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Creativity: a healthy side of madness

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Madness - or psychosis as it is more technically known - is still one of the most mysterious mental disorders of humankind. It refers to an altered state of mind where the individual loses contact with reality by having distortions in the perception of the outer and/or inner world (hallucinations, altered sense of self and the environment) and odd, false ideas that are held with strong conviction despite contrary evidence (delusions). These alterations of thought and perception are defining features of madness, but the psychotic state spans almost all psychological functions, such as mood, energy, motivation, volition, cognition, and psychomotor and physical functioning.

Descriptions of madness stretch back to antiquity, but its scientific study started in the late 19th century, with the emergence of an experimental psychopathology that was a meeting point between psychiatry and a newly born psychology. However, the former's influence was much greater as psychiatry took over the care of the mentally ill and - in keeping with its medical tradition - sought a cause for their ailments in the brain. This hope for an organic explanation of psychosis was inspired by a significant early breakthrough in psychiatric research: the discovery that one 'mental

syndrome', General Paralysis of the Insane (GPI), was actually due to syphilis infection affecting the central nervous system. The promise, then, was that psychiatry would progressively uncover the neuropathological bases of all mental disorders, including psychoses such as schizophrenia - or *dementia praecox* as, significantly, that illness was earlier known.

This 'broken brain' view of madness has dominated the thinking of professional psychiatrists ever since. Apart, that is, from pockets of resistance from some radical thinkers; notably, in Europe, writers such as R.D. Laing (1960), whose book, The *Divided Self*, challenged the whole medical orthodoxy in psychiatry with the argument that madness is more about existential crisis than brain disease. However, Laing's rejection of *any* involvement of biology in psychosis - seen by some as itself a sign of insanity! - eventually led to the movement he started imploding. Ever since, Establishment psychiatry has continued true to its faith in the neuropathological model. In this it has been encouraged by impressive advances in recent decades in neuroscience and molecular genetics.

The reality is, however, that despite an awesome research effort over several decades, no single neurobiological abnormality has been found that is really specific to psychosis or any of its varied manifestations. We are therefore driven to the conclusion that it is the conceptualization of the nature of psychosis that needs to be revised. Indeed there are very interesting signs of debate about this; even maybe of the onset of what some have called a paradigm shift in psychiatry (e.g., Kendler, 2005, 2012; Read, Bentall, & Fosse, 2009). While not all authors make the same points, we would suggest

that there are three issues that signal some change in the way psychosis is coming to be viewed.

One is the realisation, based on considerable evidence, that environmental social adversity is a risk factor for the development of psychosis (Bendall, Jackson, Hulbert, & McGorry, 2008; Read, Fink, Rudegair, Felitti, & Whitfield, 2008). This is significant when put together with more general evidence about the critical rôle that the wide social and interpersonal environment has in the development and functionality of the brain across the lifespan (e.g., Roth & Sweatt, 2011; Teicher, Samson, Sheu, Plcari, & McGreenery, 2010). Such observations seriously challenge the orthodox medical view that psychosis is straightforwardly a genetically conditioned brain disease, as it indicates that the environment and individual variation not only merely colour the expression and adaptation to the malfunction, but also causally contribute to the development of the disorder. Evolutionary science has also shown that wide individual variation in terms of genetic, biological, and behavioural features is the norm rather than the exception and that there are not univocally 'good' and 'bad' traits for adapting to the environment. In other words, the evolutionary machinery selects in favour of wide variety, which enables the species to have a varied selection of individuals who are more apt to fit into very different circumstances and demands.

Another sign of change about how psychosis is viewed is the shift away from the idea that its different expressions constitute discrete diseases, each with a distinct (broken brain) aetiology. This has mostly been discussed with respect to schizophrenia and manic-depression (bipolar affective disorder), where there is now convincing evidence for the so-called unitary model,

supported by observations of a significant clinical and genetic overlap between the two disorders (Marneros & Akiskal, 2007; Lichtenstein, Bjork, Pawitan, Cannon, Sullivan, & Hultman, 2009).

