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Connecting Creativity, Bipolar Spectrum Disorder and Art Therapy

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The Creative Intellect of Bipolar Disorder:

A Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

This critical literature review investigates the potential connection of creative intellect with individuals suffering from symptomology associated with Bipolar Affective Disorder and related disorders (formerly known as manic-depressive disorder or affective psychosis described in the 19th century). The definition of creativity is encompassed and the manifestation of the diagnostic aspects in bipolar psychopathology is evaluated in this literature review. The cathartic benefits of art therapy (AT) are examined and processed amongst those diagnosed with this mental health disability of BAD. This review addresses the characteristics of mood disorders having comparative artistic attributes that are also seen in an artist's innovative psyche. AT is considered for utilizing therapeutic techniques for those trying to manage their bipolar diagnosis. Creative self-expression is ideal for this population due to the fact it supports their diagnosis's innate feature of artistic ability.

Keywords: creativity, bipolar, art therapy, creativity and bipolar, art therapy with bipolar

Author Identity Statement: I am a female in her thirties and am mixed-race, half first generation Filipino American and half second-generation Caucasian. I am now a middle-class New Englander and the first to graduate college within my family. I hold privilege as white-passing, cisgender, and able-bodied. I recognize I can access the necessary resources to conduct my research and strive to remain cognizant of my biases while acknowledging how they may shape my research. I considered material contributed to the field by a diverse group of authors to include a variety of views and cultural considerations.

The Creative Intellect of Bipolar Disorder: A Literature Review

Introduction

The association with creative genius and mental health expresses itself through various forms of creators throughout history, often providing a glimpse of the inner fracture of the broken ingenious artistic soul. Innovative brilliance is displayed in the brushstrokes of the impressionist painting, *Starry Night*, (1889) by Vincent Van Gogh, which was created while he was institutionalized in a psychiatric facility because of self-injurious behaviors. Monumental writing like the *Gettysburg Address* by Abraham Lincoln, was written by an author who was battling severe depression. From classic musical masterpieces like Beethoven's, *Fifth Symphony*, to the present-day iconic hip hop performer album, *I Hate Being Bipolar, It's Awesome* by Kanye West, performing artists conceptualize their mood dysregulations in a myriad of numerous ways. The stereotype of the tortured artist as a long-suffering creative genius is associated with famous gifted artisans who gained success by implementing what they encountered during their lives as the source of inspiration for creating an artistic masterpiece (Kandaraki, 2021) These artists were trailblazers that influenced society while being linked to mental health disabilities. It is proven that innovative masterminds have developed memorable contributions to society, while publicly displaying signs of suffering from a mental health disability (Sadre & Brock, 2008, p. 362). In terms of their mental health functioning, these individuals can be viewed on a spectrum of high proficient functionality to low debilitating dysfunction. When their mental health was at its best, they were positively efficient in facilitating as influencers that transcended societal labels during their eras. They pushed past what was expected and brought forth new perspectives into the world. It had been discovered, when their mental health was at its worst the negative symptoms plagued their once productive abilities:

To know that such highly valued achievement is possible should therefore help dispel some of the heavy layer of stigma connected with mental illness in general. On the other hand, it has been alleged that the illness makes creative persons more sensitive because of depressive diatheses (1) and more productive while undergoing manic episodes.

(Rothenberg, 2001, p. 132)

While defining the stereotype of creative rilliance and bipolar symptomology, this critical literature review investigates the potential application of art therapy (AT) with creative artists who have been diagnosed with bipolar spectrum disorders. It examines the use of AT processes with adults experiencing episodic shifts in mood. Art therapy methods that show promise for application are presented, along with considerations for the therapeutic needs of those that are diagnosed.

Literature Review

Zharo et al. (2022) stated, “Creativity generally involves the production of original and valuable ideas that can help scientists and medical professionals achieve innovative breakthroughs in epidemic management and vaccine development and therefore save more people” (pg. 1). Creativity is successfully intentional resourcefulness in the ability for practical application with radical novelty in new unique inventiveness. It is claimed by Eva Cybulska (2019) that, “A genius – that creative spirit – is a rebel and a provocateur who deconstructs the established truths, setting himself at odds with his contemporaries” (p. 1) and that “Creativity can be defined as an aptitude to bring into being something original, valuable and of lasting significance” (Greenwood, 2016, as cited in Cybulska, 2019, p. 1). Creativity is linked exclusively to new task environments; however, creativity frequently occurs in response to a highly familiar task, where alternative adjustments are made, resulting in a never-before-seen

imaginative outcome. Creativity is a process that discovers or recognizes a new idea or a new pattern through which a person uses a given field such as music, engineering, business, or mathematics to display their individuality. Unconventional thinking has high-level innovative feats such as a shift in scientific paradigm or the creation of inventing a famous artistic genre.

Creativity challenges normalcy in the perspectives held by the consensus in atypical individuals. It holds a meaningful thought process that uses a unique solution approach where originality is required because, if the entity is not uncommon, exceptional, or distinctive then it is ordinary, familiar, monotonous, or normal; therefore, it is not creative. According to Runco and Jaegar (2012), “Originality is undoubtedly required. It is often labeled novelty, but whatever the label, if something is not unusual, novel, or unique, it is commonplace, mundane, or conventional. It is not original, and therefore not creative” (p. 92). Creativity is considered the creation of new answers to questions never asked before.

