe that disorder has some sort of benefit, perhaps in the form of enhanced creativity. It is also possible that people who believe in a link between creativity and mental health were more likely to volunteer to take the survey because it peaked their interest.

Participants may have also consciously or unconsciously allowed these pre-existing beliefs to affect how they responded to the questions, particularly the free-response questions that came toward the end of the survey, at which point participants had already been primed to consider potential connections between creativity and mental health.

Conclusion

Despite these limitations, the results of this survey indicate that writers have very individualized perceptions of how their mental health impacts their writing behaviors and habits. Individual writers find themselves most motivated, inspired, and able to write under different circumstances. While one writer may believe he or she works best during periods of contentment or happiness, another may find him or herself most motivated to work when lonely, sad, or depressed. For some, the act of writing functions as a lifeline or coping mechanism during periods of depression; others feel more inspired to work during periods of elation that, in some cases, may be attributed to states of hypomania or mania.

Like many studies that came before it, this study cannot answer the larger question of whether there is a statistical connection between mental health disorders and creativity, nor can it solve the puzzle of the “chicken and the egg”: Do mental health problems make one more creative, or does above-average creativity lead to mental health problems? There are so many variables that play into perceptions of creativity and mental health, some of which are seemingly impossible to measure or quantify. What this survey’s results do point to, however, is that there is no single formula of mood, symptoms, or state of mind that adds up to the perfect condition in which to write.

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Appendix A

Writing and Mental Health Survey Questions

1. With which gender do you identify?

- Female
- Male
- Other

2. How old are you?

- Under 18
- 18-29
- 30-39
- 40-49
- 50+

3. Do you write ... (Check all that apply)

- Professionally
- Recreationally
- Academically
- None of the above
- Other (please specify) _____

4. Have you ever been formally diagnosed with or treated for any of the following types of mental health concerns?

- Depressive disorder (such as major depressive disorder, bipolar disorder, disruptive mood dysregulation disorder, etc.)
- Anxiety disorder (such as generalized anxiety disorder, panic disorder, etc.)
- Personality disorder (such as borderline personality disorder, obsessive-compulsive personality disorder, etc.)
- None of the above
- Other (please specify) _____

5. How often do you experience the following?

This questionnaire has been adapted from the American Psychiatric Association’s (2013c) DSM-5 Self-Rated 1 Cross-Cutting Symptom Measure—Adult. For more information visit <http://www.psychiatry.org/psychiatrists/practice/dsm/dsm-5/online-assessment-measure>.

	Almost always	Often	Sometimes	Rarely	Never
Little interest or pleasure in doing things					

	Almost always	Often	Sometimes	Rarely	Never
Feeling more irritated, grouchy, or angry than usual					
Sleeping less than usual, but still having a lot of energy [Reduced need for sleep]					
Feeling nervous, anxious, frightened, panicked, worried, or on edge					
Thoughts of self-harm or suicide					
Sleep problems that affect overall sleep quality					
Problems with memory					
Unpleasant thoughts, urges, or images that repeatedly enter your mind					
Feeling detached or distant from yourself or others					
Not knowing who you are or what you want out of life [Feeling purposeless]					
Elevated interested or excitement about activities or projects					

	Almost always	Often	Sometimes	Rarely	Never
Feeling of unusual excitement					
Reduced productivity					
Elevated productivity					

6. Do you believe that your creative process and abilities are enhanced and/or hindered due to experiencing symptoms of anxiety, depression, or other mental health concerns?

- Yes, I believe my creative process/abilities are enhanced when I experience symptoms.
- Yes, I believe my creative process/abilities are hindered when I experience symptoms.
- Yes, I believe my creative process/abilities are sometimes enhanced and sometimes hindered when I experience symptoms.
- No, I do not believe my creative process/abilities are affected when I experience symptoms.

7. Do you find that writing helps alleviate or worsens your symptoms of stress, anxiety, depression, or other mental health concerns?

- Helps alleviate symptoms
- Worsens symptoms
- Neither helps alleviate nor worsens symptoms
- Depends on the situation

8. For each of the following prompts, please list a few words to finish the sentence.

- I am most productive when I feel ... _____
- I am most creative when I feel ... _____
- I write “best” when I feel ... _____
- I am most motivated to write when I feel ... _____

9. What leads you to believe that your writing behaviors are or are not affected by your mental health? Please be as specific as you can.