Thirdly, the adoption of a dimensional view has broadened the scope of what can be considered legitimate material for discussion within the rubric of psychosis. The idea of a continuum between madness and sanity has been largely developed by psychologists; but in recent years the model has also been adopted by some psychiatrists wishing to recognise that psychotic symptoms can occur along a spectrum of severity, frequently observable in the general population (Johns & van Os, 2001; Stip & Letourneau, 2009). Admittedly, that usage of the continuum idea is not in itself particularly novel since it merely recognises that all illnesses - physical as well as mental - can indeed manifest their signs and symptoms to a varying degree. In principle it could be consistent with a modified version of the broken brain theory of psychosis. But at least it suggests a move in the right direction among some clinical psychiatrists.

Elsewhere (Claridge, 1997), in contrast to that nuanced version of the broken brain theory, we have suggested a more radical alternative; what we have labelled a 'fully dimensional' model. This has its historical origins, not in psychiatry, but in personality psychology, specifically trait theories which see dimensions of personality as having a dual function: describing *both* healthy individual differences *and* predispositions to psychological disorders Trait anxiety and anxiety disorders are the least controversial examples; but the same principle can be applied, we would argue, to more serious mental illnesses.

The arch-exponent of this fully dimensional interpretation was the late Hans Eysenck who, in his early theorising, introduced the concept of 'psychoticism' to capture the idea of a healthy personality dimension connecting normality to psychosis in the clinical sphere (Eysenck, 1952).[1] However, most of the research on the topic has been carried out under the heading of 'schizotypy', with a primary focus on schizophrenia and the schizophrenia spectrum, including the development of questionnaires for measuring specifically schizotypal traits within the general population. But, notably, when a more open stance has been adopted to such work 'schizotypy' has begun to look like a too restrictive concept and Eysenck's term 'psychoticism - in its original sense - a more appropriate label for capturing the range of variations within this personality sphere. Illustrating the point is the *Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE),* the only questionnaire developed within the fully dimensional model and, equally to the point, based on a more comprehensive data set of items than those used hitherto (Mason, Claridge, & Jackson, 1995; Mason & Claridge, 2006).

The *O-LIFE* contains four partly correlated subfactors: Unusual Experiences, Cognitive Disorganisation, Introvertive Anhedonia, and Impulsive Nonconformity. Interestingly, this pattern copies that expected from the unitary model of psychosis referred to earlier; *viz* Impulsive Conformity is weighted heavily on bipolar (cyclothymic) traits and overlaps considerably with the more 'schizophrenic' features represented in the other scales. Furthermore, another

[1] Unfortunately in his later writings Eysenck (Eysenck,1992) seriously distorted and narrowed the interpretation of psychoticism, to mean antisocial behaviour. The reader should bear in mind that when we use the term here it is in its original, more general sense.

finding with the *O-LIFE* suggests that the 'unitary' view of psychosis and psychoticism can actually be extended beyond the schizophrenia/bipolar connection. Thus, another of the *O-LIFE's* scales - Introvertive Anhedonia - has been shown to correlate strongly with Asperger/autism traits (Rawlings, 2008; Claridge & McDonald, 2009). It would therefore seem that within the broad rubric of 'psychoticism' there are several personality trait profiles each having a different adaptive and risk potential.

As we have emphasised, a cardinal feature of the fully dimensional model is that psychotic traits, like other personality features, are essentially healthy forms of individual variation, even though carrying their own risks for psychological disorder. The point is well illustrated from a practical standpoint by results obtained with the *O-LIFE*. Some of the items on that questionnaire, and others like it are occasionally (and not unexpectedly) slightly odd, including asking about such things as hallucinations and belief in magic, the paranormal, and so on. Many people in the general population endorse such items, and scores on the questionnaires can be very high, in the absence of any concurrent signs of serious mental illness. Indeed it is precisely this fact that leads to the conclusion that the traits being tapped are essentially healthy, their translation or not (and usually not) into psychiatric symptoms depending on other modulating factors. In favourable circumstances or in individuals with moderate weighting on psychotic traits or with other protective or facilitative personality and cognitive characteristics there will be favourable outcomes: these can include enriching religious or spiritual experiences (Clarke, 2010), or, as discussed here, signs of enhanced creativity.