Originality alone is not enough for creativity and must be accompanied by functionality and efficacy, for the appropriateness of the originality is evaluated to determine the worth of its purposefulness. Anything can be original, but only creative ideas have value. If it has worth, then it encompasses originality that displays intellect. Inventive genius is defined by the validation of the worth of the idea because true merit comes with purpose:

Originality is vital for creativity but is not sufficient. Ideas and products that are merely original might very well be useless. They may be unique or uncommon for good reasons!

Originality can be found in the word salad of a psychotic and can be produced by monkeys on word processors. A truly random process will often generate something that is merely original. So again, originality is not alone sufficient for creativity (Stein, 1953, p. 31, as cited by Runco, 2012, p. 92).

Original things must be effective to be creative. A creative insight arises from a reintegration of already existing materials or knowledge, but when it is completed, it contains new elements. Creativity must be practical, applicable, and adaptive to reality to exclude unconventional responses that are merely random which can be associated with undisciplined ignorance and erratic delusion.

Throughout history, truly creative individuals have been admired and prized for their achievements of designs in imagination, and therefore their process of how they constructed such ingenuity is of great interest. The newness of a concept that is considered creative displays intelligence. Intelligence deals with the transformation of partly unfamiliar situations into familiar and tractable situations. Intelligence in this context must have some novelty, at least for the person that produces it, for it is not merely reproducing what already exists. An intelligent solution must be successfully unorthodox. The association of creativity as a valued intellectual characteristic is stated:

Yet familiar as the effects of Genius are, it is not easy to define what Genius is. The etymology of the term will, however, assist us. It is derived from the verb, signifying to engender or create, because it has the quality of originating new combinations of thought, and of presenting them with great clearness and force. The originality of conception, and energy of expression, are essential to Genius. (Bethune 1839, p. 59, as cited by Runco Jaeger, 2012, p. 93)

True creativity demands not only problem-solving and dialectical insight on a major scale but also problem-finding. Problem-finding has been said to be even more of a significantly creatively clever contribution than problem-solving. Imaginativeness is believed to be kindred to an intellectual attribute.

The idea that a positive correlation exists between creative genius and mental illness is not a new one, and it recurs periodically in mainstream society even to the current date. Gale et al. (2013) held a large study of individual clients that were living with tribulations that come with mental health disorders and highlighted the association between mental illness and inventive intellect:

Based on over a million men provide partial support for the belief that exceptional intelligence and a particular form of ‘madness’ are linked. We found that men with the highest intelligence, particularly as regards verbal and technical ability, were at increased risk compared with those of average ability (Gale et al., 2013)

When one is extremely creative, they are thought to be gifted individuals, for it has been found they possess a high aptitude in astute characteristics of the mind, but unfortunately also have been related to holding the risk of increased rates of psychopathology.

Bipolar and Related Disorders Explained

The mental health disabilities whose psychopathologies have been most consistently studied to discover the truth behind findings of artistic ability and mental illness connectivity are Bipolar Spectrum Disorders (BSDs). It is defined, as “The umbrella term of bipolar spectrum disorder encompasses bipolar I and II disorders, cyclothymia, and additional manifestations of manic and depressive symptoms, including hypomanic periods without depression, or episodes that fail to quite meet the diagnostic criteria of symptom severity or duration” (Ironsides et al., 2018). Bipolar and related disorders manifest symptomology due to maladaptive neurobiological hereditary cognitive functioning conditions. They are defined by episodes of extreme mood disturbances that affect emotions, behavior, and energy. The hardships that manifest in BSDs experiences face managing mind and mood effectively, which is severely difficult. BSDs or

bipolar disorders (BD) has a range in a spectrum of mood disorders, including low depressive states to high psychosis-induced manic states that affect cognitive and behavioral functioning. In the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; American Psychiatric Association [APA], 2013) the diagnoses included for those individuals suffering from bipolar and related disorders are bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance/medication-induced bipolar and related disorder, a bipolar and related disorder due to another medical condition, other specified bipolar and related disorder, and unspecified bipolar and related disorder (American Psychiatric Association [APA], 2013).

Bipolar disorder is a mental illness marked by extreme mood swings from high (mania) to low (depression) and low to high (Miklowitz, 2010). The mood swings may even become mixed, so one might feel elated and depressed at the same time. Feeling overly happy or “high” for prolonged periods, having a decreased need for sleep, trouble with concentration or memory, and restlessness or irritability are chronic symptoms of mania (Wilkinson, 2002, p. 349). Other symptoms include talking extremely fast often combined with racing thoughts, feeling extremely restless or impulsive, becoming easily distracted, having overconfidence in one’s abilities, engaging in risky behavior such as having impulsive sex, gambling with life savings, or going on big spending sprees. Mania also includes moods or behaviors that are unlike the person’s usual behavior and the mania can last at least one week or be so extreme that the person needs immediate hospital care. Depression includes feeling hopeless for long periods, sadness, anxiety, or a feeling of emptiness, feelings of guilt, feeling worthless, or feeling helpless, withdrawing from friends and family or losing interest in activities that were once enjoyed, having a significant change in appetite, feeling severe fatigue or lack of energy, speaking slowly having problems with memory, concentration, and decision-making, thinking about or attempting

suicide, or having a preoccupation with death, and lack of interest in once enjoyable activities, such as sex (APA, 2013). One must have had at least one manic episode and one major depressive episode for a doctor to diagnose the individual with Bipolar 1 disorder. Bipolar 2 disorder involves a major depressive episode lasting at least two weeks and involves at least one hypomanic episode (Walshaw, 2013)

