Madness and the Muse: Understanding the Link Between Creativity and Mental Illness

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Introduction

The images below were drawn by Daniel Levy, a young aspiring graphic artist at the Minneapolis College of Art & Design, a son, a brother, and a schizophrenic. The drawings are from one of Daniel’s graphic short stories, tracking both his artistic development through his life as well as the progress of his disease, from innocence to abject hopelessness, resulting in the final haunting self-portrait. In January of 2012, at the age of 21, Daniel took his own life. Since the time of his death, Daniel’s father, Adam Levy, a well-known musician and faculty member at McNally Smith College of Music, has shared Daniel’s story with students, with the media, and with anyone in the community who understands the need for increased awareness and support for mental health and chemical dependency issues, particularly for young artists and musicians. Daniel’s story is just one of so many accounts of artists who struggle with any number of often co-occurring diseases and who eventually lose their mental strength, their art, or in the worst cases, their lives.

*Figure 1. Artwork by Daniel Levy. A visual representation of the progression of schizophrenia. (A. Levy, personal communication, November 12, 2013)*
A possible link between creative genius and mental illness is one of the oldest and most persistent theories, and perhaps also one of the most controversial. Biographical research and case studies are now beginning to shed light on some of the theories behind why the creative fields are so often linked with mental health problems. Among those theories is the notion that an artist living with mental illness or addiction is often excused and even glamorized, and seeking help is usually not an option. The persona of the “struggling, broken artist” is one that has permeated the art and music worlds for decades; and now, with the increased pressures of a fast-paced technological society and the abundance of chemical remedies at our fingertips, these individuals are more exposed and more vulnerable than ever.

In addition to this, historical evidence has long pointed towards a bond between creativity and mental illness, dating back as far as the earliest poets and master painters. Now, modern research and neurological studies are indicating a scientific relationship between the minds of creative people and their susceptibility to mental illness and addiction. Clearly, a close association between mental illness and the creativity would have many cultural and sociological implications – for artists, medicine, and society as a whole. Thus, the primary purpose of my research here is to examine the historical, biographical, and scientific evidence for a compelling link between the two temperaments of creativity and mental disturbances, and to understand the impact of that relationship in today’s artistic community.

Inspiration for Research

The inspiration for this research stems from an event that has been held annually at McNally Smith College of Music. The head of Counseling Services, Sarah Johnson, and David
Lewis, the Director of Career Services, have collaborated on a panel discussion for the entire student body that addresses the issue of mental health and chemical dependency for musicians and artists. The panelists have included young, popular musicians who have struggled with these issues themselves and with whom the students can identify. The discussion covers a variety of topics, focusing on the musicians’ struggles with mental illness and substance abuse, how their work was and still is affected, and how they dealt with the risks to their health and to their careers.

One of the reasons the event has been so successful and has resonated with the students is that, through sharing their experiences and talking very openly about their struggles, the panelists are able to help break down the stigma of seeking help, particularly in an industry that tends to romanticize and even reward depression, brokenness, and drug abuse. This is especially important for young college students who are just starting out in the music world and who are especially susceptible to industry pressure and vulnerability in their own art.

The event, entitled *Dissonance*, occurs annually in September, coinciding with National Suicide Awareness Month. Attendance has grown each year, comprised mostly of McNally Smith students but also including a few community partners and, most recently, members of the local media. Seeing the success of the event and the affect it has had on everyone who attends, it is clear that there is a need for this type of discussion, and that it could, and should, exist for the wider artistic community and anyone who wishes to be part of the conversation.

This issue is by no means unique to McNally Smith, the Twin Cities, or even to this century. History has shown that there is a veritable pantheon of creative geniuses who
have also suffered with some form of psychosis. Based on anecdotal evidence and biographical studies, the presumptive list includes artists like Hieronymus Bosch, Vincent van Gogh, Edvard Munch, and Wassily Kandinsky; the writers Edgar Allan Poe, T.S. Eliot, Virginia Woolf, and Sylvia Plath; and even scientists such as Isaac Newton and Tycho Brahe (Rothenberg, 1990, p. 6).

So when determining the causation and consequences of mental illnesses in creative individuals, is the artistic community left with the proverbial chicken and egg scenario, making it seemingly impossible to determine which came first and where the cycle ends? Does today’s society place a higher value on an artist’s health or on their creative output, and how do we respond when those two things become mutually exclusive? What resources currently exist, on a local or national scale, for artists of any discipline who are struggling with mental illness or substance abuse? And how has the conversation changed around supporting those individuals, and how does it need to continue to change?

The questions I am considering for this research are certainly not new ones, though they speak to the continued salience of the problem. While misconceptions and theories surrounding this issue will continue to evolve, the conversation will always be one of a need for support and a lack of awareness in the greater community. To delve further into understanding the connections between artists and mental health, I will explore the overarching issue of creativity and mental illness through various lenses, including cultural and neurological, and establish a framework through historical context and modern research. I will then detail my findings on some of the psychological and societal factors that contribute to this issue, and then finally summarize my conclusions on the best resources for artists who are struggling with mental illness, including my model for an
independent, self-sustaining mental health program designed specifically for artists and musicians within the Twin Cities area, based on existing programmatic methodology.

