Harness Creativity to Help People with Bipolar Disorder
By Professor Greg Murray, Scientific Committee Chair
The Sean Costello Memorial Fund for Bipolar Research

During a manic episode, the main character of popular television series Homeland, CIA agent Carrie Mathison (played by Claire Danes) colour codes the evidence in a terrorism case, making vital links that could lead to a breakthrough.

Creative insights such as these are relatively common among people who have bipolar disorder. In fact, our understanding of the increased creativity – and other positives – that come with bipolar disorder is driving a rethink about how people manage the negative effects of the disorder, while optimising their quality of life.

What is bipolar disorder? Bipolar disorder, once known as manic depression, is a mood disorder experienced by between 1% and 6% of the population. It’s generally a lifelong condition, characterised by swings in mood: from highs that can tip into mania, to lows that can plunge into depression.

Historically, these moods have been the concern of psychiatrists and have therefore been framed in medical terms. Everyone experiences variations in mood, but for people with bipolar disorder these variations are extreme, and require psychiatric and psychological assistance.

While mania is the signature characteristic of bipolar disorder, people with bipolar disorder are more often depressed than manic — one of the reasons that the condition is often misdiagnosed. Research shows 40% of people who ultimately receive a diagnosis of bipolar disorder are initially misdiagnosed with major depression.

Risk taking can lead to feelings of guilt and shame. The impact of the condition can be severe: mania is associated with impaired judgement which can lead to risk-taking, including inappropriate spending and sexual hyperactivity. These behaviours can cause stigma in the eyes of the community and shame and guilt in the patient. People’s lives can be derailed, with absences from work or education, and disruption to family relationships and friendships. The effects of such disruption are often life-changing, affecting a person’s prospects and relationships long into the future.

This is especially concerning when you consider that onset of symptoms frequently occurs during late adolescence or early adulthood, a critical time of transition in life that includes finishing high school, going to university, and starting your first job and relationship.
Suicide is also a particularly important risk with bipolar disorder: 25% to 50% of patients attempt suicide and 15% end their lives. People with bipolar frequently have co-occurring conditions such as substance use (56%) and anxiety (80%).

Like all psychiatric disorders, the causes of bipolar disorder are complex and multifactorial. Not surprisingly, there is strong familial transmission of the disorder, as the child is exposed to both genetic and environmental risk factors. There is also a strong developmental trajectory in bipolar disorder, with early episodes of depression typically occurring in adolescence, followed by a defining manic episode in early adulthood.

Medication assists to stabilise moods, and is the first-line treatment for acute episodes and to prevent relapses. But it’s now known that best practice treatment for bipolar disorder involves a combination of medication and psychotherapy.

Effective psychological treatments assist by providing information about the condition and risk factors and helping people identify and monitor triggers, manage stress, stabilise daily rhythms, adhere to medication, critique unhelpful thoughts and beliefs, and address substance use.

Unfortunately, anecdotal data suggests many people never see a psychologist and, therefore, don’t receive the ongoing care that would help them to live well with bipolar disorder.

There is an up side to bipolar disorder. People with bipolar disorder say that too much emphasis on the challenges and risks of the disease — the “misery stats” — can lead to hopelessness and stigma.

The condition is now recognised as having many positive features, including amplification of experiences and internal states, enhanced abilities and more intense human connectedness. Bipolar disorder is also associated with a range of strengths including academic ability and empathy.

Patients with bipolar disorder are often more creative than those in the general population. One study estimated that rates of bipolar disorder were six times higher among eminently creative people than in the general population. There are a range of theories about why. It may be to do with their changing moods, where down or low moods provide insights and ideas that the person can then act on when they move into a cycle of elevated mood. Ambition is another factor that may facilitate artistic success in this population.

With the right assistance, the condition can be managed: in a major longitudinal study, approximately 50% of patients did not suffer significant ongoing difficulties with their symptoms. Contemporary researchers are confident that this proportion will grow as treatments advance.

New frameworks for examining bipolar disorder that focus on patient empowerment and collaboration among health professionals, researchers, families and consumers
are also having positive effects. This moves beyond the traditional aim of symptom reduction to focus on better quality of life, as defined by the individual.

Current research initiatives are also cause for hope. Researchers are investigating whether early intervention — addressing both the symptoms and minimising the negative psychosocial effects — can limit or even prevent further episodes.

Harnessing their creativity may lead to better outcomes and more fulfilling lives for people with bipolar disorder, according to Professor Greg Murray, Head of Psychological Sciences and Statistics at Swinburne University of Technology, and Chair of the Scientific Committee of the SCF.

“There are a range of theories as to why people with bipolar disorder are so highly represented among the famously creative,” he says. “It may be to do with their changing moods, where down or low moods provide insights and ideas that the person can then act upon when they move into a cycle of elevated mood. Ambition is another factor that may influence their success; these people appear to have a strong drive to achieve.” The focus of Professor Murray’s work comes from a strengths-based psychological approach to the treatment of bipolar disorder that has been developing over the last 10 years, which looks at the person holistically and takes into account what the person wants to achieve, rather than taking a limited focus on symptoms. Professor Murray says the creativity finding is significant in a number of ways. “Overall creativity is valued by people with bipolar disorder. They tell us that their creative expression is a means of connecting with others and deriving satisfaction from life and they don’t want to lose that. But they also say that their creativity can be flattened by the medications that are the mainstay of their treatment,” he says. He says this understanding may also suggest new treatment pathways and ways to engage people with bipolar disorder.

“People who are creative are often open to new ideas and new ways of doing things so if we engage people creatively and offer programs that work with this interest and strength we can provide a greater benefit.” He says creative people are more likely to respond to action-based interventions and treatments that offer the opportunity for self-expression.

“Positive psychology has some very exciting implications for clinicians, researchers and patients connected by an interest in bipolar disorder,” he says. “In psychological treatments, it’s critical to set goals that are positive and meaningful for the patient. Often this means focusing on the goal of a satisfying life, rather than just a reduction of symptoms. A satisfying life for a person with bipolar disorder might include intense emotional experiences and creative expression and without those things life isn’t fulfilling, so our job is to understand those goals and to help someone achieve that.

“Given bipolar disorder is a chronic condition, helping people to optimise their quality of life is very important. Core strengths like creativity give us a springboard for achieving this goal.”