More than 5.7 million people (about twice the population of Mississippi) in the United States have bipolar disorder (Greenwood, 2020) “bipolar disorder is one of the most prevalent disorders that affects about 45 million people (about twice the population of New York) in the worldwide population” (WHO, 2019, as cited by Maheshwari et al, 2022 p. 351). Scientists do not know what causes bipolar disorder today, and it has remained an existing phenomenon since antiquity. There is no biomarker or genetic test that informs the diagnosis, prognosis, or treatment outcome of BD (McIntyre, 2020). Environment and lifestyle issues influence the measured acuteness of BD. The occurrence of mixed symptoms in BD is a common phenomenon and the search continues for the genes responsible for bipolar disorder. Abnormal physical characteristics of the brain in bipolar individuals or an imbalance in certain brain chemicals may be among the main causes. Diminished frontal regulation of subcortical affective systems involving the amygdala and striatum may increase their affective instability and compulsiveness. It is known that about 30 percent of children diagnosed with major depressive disorder will be diagnosed with bipolar disorder (Faraone, 2003).

About 90% of suicides are committed by people with mental illness. The highest group of people that are vulnerable to suicide are the ones diagnosed with BD, “Extant research suggests that between 25% and 42% of patients with bipolar disorder attempt suicide in their lifetime (Almeida et al., 2021 cited by Frietag, 2002, p. 1256). People with BD are 20 times more likely

to commit suicide than those in the general population, “Suicide is the leading cause of death of those with bipolar disorder” (Wilkinson, 2002, p. 351) Not only does a BD patient have thought processes have the risk of hallucinating self-injurious command voices and being prone to intrusive thoughts of despair, but the struggle of living with a chemical imbalance is also complicated. The stigma of discrimination that comes with the diagnosis of a mental illness is why most Americans avoid treatment. The oppression in society is undeniable in those who are “labeled” under a disorder, and being different due to a mental health condition is a fear held because the negatives instead of the positives are magnetized in the media (Galvez, 2011). Being considered abnormal is detrimental to one’s privileges in society and disability-based segregation exists. The hardship of people having to overcome their self-deprecating intrusive thoughts negativity affects self-worth. Lack of self-worth causes feelings of hopelessness in motivation for living with purpose. This causes low self-esteem in confusion for one’s purpose in life and BD patients lose the reason for existing. The battle in managing mental health lability is not a fair fight because the inconsistent individual is the constant, which means sabotage is never far away, betrayal of thought is always close by, and peace in feelings is always precarious. Those with BD hold an inability to resist risky behavior impulses at times when they are manic. The feature of the state of one's mental illness directly impedes self-esteem, causing intense internal conflict that contributes to self-injurious behavior symptoms when the mania decreases and then one enters a state of severe depression. It is disconcerting that the inherent chemical imbalance of bipolar individuals plagues them with a debilitating illness that has life-threatening maladaptive symptoms. If they do not have suicidality as part of their history, BD sufferers are detrimentally sabotaged by the ability to properly facilitate adequate performance in their daily living capabilities because of how their mood affects their psyche. The cycling emotional upheavals of

inconsistent moods cause clinically significant disturbances. The swaying of feelings imposed on those diagnosed with this severe mental illness causes incongruence. The conflicting life lived with such psychotic diagnoses causes one to be a victim of internal distress in their sense of self and conditions of worth. They are at substantial risk for impairment of accomplishing a conducive lifestyle in social, occupational, or other critical areas of performance and are negatively affected by the symptoms of a severe mood disorder (Yutzy et al., 2012)

Bipolar disorder has been seen to begin during adolescence and follows the individual into adulthood with recurrent symptomology. Children with symptoms of psychopathology are at a higher risk of psychopathology in adulthood. The onset of puberty is often thought to be the main trigger of bipolar disorder, “The typical onset of bipolar disorder occurs in late adolescence to early adulthood (Lapadat, 2020, p. 1). The mean age for the first manic episode hypomanic or major depressive episode is about 18 years old. Approximately 20% of all individuals with BD. Most have their first episode during adolescence within the age range of 15 to 19 (Geoffroy, 2013) Early recognition and treatment will benefit society by reductions in medical costs, decreasing suicides among the bipolar population of adolescents, lower school dropout rates, less substance abuse, and lower crime rates. In the study by Lewensohn et al. (2003), they used The Oregon Adolescent Depression Project (OADP) where there was a structured diagnostic interview that was conducted with a large community sample of adolescents and their first-degree relatives, where the process of re-evaluating the mental health of the adolescents as young adults took place. It was found that the first-lifetime onset of BD always occurs in adolescence. The (OADP) is an epidemiological, family history, and follow-up study of a large cohort of adolescents. The sample size consisted of 1709 high school students ($N=1507$) (mean age 16.6 ± 1.2 years). They were administered semi-structured diagnostic interviews and completed a

comprehensive battery of inventories. They were evaluated one year later with the same measures. The course and outcome was that over half of the BD adolescents exhibited a chronic recurrent course. Of the 17 cases of adolescent BD, six (35.3%) had not remitted by age 19 years and two (11.8%) had not remitted by age 24. Of the 11 cases who had remitted by age 19, three (27.3%) had another episode (one hypomanic, two major depressives) before age 24. Altogether, therefore, 53% of the 17 adolescents with BD either failed to recover or experienced a recurrence of BD in young adulthood.