**Early References and Modern Research**

The great painter Salvador Dali once said, "The only difference between me and a ‘madman’ is that I am not mad." This somewhat cryptic remark is as indicative as it is paradoxical, as it is a surrealist’s insight into the interrelationship between creativity and madness (Ludwig, 1995). The question of a relationship between creativity and mental illness has existed since as far back as the 4th century B.C., when Plato first claimed that a poet’s inspiration could only arise from ‘divine madness,’ handed down from the Gods themselves (Panter, Panter, Virshup, & Virshup, 1995, p. xi). This correlation continued on throughout several notable periods in history, gaining particular traction in the Renaissance and then again amongst the Romantic artists, and has carried forward now into the modern artists of today. Even Shakespeare expressed through one of his characters, “The lunatic, the lover, and the poet are of imagination all compact,” proving that the idea of the mad creative genius has long been popularly accepted in both our culture and in our literature. (as cited in Rothenberg, 1990, p. 6)

Not surprisingly, this subject has continued on well into the twentieth-century as literary and art scholars investigate the links between psychiatric illness and creative genius. In their work *Born Under Saturn*, authors Rudolf and Margot Wittkower acknowledge the extent to which artistic genius and “madness” have been, and continue to be, linked by society, cautioning that “the notion of the mad artist is a historical reality and that by brushing it aside as mistaken, one denies the existence of a generic and deeply significant symbol” (as cited in Jamison, 1993, p. 55).
As decades of research have shown, there are many ways to examine the correlation between mental disorders and creativity. Biographical studies of specific artists, writers, and other creative thinkers focus on anecdotal evidence and life-study investigations. For example, research conducted in the late nineteenth and early twentieth centuries provided some suggestive evidence of significantly increased occurrences of mental illnesses and suicides in eminent writers and artists of that time. Additionally, diagnostic and psychological studies of creative individuals provide more scientifically meaningful estimates of the various rates and types of certain psychopathologies. Finally, previous studies of creative and related achievements in affectively ill patients has provided corroborating evidence from a different perspective, consistent with former findings (Jamison, 1993, p. 56).

One example of systematic biographical research conducted in the last half of the twentieth century is that of Dr. Arnold Ludwig, who studied the biographies of creative individuals over a thirty-year period (1960 to 1990), displaying impressive scope and careful methodology. Ludwig found that the highest rates of mania, psychosis, and psychiatric hospitalizations were in poets; most significantly, a staggering 20 percent of the poets had committed suicide (Ludwig, 1995, p. 148). In reviewing this landmark study, Jamison (1993) notes, “Overall, when Ludwig compared individuals in the creative arts with those in other professions, he found that the artistic group showed two to three times the rate of psychosis, suicide attempts, mood disorders, and substance abuse. The rate of forced psychiatric hospitalization in the artists, writers, and composers was six to seven times that of the nonartistic group” (p. 61). Ludwig also researched whether or not certain disorders naturally occurred together, or whether people who have one kind of mental
illness are likely to have another, resulting in what he referred to as psychiatric comorbidity. Through this research, Ludwig (1995) found that, “Among the various professions, poets, fiction writers, actors, artists, and composers had the highest lifetime rates of psychiatric comorbidity (48 to 68%) ... Members of the artistic professions as a whole were over twice as likely to suffer from two or more psychiatric syndromes over the course of their lives than those in other professions” (p. 149).

Other important studies of note to include in this research are those of Dr. Kay Jamison and Dr. Nancy Andreasen. In 1990, Jamison studied the occurrence of mood disorders and suicide in a consecutive sample of poets born within a hundred-year period by examining autobiographical, biographical, and medical records for all major British and Irish poets born between 1705 and 1805. Despite the seemingly niche field of study, Jamison’s findings were consistent with those of previous studies, showing a strikingly high rate of mood disorders, suicide, and institutionalization within this group of poets and their families (Jamison, 1993, p. 62).

While studies like Ludwig's and Jamison's are persuasive in their own right, modern studies of living artists and writers provide a different but still consistent perspective. Dr. Nancy Andreasen and her colleagues at the University of Iowa were the first to undertake psychologically diagnostic inquiries into the link between creativity and psychopathology in living writers. Acknowledging the lack of similar methodology in previous studies, Andreasen (1987) said, “In spite of the considerable interest in this topic, quantitative studies have been sparse, and none of the published studies (apart from my own early work) has used modern diagnostic techniques developed to improve the reliability of psychiatric assessment, such as structured interviews and diagnostic criteria” (p.1288). In
1987, Andreasen surveyed a group of writers who were participating in the prestigious University of Iowa Writers’ Workshop. Though the sample size was small (only thirty subjects were studied in depth) and specific to writers, the research was consistent with previous studies, with the subjects demonstrating an extraordinarily high rate of affective illnesses, and represented a marked methodological improvement over previous research based purely on anecdotal evidence (Andreasen, 1987).

Clearly, there is historic and scientific precedence for assuming a direct correlation between creativity and mental illness; this field of study has remained salient throughout multiple generations and yet just as controversial. Given the historical references as well as modern research that support a strong relationship between psychological disturbances and artistic creativity – ‘the madness’ described so many centuries ago – why does such heated controversy continue? What characteristics of the artistic community make this group more susceptible to mental illness and addiction even today? What role does the individual artist play in our society, and what do we in turn expect of them, even if to their own detriment?

