

Connecting Depression and Artistry

By RICHARD A. FRIEDMAN, M.D. New York Times June 3, 2002

Everyone knows that creative geniuses are all mad. At least that is what the time-honored notion linking creativity and mental illness holds.

Recently, this was underscored by "A Beautiful Mind," the film about the Nobel Prize-winning mathematician Dr. John Forbes Nash Jr., who struggled with schizophrenia. Bedeviled by hallucinations and delusions, Dr. Nash is seen scribbling mathematical formula on his Princeton dorm window and doing pioneering work on game theory in a pub. But in real life, Dr. Nash accomplished his greatest mathematics before his illness really took hold.

As a psychiatrist, I have treated several highly creative people, all relieved to be rid of the symptoms of their mental illnesses. So I was feeling confident when it came to understanding the connection between mental illness and creativity. Simply put, psychiatric illness rarely confers creativity and treatment would not impair it. At least, that was my cherished theory until I met Sheryl.

Sheryl, a photographer, had been depressed for nearly all her 36 years. Always gloomy and pessimistic, she accepted that she was hard-wired for unhappiness and that this was just her unlucky personality. So it never occurred to her that she might have a treatable illness. It was her boyfriend, singing the praises of his own treatment for depression, who sent her my way.

Though she had witnessed her boyfriend's transformation on medication, she was skeptical that it would work for her, since she had no concept of what it would be like to feel well. It turned out that there was a deeper reason. She was afraid the treatment might dry up the wellspring of her creativity. To Sheryl, her depression and her art were inextricably linked, even though she knew that she had been artistically paralyzed in periods of severe depression.

I told her that she had been suffering from a lifelong mild form of chronic depression called dysthymia, which she had mistaken for her personality, and that it was just as treatable as the severe episodes of acute depression that she periodically had.

In one session, we discussed the topic of mood disorders and creativity. She knew of creative geniuses like Robert Schumann and John Keats, each manic depressive, and was sure that suffering was a prerequisite of great art. I countered that their creative output actually dropped during flare-ups. While there was evidence of a strong connection between bipolar disorder and creativity, the data for a link between pure depression — like Sheryl's — and creativity was much weaker.

I reassured her that the antidepressant would not diminish her as an artist. The depression had hobbled her, and treatment, if anything, ought to free her to

greater heights of expression.

Sheryl came to the next session carrying a large portfolio of her photography. She wanted me to see her art before treatment started so I could witness its effect on her work. In stark black and white photos, she had captured the homeless and poor. Her kinship with the dispossessed was obvious, and the images were sad and moving.

Despite her skepticism, Sheryl began treatment with an antidepressant that same day. In two months, Sheryl noticed that her lifelong pessimism, insomnia and fatigue had lifted. The depression melted away, and she felt happy without any other change in her life save the antidepressant.

There was only one problem. The antidepressant had not just improved her mood, but had also transformed the content of her art. While Sheryl was now making and selling more photographs, she judged the quality to be inferior to her depressed art. I was flustered and asked to see her recent work.

To my amazement, the photography had undergone a change as pronounced as her mood. Many shots were now in color, but the greatest effect was a change in subject: abject images had given way to street scenes of raucous boys and amorous couples. Sheryl dismissed the work as commercially successful but artistically mediocre. Who was I to judge?

Now she faced a difficult choice: happiness in life or excellence in art. She chose to stop the antidepressant but remain in therapy. Within three months she had fully relapsed into depression, but preferred the art now to her "happy pictures."

After several months of feeling depressed, she changed her mind and restarted the antidepressant. It sounds heretical coming from a psychiatrist, but a little depression probably was good for her art, even if the personal cost was too high. In the end, she opted for happiness.

Source: <http://www.nytimes.com/2002/06/04/health/psychology/04CASE.html?tnemail0>