As with many medical conditions, bipolar disorder tends to run in families, “despite its ancient origin, aside from the fact that bipolar disorder is known to be a polygenic, inherited brain disorder, its etiology is poorly understood and definitive methods of prevention and treatment remain elusive” (Sherman, 2012, pg. 113). If one has a parent or sibling with bipolar disorder, one's risk of developing it is higher. About 50% of patients with BD have a family history of the disorder, and in some families, known as multiplex families, there are many members with the disease across several generations. Studies of twins suggests that the concordance of BD is between 40%-80% in monozygotic twins and is lower 10-20% in dizygotic twins, suggesting a genetic component to the disorder (Belmaker, 2012) A positive family history of BD is the most evident risk factor for BD, and children of patients affected with BD (bipolar offspring) are a vulnerable population. Indeed, studies show that bipolar offspring are at elevated risk to develop mood disorders and bipolar disorders (Duffy et al., 2011; Lau et al., 2018). BD is a highly inheritable trait that affects families as well as those who are actively involved in their immediate lives and is inclined to survive throughout generations, afflicting the dynamics of life circumstances:

Our results suggest that, at least in men, high intelligence may indeed be a risk factor for bipolar disorder. The association with high intellect might also help to explain why this seriously debilitating condition has been maintained across populations and human history. (Gale et al., 2013, p. 192).

The mad creative genius can be innovative in survival and excels against life's hardships because when challenged with adversity, bipolar individuals have a natural durability of insight and wisdom needed to adapt. This is due to the consistent symptomology of over-sensitivity to the physical, mental, and emotional environment they are in. They are more aware of minute details, and because of racing and/or intrusive thoughts, they tend to think of things to notice that the consensus misses even if they are directly apparent to the naked eye. Therefore, this is the reason BD has existed for so long in the mental health realm, even though it was commonly known prior as manic-depressive disorder (Lobban, 2012).

Symptoms of BD can be treated and individuals living with this diagnosis can live productive lives. Treatment typically involved mood stabilizers to minimize remission of manic symptoms often in combination with antipsychotic (Greenwood, 2020). Even with treatment, about 37% of patients relapse into depression or mania within one year, and 60% within two years (Geddes, 2013).

Creativity and Bipolar Disorder

A commonplace speculation in Western society, as both creativity and mental illness can be perceived differently in other cultures, is the idea that profound creativity has an intimate connection to psychopathology, "There is a pervasive belief in Western civilization and mental illness, specifically bipolar disorder, are closely related" (Columbus, 2010, pg. 111). Studies

have shown that artists and writers may have two to three times more incidences of psychosis, mood disorders, or suicide when compared with people in less creative professions:

In a sample of 30 writers, 80% were found to have had an episode of affective illness at some time in their lives (Andreasen, 1987). Also, a higher incidence of mania and hypomania was found in writers (43%) compared to a control group (10%). First-degree relatives of writers also reported higher rates of psychopathology, especially major depressive disorder, as well as higher levels of creativity (20%) compared with the relatives of controls (8%). Furthermore, another study reported that 38% of a group of 47 British prizewinning writers were diagnosed with affective disorders (Simenova, 2005, pg. 624)

Feist et al. (2021) examined the complicated and moderated relationships between creativity and psychopathology, and it was found that “artists still possessed higher rates of psychopathological traits than scientists, athletes, and the U.S. population in general” (p. 4). Intuition could be a link between creativity and psychiatric illness. It has a long history dating from the ancient past until the present time. The idea that creative genius and madness are linked dates back at least as far as the ancient Greeks, “The notion that temperament has a role in professional ‘choice’ goes back to, at least, Aristotle” (Klibansky et al, 1996, as cited by Akiskal, 2005, pg. 201). The “mad genius” concept has been proposed by such luminaries as Plato, Socrates, and Aristotle. As stated in Socrates’s *Poetics*, “For the poet/there is no invention in him until he has been inspired and is out of his senses” (Plato, trans. 2015, II). This contributes to the association that the concept of an artist’s mind is that it functions individually while constructing their ideas and quandaries; one can say, as the American slang idiom denotes, artists are out of their minds.

The connection of artists and neurodivergence was also acutely formulated by Aristotle's famous quote from *On the Tranquility of Mind* said, "Why is it that all those who have become eminent in philosophy, politics, poetry or the arts suffer from melancholy... no great genius has ever existed without a strain of madness" (Becker, 2014 p. 64). Despite speculations from Greek antiquity to the Renaissance and the Enlightenment eras to today's society regarding the mental state of individuals during the act of creation, the association of creativity with clinical madness is still inconclusive and a modern phenomenon (Barrantes-Vidal, 2004).

Many scientists believe that a relationship exists between intelligent creativity and BD as seen in Appel et al. (2018):

Researcher Nancy Andreasen compared average business professionals to creative writers and found that 80% of writers have experienced manic depressive disorder or prolonged periods of depression while only 30% of the business professionals have experienced one of these mood disorders. Another study found that 38% of poets, playwrights, sculptors, and painters, who had received distinguished honors in their field, had been treated for depression or manic-depressive disorder (bipolar) in opposition to the general population's treatment of only 6%.¹⁰ Andreasen also notes 'affective disorder may be both a 'hereditary taint' and a hereditary gift. (pg. 97)

Many scientists believe that a relationship exists between intelligent creativity and BD. In Johnson et al. (2015), it was found that creativity is a complex multidimensional construct with both cognitive and affective components, many of which reflect a shared genetic vulnerability with bipolar disorder. Several studies have shown that artists and writers may have two to three times more incidences of psychosis, mood disorders, or suicide when compared with people in less creative professions (Johnson et al., 2015) Some researchers believe that bipolar disorder or

mania, a defining symptom of the disease, causes creative activity. A creative individual displays subsyndromal properties that are like bipolar disorder symptomology (Rothenberg, 2001).