**Artist as Subset of Society**

One of the central issues proposed in this paper is that artists are themselves a unique subset of society, tied irrevocably to certain qualities and pervading assumptions and thus in need of particular attention and study. In *Modern Man in Search of a Soul*, Carl Jung (1933) said, “The artist’s life cannot be otherwise than full of conflicts, for two forces are at war within him – on the one hand the common human longing for happiness, satisfaction and security in life, and on the other a ruthless passion for creation which may go so far as to override every personal desire ... There are hardly any exceptions to the rule
that a person must pay dearly for the divine gift of creative fire” (p. 173). Jung, along with many other researchers and theorists after him, posited that this internal strife is inherently linked to the drive to create, and that the role of the artist in our society and the existence of certain psychological principles that govern the creative spirit in turn contribute to their perceived susceptibility to mental illnesses.

Author Carol Beeman (1990) discusses in depth the artist’s relationship with society and the innate pressures therein, stating, “By serving to reflect the state of man’s existence, the artist is a conservator of sanity rather than part of any lunatic fringe as he or she may at some time appear. ... He or she goes into the sanctuary of the human mind, and the work he suffers through there serves as our common catharsis. The artist is not on the cutting edge of the mental milieu of his day, he is the cutting edge” (p. 32). This statement speaks to a number of complicated social, psychological, and economic forces at work, including the very nature of creativity being to go against what is assumed or expected, the expectation to exist outside the social norm, and the pressures placed on artists either by themselves or society to expose themselves through producing great art.

Inherent to the creative process, an artist must also create their own unique individual identity, setting them apart from the homogeny of daily life. However, in doing so, the process can sometimes go awry and lead toward the exposure and possible exacerbation of vulnerabilities and psychopathological tendencies. In discussing the darker sides of creativity, Cropley (2010) notes that, “The positive, desirable breaking away from the conventional to form a unique personal identity can cross the line and become pathological, leading to maladjustment and neurosis, or manipulation, antisocial behavior, crime, or terrorism. In fact, creativity seems to be inextricably bound up with not only
positive but also negative consequences for the individual and society” (p. 8). As both Beeman and Cropley illustrate, that an artist will be in conflict with societal trends and what is expected is inevitable, and the greater his or her drive to create – the drive to give tangible expression to the images of his mind – the more sensitive that artist will be to the emotional drains of his or her unique position (Beeman, 1990).

Ludwig (1995) also describes this phenomenon, saying, “Historically, artists, writers, actors, and musicians have operated on the social fringe, appreciated by a certain segment of the populace for their creativity and vision, but frowned upon for their life-styles and deviant values.... A substantial portion of the artistic types function at the social periphery as outsiders. Nonconformist, avant-garde, rebellious loners, they challenge the status quo and promote social change” (p. 84). Furthermore, Jamison (1993) notes, centuries of research and a multitude of perspectives have agreed that “artistic creativity and inspiration involve, indeed require, a dipping into pre-rational or irrational sources while maintaining ongoing contact with reality and ‘life at the surface.’ The degree to which individuals can, or desire to, ‘summon up the depths’ is among the more fascinating individual differences” (p. 104). The psychological tendencies here described make up part of what define the artist’s unique identity and their role in society, but the question of how that relationship both affects and is affected by their own mental capacities still remains. Are artists creative and therefore more likely to develop mental health issues, or are those issues already present and the art becomes a healing outlet?

**Inside the Artist: The Chicken & The Egg**

As previously discussed, there is a natural tendency for society and creative individuals to be perceived as antagonistic toward one another. Partly as a result of this, as
Dr. Albert Rothenberg (1990) notes, “Recriminations on both sides abound. ... Every story of alcoholic debauchery, every extended absence, every marital difficulty or excessive public display, and every suicide is focused on as the exemplar and the proof. Mental suffering is considered both the generator and the price of creativity” (p. 158). Some researchers have suggested that the relationship between creativity and psychopathology might be due in part to occupational drift: creative individuals join professions where their idiosyncrasies are tolerated and even celebrated (Richards, 2000). Coping with their own illnesses and adversity may then be a spur to creative drive and accomplishment. Ludwig (1992) and Rothenberg (2001), among others, have identified creative activity as a way to respond to pain, “a healthy and adaptive response to an unhealthy condition” (Guastello, Guastello, & Hanson, 2004, p. 264).

On the other side of this, there is the notion that it is the act of creating the art itself that can bring about pain. Advocates of this position, such as Cropley (2010), posit that the creative endeavors actually “loosen the bonds that keep the pain we all feel at bay. As visual artist George Braque is widely quoted as having said, ‘Art is a wound turned to light.’ Artists must delve deeply into the subconscious or the intuitive, and frequently, dark associations and thoughts are brought to the surface” (p. 279). So then the question remains: what comes first, the pain or the art? As decades of research and centuries of biographic accounts seems to suggest, there is veracity in claiming either side as both the origin and the effect, leading to a longstanding “chicken and egg” debate on causality, wherein the proverbial dilemma of which came first is intended to highlight the futility in trying to pinpoint the true cause and consequence in a circular relationship such as that of creativity and mental illness.
Mental Illness Leads to Art

The playwright George Bernard Shaw once said, “If you cannot get rid of the family skeleton, you might as well make it dance.” With this quip Shaw is touching upon a key motive for engaging in creative activity, which is often an attempt at unearthing and coping with particularly destructive emotions and pathologies. “In other words, artists and other types of creators frequently create in order that they not destroy; or they explore a scientific problem, literary theme, visual image, musical idea, or poetic metaphor as an unconsciously motivated means of uncovering the sources of disturbing, frequently destructive feelings” (Rothenberg, 1990, p. 68). Mental disturbances may often act as the very source of inspiration and the foundation upon which artists build, providing them with the raw material for whatever it is they choose to express; their pain becomes the paint on the palette, the words on the page, the notes out of the baton. Cropley (2010) addresses this notion further, invoking the teachings of Sigmund Freud:

Freud would have said it was the disturbance that caused the art but that the ‘disturbance’ is not necessarily unique to the artist, just uniquely available. The artist is less liable to block or repress negative emotions and thus has more creative associations and self-permission to dwell in and explore them. ... Thus it is not a simple question of which causes the other; one enters a positive-feedback cycle in which the negative state inspires the art, but the desire to create art pulls one back into the (richly fertile) negative state. (p. 279)

Here Cropley is portraying the association between creativity and mental illness as somewhat of a symbiotic relationship, wherein the mental illnesses drive the artistic process, allowing the artist a means of translation for their intense conflicts and internal struggles.

In their publication discussing the neurological vulnerability of the creative sector to certain affective disorders, Modupe Akinola and Wendy Berry Mendes said, “There is
substantial research that shows evidence for strong situational factors influencing creativity. In some cases, intense negative emotions can create powerful self-reflective thought and perseverance, leading to increased creativity” (p. 1). Just as the body evokes a physiologic process to heal an injury, the creative process, according to Cropley (2010) and evidenced in the biographies of so many great artists, “is the tangible evidence left behind of a mind’s struggle to resolve a feeling of tension or imbalance or mend a gap in one’s worldview” (p. 280).

**Art Leads to Mental Illness**

Just as strife can bring about art, so can art bring about strife. When discussing his seminal work, *In Cold Blood*, Truman Capote characterized his work as dangerous, saying, “No one will ever know what *In Cold Blood* took out of me. It scraped me right down to the marrow of my bones. It nearly killed me. I think, in a way, it *did* kill me. Before I began it, I was a stable person, comparatively speaking. Afterward, something happened to me” (as cited in Ludwig, 1995, p. 3). More often than not, art and the creative process are viewed as a cathartic process or means of self-reinforcing communication and conveyance for the artist, as was mentioned previously. However, creative activity also may unearth buried mental disturbances and emotional conflicts. As Ludwig (1995) notes, “Reawakening painful memories or examining a difficult past is like playing with fire. It allows many poets and fiction writers to perceive the world with an intensity, coloration, and passion unavailable to those who avoid tampering with their emotions. But they sometimes do so at the risk of being unable to put their ‘psychological lids’ back on once their creative activities are over” (p. 9). As in the case of Capote, the artistic endeavor can for some be anything but therapeutic, particularly those suffering from bipolar affective disorder or
depression, as it has the potential to expose internal problems that cannot be readily contained and often remain unknown or unseen to the rest of society.

Rothenberg (1990) suggests that, through the process of creation, artists are inherently unearthing unconscious pathologies, thereby turning sustained creative practice into a dangerous and self-destructive act. Cropley (1995) also addresses the deleterious toll on the artist, saying,

If the artist has rendered the scene or image convincingly, with pen and imagination, or has painted the flayed flesh of a victim, how is the artist affected? A reader or watcher can turn away or respond to an implied purpose for the work of art such as repudiating or protesting suffering, or simply acknowledging pain’s human universality or working up sympathy and tears. But what about the effect on the artist? The writer must, to some degree, internalize this horror in order write about it convincingly. (p. 285)

It is for this reason that so many writers, more so than any other creative profession, turn to alcoholism as a means to balance the loss felt through their work (Gopnik, 2014; Ludwig, 1995). While they are engaged in the act of creating, artists of any discipline must be able to cope with the emotional turmoil and mental disturbances that are evoked, both consciously and unconsciously. In this way, the creative process becomes a double-edged sword for the artist, simultaneously allowing them to channel their emotions and communicate their message as they are forced to expose their own vulnerabilities as the raw material for their work. Regardless of what begets what, the pain or the art, it is an internal war that is waged and all too often lost for many artists.

The Artist in Society

With libraries full of writings, classrooms full of theorists, and countless examples on television and movie screens, our culture has become abundant with assumptions and stereotypes about how the creative mind really functions, and what happens if it ceases to.
As author Adrienne Sussman (2007) assesses in an article for the *Stanford Journal of Neuroscience*, perhaps none of the fascinations and stereotypes is more enduring than that of the “tortured artist.” “The contradiction of the genius who creates great artwork despite (or because of) mental illness has been part of Western legend for thousands of years” (Sussman, 2007, p. 21). While ongoing debates around the actual diagnostic linkages between creativity and mental illness are inevitable, there is no denying the fact that external factors such as societal pressures and the aforementioned “tortured artist” expectation, or stigma, can also play a predominant role in an artist’s mental health and vulnerability.