Feist et al. (2021) examined the complicated and moderated relationships between creativity and psychopathology and found that “artists still possessed higher rates of psychopathological traits than scientists, athletes, and the U.S. population in general” (p. 4). Bipolar spectrum disorder is linked to the likelihood of the individual choosing a creative occupation. Substantial literature suggests that bipolar disorder is related to achieving fame in creative endeavors and to a greater likelihood of choosing a creative occupation (Johnson et al, 2015, p. 324). There was no association seen for other psychotic disorders or mood disorders. Studies have found a correlation between creative advantage and bipolar patients with an achievement in “expressiveness, scientific performance, vocabulary, memory, and artistic abilities” (MacCabe et al., 2018, p. 370). Several studies have shown that artists and writers may have two to three times more incidences of psychosis, mood disorders, or suicide when compared with people in less creative professions.

Johnston et al. (2016) discussed the testing of bipolar spectrum disorder participants who self-identify as creative, and it was found that “mania as the source of heightened energy and multi-dimensional altered thinking posed advantages” (p. 3) towards increased creativity which is the basis of how they intrinsically identify. Many BD patients consider creativity aligned with their personhood and identifying as an artist contributes their lifestyle and life’s purpose. Their life’s purpose is to highlight the importance of creativity as an essential outlet and method of communication that drastically improves the rate and quality of their recovery.

Some researchers believe that bipolar disorder or mania, a defining symptom of the disease, causes creative activity, “manic symptoms experienced in bipolar disorder may

contribute to creative thinking or behavior, defined as the generation of ideas or products that are both novel and useful” (Forgeard et al., 2020, p. 325). Bipolar patients’ creativity stems from their mobilizing energy that results from negative emotions to initiate some sort of solution to their problems (Rothenberg, 2001). A creative individual displays subsyndromal properties that are like bipolar disorder symptomology. The shared cognitive resources of bipolar disorder patients and artists that are positive include increased inventiveness, open-mindedness, originality, ambition, intuition, and imagination. The fact is a person who holds creative characteristics mimics symptoms of hypomania in bipolar disorders. Traits of creativity are explained:

A creative individual is in general bashful, oversensitive, sincere, and melancholy; he or she requires solitude and values friendship or a sacred relationship. Creativity requires both sensitivity and independence. He observed creative individuals to be altruistic, energetic, industrious, persistent, self-assertive, versatile, withdrawn, attracted to the mysterious, defiant of conventions, independent in judgment and thinking, radical, discontented, stubborn and temperamental, and disturbed by the organization (Sadre, 2008, p. 36).

These characteristics at times also overlap with symptoms of certain mental illnesses, specifically schizophrenia, or even attention deficit hyperactivity disorder (ADHD).

BD does manifest desirable creativity symptoms, but it has a negative connection with the stability of dominant dimensional traits that include exposure to psychological well-being, hypomanic emotional state, temperament in mood instability, cognitive conceptual grandiosity/obsession, compromised fluidity/reactivity, and attributes of an impulsive personality (APA, 2013). Johnston et al. (2016) discussed the testing of BSD (Bipolar Spectrum Disorder)

participants who self-identified as creative, and it was found that “mania as the source of heightened energy and multi-dimensional altered thinking posed advantages” towards increased creativity which is the base of how they intrinsically identify (p. 3).

It is still a frequent view that prominent creative individuals often have psychiatric disorders, and that creativity is increased in BD (Ricciardiello, 2013).

Affective disorders can be classified along a spectrum defined by the extent and severity of mood elevation, from unipolar to bipolar II to bipolar I. Individuals with unipolar disorder present with depressive episodes only, and those with bipolar II or I disorder show increasingly pronounced episodes of mood elevation.

(Grande et al., 2016, p. 1561)

The data (Figure 1) suggests that these personality types and disorders exist on a continuum between schizophrenia, bipolar disorder, and normality, which corresponds to current dimensional views on psychiatric diagnostics. The relation between creativity and schizotypal characteristics in bipolar patients supports the observation that psychopathology and artistic creativity find their place of connection at the hypomanic position of the bipolar dimension, the positive symptoms of the psychotic dimension, and the divergent pole of the cognitive dimension. Scientific creativity finds its place in the depressive bipolar position, the negative symptoms, and the convergent thinking style (Thys et al., 2013).

Creativity is associated with increased psychiatric vulnerability. Divergent thinking is the essential ingredient of creativity. Divergent and convergent thinking are defined, “Whereas divergent thinking represents a flexible style of thinking that allows generating multiple solutions to a problem, convergent thinking represents a more persistent and focused style of thinking that

allows finding a single solution to a problem ((Zhang et al., 2020, pg. 1). Divergent thinking is thinking that does not follow the norm but rather seeks extraordinary solutions:

Creativity can be defined as the aptitude to bring into being something original, valuable, and of lasting significance. It is a complex multidimensional construct with both cognitive and affective components, many of which reflect a shared genetic vulnerability with bipolar disorder. (Cybulska, 2019, p. 1)

Creativity is the main focus of research when documenting BSD positive traits. The advantage of BD is that it is associated with high intelligence and heightened creativity (Drus et al., 2006).

Bipolar patients' creativity stems from their mobilizing energy that results from negative emotions to initiate some sort of solution to their problems. The connection between creativity and bipolar is quoted:

There are several cognitive, temperament, and personality characteristics (mood instability, conceptual over-inclusiveness, positive schizotypy, impulsivity) that are shared by creative individuals and those with bipolar disorder which may have led to the the assumption that there exists a prominent relationship between the two. By far the most recurrent approach to understanding if bipolar disorder is related to creativity, has been to study highly famous or recognized creative samples, by reviewing biographical materials. (Mishra, 2022, p. 362)

Various research studies conducted to study the link between bipolar disorder and creativity reported that bipolar spectrum disorders and a family history of bipolar disorder are related to prominent levels of lifetime creative accomplishment. These biographical studies have provided concrete evidence for elevated rates of bipolar disorder in cases of famous artists (Johnson et al., 2015).

The shared cognitive resources of BD patients and artists that are positive include increased inventiveness, open-mindedness, originality, ambition, intuition, and imagination. BD patients do hold the desirable creativity symptoms, but it has a negative connection with the stability of dominant dimensional traits that include exposure to psychological well-being, subjection to extensive hypomanic emotional state, vulnerability to fluctuation in temperament causing mood instability, enablement of cognitive conceptual grandiosity/obsession, presentation of compromised fluidity/reactivity, and exemplification of attributes in an impulsive personality (American Psychiatric Association, 2013). Johnston et al. (2016) discussed the testing of BSD participants who self-identified as creative and it was found that “mania as the source of heightened energy and multi-dimensional altered thinking posed advantages” towards increased creativity which is the basis of how they intrinsically identify (p. 3). People with BD believe their life’s purpose is to materialize their emotions through art as an essential expression and method of communication that drastically ameliorates the standards and quality of their recovery (Johnson, 2012). MacCabe et al. (2018) associated bipolar spectrum disorder with the choice of a creative occupation. There was no association seen for other psychotic disorders or mood disorders. Their studies have found a correlation between creative advantage and bipolar patients with an achievement in, “expressiveness, scientific performance, vocabulary, memory, and artistic abilities” (p. 370).

Art Therapy

Art has existed since the beginning of humanity, but art therapy is new to the field of mental health. Art therapy (AT) is defined as a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and

addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. A goal in art therapy is to improve or restore a client's functioning and his or her sense of personal well-being. (American Art Therapy Association, 2005). Individuals with mental illnesses may not always be verbally expressive; however, they may display emotions through creative expressions such as music, poetry, or art. The use of art also helps them reflect on their thoughts, desires, and challenges. AT helps people see what they feel or are thinking.

Some personal qualifications an art therapist must have been "sensitivity to human needs and expression, emotional stability, patience, flexibility, a sense of humor, a capacity for insight into psychological processes, and the ability to listen attentively, to observe keenly and to develop a rapport with others" (Kramer, 2000, 69.) Being empathetic, attentive, and insightful all at once is essential. Art therapists are also artists, and they use a wide range of materials in their process; materials used are drawing, painting, clay-modeling, and constructing to express an individual's creativity. Functional tools that are simple and unstructured are best. Having a broad range of media is beneficial because it allows the client to freely explore and not feel restricted to a specific given art form. The ideal is to have the client be aware of how the art therapist guides the client in facilitating the client artistically and make it apparent that the art therapist is actively engaging with them, but it is known that the client has choices and is in full control. The right tools in hand allow the client to accurately depict their expressions into visual ideas. Being non-intrusive, sensitive, and paying attention to their creative process is key. Observing the clients' behaviors as they draw is essential: "A picture may be worth a thousand words, but to observe the making of a picture is worth ten thousand words," (Kramer, 2000, p. 72.) A lot can be taken in about a person by watching them create and creative products help you understand the client more.

Art therapists also need to get to know themselves through psychotherapy because they cannot let their issues manifest while helping someone else; this is not conducive to the therapy of another person (Malchiodi, 2001). AT can also help those that have a painful experience in a nonverbal way when dealing with their turbulent internal states. The art acts as a “third party” in the room and is a bridge between the patient and therapist. Art therapists are “describing what is wrong, planning to help, and evaluating the effectiveness of their intervention” (Kramer, 2000, 75.) Art therapists need to define goals because evaluating progress helps to decide how to proceed to achieve the goal at hand. When it comes to art an art therapist must understand the meanings of and be familiar with metaphors and symbolic expression.

According to the American Art Therapy Association (AATA, 2011) AT is based on the idea that the creative process of artmaking is healing and is a form of nonverbal communication of thoughts and feelings. Two different approaches within this therapeutic modality are used: art psychotherapy and art as therapy. Art therapists know psychodynamics that is internally individualized or are between people, “Art psychotherapies have been increasingly recognized as a valid treatment for many mental health conditions, utilizing all forms of artistic expression such as visual and performing arts and creative writing to facilitate expression and identity formation” (Jewell, 2022, p. 2). Art psychotherapy is an approach to art therapy in which making art is a tool used to facilitate verbal expression and insight. Another approach used in art therapy is the art as a therapy model. With this approach, the verbalization and conscious articulation of insight regarding artmaking may or may not occur (Moon, 1998). An art therapist must also be informed about the development of human psychology to find differences and abnormalities. They must keep in mind cognitive, emotional, and social growth. They are educated and trained to be informed on diagnostic classifications and know how to do a treatment plan. Understanding

the human mind, its functions, and how it affects behavior is the basis of the study of psychology. Art therapists use complex interventions that incorporate psychotherapeutic techniques to assist in creative expression. There are multiple ways to study the mind of the individual, and different theories have their contributions to AT.