**Pressure to Produce**

As has been demonstrated in previous sections, research findings, such as those of Andreasen, Jamison, and Ludwig, have consistently shown that members of artistic professions or the creative arts as a whole are more apt to suffer from more types of mental illnesses and do so over longer periods of their lives than those in other professions (Andreasen, 1975; Jamison, 2011; Ludwig, 1995; Rothenberg, 2001). However, is this because emotionally disturbed individuals are drawn to the creative arts? Or are they led there, or even pushed? Society holds artists and those in the creative profession in a different regard than those in other fields. As Ludwig (1995) notes, “The creative arts professions seem to place a higher premium on the creative products of persons than on their personal behaviors. This opens a window of opportunity to many people who rebel against the constraints of traditional training, or because of the psychological makeup, find it hard to comply with formal rules” (p. 5). Artists today are under more pressure than ever to self-produce and self-promote in order to sustain a life in the arts, a style of living that
seems to run counter to the creative life and motivations which enhanced and inspired the creative work in the first place. Beeman (1990) clarifies this further, saying, “Once a person attains recognition for his work, he or she is not only expected to outdo himself or herself at every turn of the calendar, but the recognized artist must also become involved in the treadmill of promotion of his own work. Intense and agonizing psychic frustration and dissociation from his creative self is inevitable” (p. 24). As a result, the constant strain of an intensive drive to create and an incessant burden to do so better and faster creates an almost insurmountable challenge for the artists and a constant cycle of stress and mental breaks.

**Pressure of Persona**

Perhaps more prevalent and more harmful than the pressure of productivity is the pressure of “personality” – the inherent and long-standing assumption that artists must live up to and embody the “tortured artist” stereotype, both in character and in lifestyle. For many, the artist as an individual cannot be separated from the artistic lifestyle, and because of the powerful influence that expectations have on behavior, their personal identities and professional roles begin to merge, encouraging certain behaviors and pathologies and discouraging others. More and more now, deviant behavior and mental and emotional disturbances are not only associated with artists and persons of high-level creative thinking, but they are expected of them. Ludwig (1995) discusses the fact that many artists often feel compelled and pressured to embody the image of the “mad genius” for the benefit of society, or at least to highlight their own eccentricities to garner more public attention.

For poets to be taken seriously, they may need to reveal pain, anguish, and desperation in their writings. ... Margaret Atwood, in *Cat’s Eye*, aptly has an artist
say, “If I cut off my ear, would the market value [of my paintings] go up? Better still, stick my head in the oven, blow out my brains. What rich art collectors like to buy, among other things, is a little vicarious craziness.” Musical entertainers may find that drinking heavily and using drugs seems to help them give the uninhibited performances expected by their audiences. (Ludwig, 1995, p. 6)

Despite the fact that some researchers have called this stereotype a “naïve romanticisation (sic) of mental illness” or a “miscomprehension of the diversity of imagination and temperament” among artists, one cannot argue the prevalence and the power of images that associate artists, musicians, and writers with the likes of depression, alcoholism, and drug abuse (Jamison, 2011, p. 351). At once, these professional expectations and societal assumptions can be both a magnifying glass for an artist’s destructive pathologies, and, for others, a catalyst for previously unacknowledged vulnerabilities.

**Pressure of the Industry**

Often times, too, the artists themselves have said or done little to disavow or counter this assumption, some even taking measures to actively embody it. In the case of alcoholism amongst writers, Rothenberg (1990) discusses how the pressure to live up to a specific expectation and the romantic draw of a perceived lifestyle is considered a causative, and perhaps even instigating, factor in many writers’ and other artists’ use of alcohol. “In many cultures, especially the modern American one, a certain tough-guy or macho image is associated with heavy drinking and the so-called ability to ‘hold one’s liquor.’ ... Somehow, an idea of achievement in the face of disability or bravery in the face of danger appears to be involved” (Rothenberg, 1990, p. 118). This notion holds just as true for musicians, painters, and other artists as it does for writers; despite the apparent destructiveness and danger associated with the heavy use of alcohol or other drugs, artists are often drawn to it often in order to maintain appearances and uphold the inexorable
image of the “tortured artist.” As will be discussed in the following section, this is one of many reasons that recovery can be delayed and often unsuccessful; some artists fear a decline in artistic quality and even to be ostracized from their creative peers should they step away from their current lifestyle.

**Treatment and Recovery Methods**

The biographical studies, such as those referenced earlier in this paper, of eminent artists, musicians, and poets have garnered volumes of anecdotal evidence attesting to the strikingly high rate of mental illness, drug abuse, and suicide in these individuals. Furthermore, recent diagnostic trials of living artists have further corroborated this link. Despite the evidence, however, there are still those researchers who claim that mental incapacity actually confers artistic advantages, and others that say it destroys it, adding to the controversy of this paradoxically advantageous and yet destructive illness (Beeman, 1990; Ludwig, 1995).