AT is a form of psychotherapy but instead of talking with clients, art therapists use art materials to help people to express their feelings or thoughts and ideas. AT encompasses stress reduction, relaxation, cognitive restructuring, exposure therapy, and resilience building. AT confronts trauma and is a positive enforcement of accomplishment and self-worth. Stressful feelings can be visualized through art therapy, giving them meaning and understanding. When working with severe mental illness, authenticity, creativity, and recovery are essential. AT aims to encourage patients to experience themselves differently and develop new ways of relating. AT is a form of psychotherapy but instead of talking with clients, art therapists use art materials to help people to express their feelings or thoughts and ideas. AT can bring meaning and purpose to the lives of the severely mentally ill (Malchiodi, 2011).

Art Therapy and Bipolar

When working with severe mental illness, authenticity, creativity, and recovery are crucial (Chiang, 2019). The use of art materials in a cathartic way helps to discharge their emotions and brings self-awareness:

Visual arts as a therapeutic modality are especially useful for strengthening a fragile sense of selfhood. Research has indicated people with persistent psychiatric disorders indicate that a critical requirement for recovery is rediscovering and reconstructing an enduring sense of the self as an active responsible agent (Spaniol, 2003, p. 270).

Art therapy and artistic endeavors are of great importance in encouraging psychiatric patients to express themselves and they provide an environment in which the patients may engage in activity and socialize (Akham, 2017).

Research was done in a four-week art therapy workshop where the client drew with colored pencils and her artwork was closely observed and interpreted by a trained art therapist. The figures displayed documented her current lability at the time of the session, thus confirming her current inconsistencies in mood (Maheshwari, 2014). A 78-year-old white nursing home resident with bipolar 1 disorder was congruently represented through her drawings. Her aggressive line quality highlighted her underlying anxiety, her increased line pressure with an addition of color range portrayed her moderate agitation, and towards the end of her discharge, her smooth strokes with calmer color choices were consistent with her mental status. The elderly bipolar 1 patient inconsistent mood swings were consistent with her artwork:

Despite her agitation, she participates in art therapy. Her artwork is closely observed and interpreted by a trained art therapist. Mrs. Robinson does not engage in any conversation with the treatment team; however, her drawings frequently demonstrate the fluctuations in her mood” (Maheshwari, 2014, p. 1).

AT can bring meaning and purpose to the lives of the severely mentally ill, as it can help address difficult emotions like depression, delusions, and anger. The artistic medium is used as a connecting bridge for verbal dialogue and expression because it may help find insight for the client seeking self-awareness. AT offers an outlet that helps with feelings of control through its open-ended choices of art mediums: “A commonly reported immediate response to artmaking was calming, and this could be what enabled clients to talk about difficulties, enabling

development” (Holtum, 2021, p. 133). The creative process is used to discover self-expression within a specific therapeutic framework.

In Spandler et al., (2007) 34 arts project participants between the ages of 35 and 78 had been involved in artmaking projects for between four months and five years. Most participants across all six projects reported how arts participation had

increased their motivation by enabling them to gain inspiration to engage with their artwork. It was clear that this process, alongside developing their artistic abilities and belief in themselves, helped participants to gain a sense of purpose and meaning in their lives, (p. 3)

It is not surprising that art has the potential to help people suffering from BD to find purpose and meaning in their lives. Art often allows the support needed in participants to find individual sources of meaning and value through their artwork and through the active creation of something individualized and new

AT rebuilds identity, develops positive relationships, and promotes social recovery. It can evoke personality recognition as well as purpose, empathy, compassion, motivation, confidence, and positivity for oneself and others. AT positively affects and enhances both the emotional and cognitive states of a person, helps with communication, supports social encounters, and stimulates the brain (Fennar, 2017). The authors Fristad et al. (1998) discovered during an AT method with a nine-year-old girl diagnosed with early on-set bipolar disorder, the art therapist adopted a therapeutic intervention termed “Naming the Enemy” by implementing an art experience while facilitating the original cognitive verbal psychotherapy exercise (Fristad et al., 1998). At the time, the young girl presented symptoms displaying her artistic giftedness while having rapid cycling of chronic mood swings between grandiosity and raging despair. The

method developed came in two forms. In the first form, the art therapist followed the original intervention where she utilized discussion to broach topics while being an active listener. Engaging the child in the pre-art-making discussion about the Enemy/Friend aspect helped to disentangle symptoms, inventory the child's problems and parental complaints, and aided in the process of the child gaining more self-awareness for objective distance from the core self. In the second form, the intervention was to cease the talking and allow the girl to have the freedom in creating any image to draw without expectations to address the Enemy/Friend prompt discussion. The girl explored the Enemy/Friend therapeutic directive through the process of AT, and it is highlighted by the findings of the art therapist, "The image gives dramatic form to both the strengths and weaknesses of the artist and stands as an eloquent testament to her creative powers as well as the seriousness of her illness" (Henley, 2007, p. 106). Using the AT modality, the elderly woman manifested in the discovering of individual identity, revealing of personal projection, and supporting of her own self-representation. From the child's unconscious to individuation through psychotherapy one can be helped with increasing awareness in reality awareness and behavioral change.

Methods

This literature review was created through research conducted mostly through EBSCO, the Lesley University online database, Google Scholar. Some search terms that were utilized were creativity, bipolar, art therapy, creativity and bipolar, and art therapy with bipolar. The definition of bipolar disorder associated with creativity stood out. As the research continued traces of creativity and bipolar disorder dated back to antiquity. Throughout the research it seemed clear this population required alternative implementations of mental health care. Art therapy as an option for therapeutic programs was the beneficial application because it combined

the already similar aspects of creativity and BD. Art therapy allows the opportunity to externalize their internalized lability into a healing process with developed skills supporting their natural positive attributes. Finally, research was conducted on creative art therapy with bipolar symptomology and how art therapy practices can be incorporated positively for the development of coping skills needed for catharsis.