In her 2008 study on the relationship between creativity and mood disorders, Dr. Nancy Andreasen discusses the importance of some form of psychiatric treatment, despite potential resistance from the artists themselves. “Clinicians who treat creative individuals with mood disorders must also confront a variety of challenges, including the fear that treatment may diminish creativity. In the case of bipolar disorder, however, it is likely that reducing severe manic episodes may actually enhance creativity in many individuals” (Andreasen, 2008, p. 251). From the different perspectives of both the clinicians and the artists, treatment of mental illnesses can be highly controversial. If the illness is, at least to some extent, seen as an important element in what makes an artist’s work what it is, what then are the implications of treating the underlying disease? Edvard Munch, who was
hospitalized on multiple occasions for his psychiatric illness, once remarked, “A German once said to me: ‘But you could rid yourself of many of your troubles.’ To which I replied: ‘They are part of me and my art. I want to keep those sufferings’” (as cited in Jamison, 1993, p. 241).

Particularly for individuals with bipolar disorder or depression, certain periods within the manic or psychopathological cycle have been cited as enhancing bouts of creativity in some individuals, which can be blunted by certain psychotropic medications (Andreasen, 2008, p. 254). For these individuals and others who prefer drug-free methods of therapy, recovery can be a longer and more arduous process. Despite a recognized need among researchers, very little empirical work has been done on the subject of what method of treatment is best for artists, be it a monitored drug regimen, regularly scheduled psychotherapy sessions, or programmatic offerings through a community organization. In Touched with Fire, Dr. Kay Jamison (1993) acknowledged the unique problems presented in determining the best treatment for artists struggling with affective disorders or other mental health issues:

Artists and writers, like everyone else, ultimately decide for themselves whether or not, and how, to be treated. Fortunately they also tend to bring to their treatment decisions the same independence, imagination, skepticism, and willingness to take risks that characterize the rest of their lives and their work. Some end up choosing traditional medical treatment, others opt for idiosyncratic versions, and yet others choose no treatment at all, even mindful of the suffering they might experience. It is clear that, whatever else, depth and intensity of human feeling must be a part of creation in the arts. But modern medicine now allows relief of the extremes of despair, turmoil and psychosis: It allows choices not previously available. (p. 250)

Regardless of the method of treatment, however, the clinician or mental health professional who treats creative individuals with mental illnesses must be sensitive to the nature of their psyche and the affect that the process may have on their work. “Patients are
likely to work best if the psychiatrist understands the challenges and difficulties that creative people confront in the pursuit of their art.... As the saying goes, ‘when you work at the cutting edge, you are more likely to bleed” (Andreasen, 2008, p. 254). Thus, the best method of treatment for one artist may be categorically different than what might work for another artist. Furthermore, the absence of organizational recourses or programs related to addressing the link between creativity and mental illness make understanding the issue and establishing a method of treatment that much more difficult.

**Proposed Model for Solution**

As a means of addressing the aforementioned lack of resources available to artists suffering from mental illness, and as a result of my findings in this research, I began the design of an ongoing, self-sustaining program that would serve artists, musicians, and other creative professionals in the Twin Cities area. In order to begin this process, I first reviewed demographic data for artists based in the Twin Cities and the surrounding area through studies conducted by organizations like Minnesota Citizens for the Arts and the Minnesota State Arts Board. Additionally, through continued consultations with professionals in the field, such as the Program Director of Health Services at Springboard for the Arts, Nikki Hunt, I was able to garner valuable information on approximately how many artists currently utilize health service programs and assistance offered through such programs as Springboard for the Arts’ Artists’ Access to Healthcare program. Though it only addresses physical health issues, this program is continuing to grow and has proven to be a valuable service to thousands of artists in the Metro region (N. Hunt, personal communication, January 14, 2014). This information helped to inform the design and
potential scope of my mental health program model, based on possible participation expectations and proposed components.

**Program Development**

In my discussions with Ms. Hunt, she acknowledged the lack of programming dedicated to an artist’s mental well-being, including depression, anxiety, or chemical dependence, and added that the participants in the AAH programs have often sought out and inquired about the availability of arts-specific care. She went on to say, “When an artist comes to me for a referral on doctors or healthcare providers, specifically when they are seeking therapeutic or mental health services, one of the first questions they almost always ask is, ‘Is there an artist on staff?’ Artists recognize themselves as a unique type of patient and they often need healthcare providers who understand that” (N. Hunt, personal communication, January 14, 2014). Ms. Hunt’s statements supported previous studies on the relationship between creativity and mental illness: it is important to recognize artists as a specific subset of individuals who would greatly benefit from programs and services that are dedicated to their specific needs.

Based on Ms. Hunt’s input and the research I had previously done, I identified four potential components of the program. With consideration of organizational structure and administrative capacity, these unique components can be configured and scheduled in any format and administered by the participating organizations. This program model, entitled *Interlude*, is my recommendation for the creation of a resource for mental well-being and support for artists, musicians, and creative individuals struggling with mental illness and chemical dependency. By definition, an “interlude” is literally a break, an intervening period of time, a respite. Musically speaking, it separates two parts of the whole piece. In a
play, it can mark the end of one act and the beginning of another. An interlude signifies to me a time when something, be it a song, a story, or a way of living, is forced to stop, to take a break, and to make a change before the second chapter begins again.