Information comes from peer-reviewed articles and books. Priority for the extensive investigation was placed on finding articles from many perspectives and cultures, including highlighting articles written by historically marginalized voices. Arts-based research was also conducted through drawings of figures. This author reflected on their advancement of knowledge by drawing, journaling, painting, and collaging at various points in the research process. This process served as a creative direction to conceptualize the data and process themes within the work. Some themes throughout were surrounding ideas of the individuals suffering with BD carried creative intelligence and identified as artists.

Discussion

When it comes to art, creativity has no restrictions for the creator, and it is inherently within all of us. It takes bravery to be creative because one must let go of old ways of thinking to create new moments and memories. Accepting the restrictions in one's present way of thinking can help acknowledge one's boundaries and push limits of creativity. Creative expression is inspired by inflated involvement in pleasure activities, positive mood, elevated sociability, and heightened energy, which might mirror distinctive features of bipolar disorder vulnerability, such as hyperthymic temperament (Kyaga et al., 2012). Creativity through artmaking is beneficial for BD patients, not only because creativity mimics BD symptomology but because the construction of art instills the concept of accepting that it is a process for progress since it takes time and

resilience for development. Building a tactile piece of artwork is a transference of feelings into thoughts, and then thoughts into actions. The skill set in the result is not the focus, but the refuge they build will make one self-aware of their personal needs. Art as therapy facilitates the maintaining of mindfulness in emotions because creating artwork is a grounding tool that instills tolerance, promotes development, and focuses insight. Solving problems and finding innovative solutions is the basis of therapy and looking at oneself and discovering personal strengths and weaknesses will allow new insight into diverse ways of being that are more positive and healthier.

Vulnerability comes with examining one's own emotions and to prevent a traumatic scenario the environment must be supported, which is the role of the aiding art therapist. Psychopathological personality traits, especially clinical and subclinical traits of BD vulnerability, correspond to creativity because those suffering from BD are known to have traits of creativity found in their hypomania (Gostoli, 2017). Those suffering from BD are sensitive and the innate connectivity to creativeness allows art therapy a cathartic transfer for recreating possible psychic structures. This allows the natural breakdown of defenses and allows the therapeutic work on the transformation of intrapsychic impulses, ideations, and fantasies of the patient into a work of art. Molding their own space with textured materials will symbolize their needs while also allowing one to appreciate the concept of support and structure. Art Therapist must understand the meanings of and be familiar with art metaphors and symbolic expression. In the making of art, the symbolic imagery is molded by feelings from the past, re-experienced in the present. The transformation of intra-psychic ideation into external representations results in a tangible image (Agell, 1981). When art as therapy is facilitated with BD patients its entity is a communicative symbolic display of subconscious emotions or an imaginative representation of

one's perspective. The act of materializing art cleanses the soul, embraces the moment and supports the reality that the only thing one can control is managing emotions, thoughts, and actions.

The construction of art instills the concept of accepting that it is a process for progress because it takes time and resilience. Building a tactile piece of artwork is a transference of feelings into thoughts, and then thoughts into actions. The skill set in the result is not the focus, but the artistic sanctuary built will make one self-aware of their personal needs. Art as therapy facilitates the maintaining of mindfulness in emotions because creating artwork is a grounding tool that instills tolerance, promotes development, and focuses on insight. Vulnerability comes with examining one's own emotions and to prevent a traumatic scenario the environment must be supported, which is the role of the aiding art therapist. Psychopathological personality traits, especially clinical and subclinical traits of BD vulnerability, correspond to creativity because those suffering from BD are known to have traits of creativity found in their hypomania (Gostoli, 2017). Molding their own space with textured materials will symbolize their needs, validate their hypomanic states, while also allowing one to appreciate the concept of support and structure. The act of materializing art cleanses the soul, embraces the moment and supports the reality that the only thing in our control is the managing of our emotions, thoughts, and actions.

Art therapy can aid in a therapeutic framework BD recovery. Artmaking improves awareness of the mental health issues in BD and helps identify creativity as part of their personhood. Creativity is all about looking into possibilities that enrich your emotional health and letting go of your inner doubts to freely explore options of new outlooks. There is enduring epidemiological evidence for greater incidence of creative achievement that is associated with greater cognitive flexibility, motivation, and openness to experiences among those diagnosed

with bipolar disorder (Crabtree & Green, 2016). The different art forms bring forth self-awareness of the BD individual and the techniques uncover the unconscious in the present moment. BD has the fault of having no control of their negative emotions and self-actualization enables one to make life more meaningful, enhances abilities to know oneself, and allows one to reach full potential (Malchiodi, 2003). One must know oneself profoundly to move beyond the ordinary sense of self into a higher self-awareness. Self-awareness of feelings is beneficial because experiencing the emotions is a natural process of development, allowing an individual to process encounters. It is natural BD maturation develops in self-awareness because it results in feelings of harmony and the physicality of creating art releases tension promoting more positive moods. This allows growth that is needed to promote purpose in life and personal pride in oneself. Evolving in self-awareness, self-understanding, and insight are attained by delving into our emotions. Art can assess and explain one's awareness, and this is the connection between clinical and artistic skill; it is beneficial for problem solving and revealing unconscious material.

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