**Project Partners**

As the development of the program began to progress, I identified and collaborated with organizational partners and stakeholders that will have a vested interest in the development of this resource and who could each provide valuable assistance and information.

**Minnesota Music Coalition (MMC):** I chose MMC as an organizational partner primarily because of their institutional goals and established reputation in the community. Part of the mission of MMC is to “connect and support Minnesota's creative community of up-and-coming independent musicians” (Minnesota Music Coalition, 2014). MMC fulfills this mission through their various programmatic offerings, including their well-established and popular touring program, *Caravan du Nord*, as well as an ongoing series of workshops and discussions available to musicians throughout the Twin Cities.

The organizational goals set forth by MMC seek to serve artists in our community by bringing them closer to their audiences as well as connecting them with the services they need to succeed. Among these services, MMC’s Board of Directors and staff have identified an ongoing need within the artistic community for mental health and chemical dependency support. As a relatively new organization, MMC has the programmatic flexibility to take on a program of this nature and the organizational make-up to successfully administer it on an ongoing basis. They have a talented and robust Board of Directors that is well-connected
throughout a variety of sectors, and they have proven success in their fundraising and development efforts.

**McNally Smith College of Music (MSCM):** Bringing awareness to the relationship between creativity and mental illness, particularly as it relates to the music industry, has been a focus of MSCM across a variety of departments for several years. Through conducting panel presentations, such as the *Dissonance* previously mentioned in this paper, and coordinated community efforts, MSCM will be able to take part in the implementation of *Interlude* by sharing the resources of the College with MMC and other partnering, be it through financial contributions, staff time, or venue use. As a College focused on creating a life in music, it is part of our educational culture that students are encouraged to become not just great artists but great citizens, using their art and engaging with others to affect change in the wider community.

**Advisory Partners**

**Springboard for the Arts (SFTA):** As an organization who has become renowned on a local and national scale for the resources and services they provide for artists, SFTA is a natural partner in the development of this program. SFTA has partnered with both MMC and MSCM on a number of events and initiatives in the past, each with the shared vision and goal in mind of connecting artists with the resources and services they need throughout the community. Additionally, this organization already has a robust and successful health services program in place, dealing primarily with physical health by referring artists to a number of doctors and healthcare providers and also providing health care vouchers to help supplement the costs of care.
Most recently, SFTA has also been providing insurance assistance, helping artists to navigate through enrolling in the MNsure program via a series of resource guides and workshops. Nikki Hunt and I have been working together throughout these initial stages of program development. She has provided me with valuable guidance on how artists are currently engaging with the health services offered at SFTA, what additional resources are still needed, and how to best structure a program of this nature.

**To the Bridge Foundation (TBF):** Though they have only been in existence for a little over two years, To the Bridge Foundation has already done incredible work in bringing awareness to mental health and drug abuse in young artists and musicians. To the Bridge Foundation, whose organizational mission is built around honoring the memory of friends and family who have lost the battle with addiction by supporting efforts to further the development of young people in the areas of music, sports and academic achievement, began as a tribute to the founder’s son, a musician who lost his battle with drug abuse at a young age in 2011 (To the Bridge Foundation, 2012).

**Professional and Artistic Advisors**

Throughout the research and development of this program, I have identified a variety of healthcare providers throughout the Twin Cities and Greater Minnesota who provide mental health, therapy, or chemical dependency recovery programs. Some of these organizations have previously partnered with MSCM for the *Dissonance* event, and all of them have identified a need in the community and a desire to partner on a program of this nature. These organizations include: NAMI MN (National Alliance on Mental Illness – Minnesota chapter), Hazelden Treatment Facility, SAVE.org (Suicide Awareness Voices of Education), Hamm Clinic in St. Paul, The Emily Program specifically for treatment for eating
disorders, and Five Stars Treatment Program, an addiction treatment center in Shakopee, MN. In addition to these service organizations, I have also been working with local artists and musicians who understand the need for awareness around these issues and who have expressed interest in continued engagement with the program. Most of these artists have themselves been affected by mental health issues or substance abuse and, through assistance and expression, have recovered and are willing to share their stories with the community.

**Program Components**

**Resource & Referral Guide:** Similar to SFTA’s Resource List, this Guide will provide local musicians and artists with a list of programs and organizations specializing in mental health, emotional distress, suicide prevention, substance abuse, and any other related issues. The institutions included in this Guide will include those who have been identified as having programs and specialists that can specifically address the needs of musicians, artists, and creative professionals. The Guide will be housed on the websites of all primary partner organizations, with traceable links embedded for evaluating use of the program and geographical reach, and with specific contact information for each service when available. Printed copies of the Guide will also be made available at MMC and MSCM sites and events. This component will represent little or no cost to MMC, but will be an invaluable resource for artists and service providers alike.

**Scheduled Workshops:** Incorporated directly into MMC’s current series of workshops, these will be designed to encourage interaction among participants around a specific topic related to mental health or substance abuse. Based on each given topic, facilitators will be encouraged to promote discussion and active engagement amongst the
participants. MMC held a Workshop in December, "Road to Recovery", centered around the topic of mental health issues in the music industry, featuring guest artists and representatives from two rehabilitation facilities. MMC has a successful model in place for a series of workshops known as "Wednesday Workshops", and thus are well-equipped to integrate Interlude topics into the overall schedule with the same logistics and funding structure.

**Panel Presentations:** Based on the structure of the Dissonance event at McNally Smith, the Panel Presentations will center around a facilitated discussion amongst invited panelists, comprised of musicians, artists, mental health care professionals, and other stakeholders. These events will be larger in scope than the workshops, focusing on broader topics within the overall context of the artistic community, and, given the increased attendance and reduced focus on participant interaction, will allow for a higher degree of anonymity for those who may not be as comfortable with face-to-face engagement.

**Small-Group Discussions:** Based on a more traditional group therapy model, this component will offer a schedule of more informal, intimate small-group conversations. Allowing for much more flexibility in scheduling and a very personal setting, these meetings will be ideal for anyone actively seeking face-to-face interaction and identification with their peers.

**Evaluation Plan**

The proposed evaluation plan for this program is comprised of strategies based on each component and the level of participant interaction. Starting first with quantifiable information, participation can be tracked directly through attendance at workshops, panels, and other events, demonstrating how many individuals are being served by these
components. As with previous events, a sign-in sheet at each event will also help to obtain names and contact information of those in attendance, should they choose to share it. Additionally, traceable links can be utilized on the website, allowing each organization to track how many visits are being made to each website, how many Resource & Referral Guides are downloaded, how visitors are using the online services, and so forth.

Feedback can also be obtained from participants through informal discussions and surveys following attendance at Workshops, Panels, or Small-Group Discussions. These surveys will be most effective if they are done as soon as possible following the event; a sense of immediacy will help to gage participants’ true reactions and the efficacy of the particular component. Respondents will be able to remain anonymous if they so choose by submitting written responses via small evaluation cards available at each event. This model has proven successful for MMC at several of their previous events and helps to promote interaction and involvement amongst the participants as well as the guest speakers and artists.

Finally, it will be important for administrators of the program to maintain ongoing contact with service providers in the area, particularly those who are directly involved with the program. Many of these organizations including recovery centers, therapy centers, or mental healthcare providers, often ask their participants how they were referred to that particular service. It will be extremely beneficial to know if or when these individuals were referred through their involvement in Interlude.

**Community Impact**

The potential impact that a program of this nature could have on the arts community is significant. As previously mentioned, there is a noticeable dearth of
organizations or dedicated programs focusing on mental health and substance abuse issues for artists, particularly in this region. Ensuring an ongoing, open-ended line of communication and an outlet for individuals to discuss these issues and seek treatment can potentially strengthen relationships between artists and organizations and set a paradigm for similar models in other areas of the country.

It is my hope that, at the very least, this program will contribute to a dialogue about the connections between creativity and mental health and will perhaps shed light on some of the questions surrounding this conversation. What sort of outlets or structures would be most effective for an artist experiencing mental health issues? Are musicians and creative people neurologically predisposed to increased susceptibility regarding mental illness and addiction? How do these issues vary between younger, up-and-coming artists versus those who are more established and renowned? Is one group more equipped to deal with pain than the other? While some of these questions might be more difficult to answer than others, they all speak to the importance of this research and the impact it could have on the arts and culture community. By addressing these issues and exploring programmatic opportunities such as this one, organizations like MMC and MSCM are in a position to help change the landscape of mental health and recovery methods for the creative fields.

**Conclusion**

It is important to note that by no means is the purpose of this paper to argue that all artists, musicians, and other creative individuals are afflicted with some form of mental illness or drug abuse. There are a great number of individuals within these professions who have exhibited signs of normal mental health from a psychological standpoint. However, the argument here is that, as one researcher notes, “a much-higher-than-expected rate of
manic-depressive illness, depression, and suicide exists in exceptionally creative writers and artists. It is this discrepant rate that is of interest and that ultimately needs to be explained” (Jamison, 1993, p. 90). Holistically speaking, it is virtually futile to try and determine whether this discrepancy is due to the intrinsic characteristics of the artistic temperament, or the unbalanced result of mental or emotional catharsis, or the romantic pull of an artist’s lifestyle. No matter the cause, the result is a presence of mental health issues far greater than that of the general population, and a industry-wide need for a solution.

Some researchers and theorists argue that what matters the most in the creative arts is “the individual’s personal vision of the world, one that gives insight into human experience and offers new ways to appreciate it” (Ludwig, 1995, p. 46), even if that vision is one of mental torment and emotional conflict and considered a necessary response to the human condition. While the creation of art is one of humanity’s best responses to pain, the expression of this condition should not be at the detriment of its creator. Thus, it is imperative that society continue to support the artists themselves through continued awareness and research into identifying the relationship between creativity and mental illness, genius and madness, works of art and cries for help.

Conflict is not at all a necessary matter of symptoms and illness, but it is embedded in our human condition. All persons, creative or not, experience personal conflicts at all periods of their lives without a real sign or indication of illness. Living life in the face of death and experiencing love, loyalty, success, and failure instill conflict between opposing wishes, thoughts, and feelings. No one escapes the pangs of indecision, anger at loved ones, or fear of freedom and responsibility. Conflict is universal, and one of the reasons art has deep and broad appeal is that it represents this universal human experience and state of being. (Rothenberg, 1990, p. 46)
References