The link between madness and creativity has been the subject of an age old and controversial debate which, even in the relatively recent literature, has stimulated numerous books, review papers, and scientific articles (Richards, 1981; Jamison, 1993; Sass & Schuldberg, 2000; Nettle, 2001; Barrantes-Vidal, 2004; Claridge, 2009; Silvia & Kaufan, 2010; Carson, 2011). It would be impossible here even to summarise their conclusions, but one message is clear. Trying to reconcile the idea that devastating mental illnesses can be associated with the proficiency of creativity thought has perplexed some writers on the topic. But the dilemma can be easily resolved. For it follows from the fully dimensional model we have described here that it is potentially adaptive psychotic *personality traits*, not psychotic *clinical symptom*s, that explain the link between the two domains. While clinical psychosis can indeed destroy creativity, psychoticism may enhance it. The late Janie Brod (1997), in her own review of the topic, put it as graphically as any:

> Is there a causal relationship between states of 'madness' and concurrent acts of creativity? Do you *have* to be mad to be creative? Could you be *more* creative if you were able, somehow, to hurl yourself into the depths of 'madness'? Of course not! The answer is 'no' to all three questions. States of 'madness', or, to use a less folksy term. psychosis, involve a number of severely debilitating symptoms which tend to disable many of the cognitive, affective, and behavioural processes required for intelligently adaptive functions in general. This includes creative functioning…..the relationship is not between psychosis and creativity, but, rather, between 'schizotypy' or

> 'psychoticism' and creativity. In other words, the positive link is with non-clinical expressions of schizotypal temperament and information processing style……

She adds:

> The point is made again here, because it seems, as yet, not to have permeated the comprehension of many researchers, both within the field of creativity research and outside it.

In judging Brod's comments it should be borne mind that even those who have passed the threshold into clinical insanity are not mad all the time; indeed the psychotic state is frequently intermittent, with periods of relative normality; such is the nature of the spectrum. By the same token, so-called healthy psychoticism is not always strictly neutral with respect to psychopathology; even people whose psychotic traits operate within a normal range, free of the clinical symptoms of insanity, may show some degree of psychic distress. Evidence for this is to be found in the raised anxiety/neuroticism seen in people with high ratings on the features of psychoticism concerned with its 'positive' features; i.e. hallucinations and unusual experiences.[2] It is also neatly illustrated by the findings from a recent study carried out by one of us (GC) of imaginary friends in childhood (Isard & Claridge, unpublished study). Adult participants were asked if, as children, they had had one or more imaginary companions. As predicted, those who reported that they had were higher in psychotic traits than control subjects, and were more creative. However, more of them had also been referred at some point in their lives to

[2] Interestingly, this is not true of the 'negative' component of psychoticism representing inherently more introverted, anhedonic personality features: there anxiety/neuroticism is actually rather low and seems, as noted earlier, to reflect more autistic traits.

the mental health services: not, it should be added, for problems related to psychosis - but mostly for anxiety and depression.

There are several possible, no doubt interacting, causes for this. One - biological - explanation could be that there is simply some natural association between the disposition to experience positive psychotic-like experiences and the tendency to be anxious - a sort of shared sensibility or what has sometimes been called 'skinessness'. In the imaginary companion case just mentioned some anecdotal observation suggests that that might be so, though systematic studies do not strongly bear it out (Taylor, 1999). However, it might be true more generally, across a broader range of expressions of psychoticism.

Another reason for the anxiety found in some individuals high in psychoticism might be that becoming preoccupied with mystical things serves to derail, or distract from, the mundane mental functioning demanded in day-to-day life, causing discomfort. Consequently there might be a drift into eccentricity, giving an appearance of 'living too much inside their own heads', disregarding convention, and avoiding 'normal' social intercourse. Disapproval from others around them is then likely to make them even less adapted, exacerbating their sense of isolation, diminishing their self-esteem, and increasing their anxiety or depressiveness.

Thirdly, there is the possibility that high ratings on psychotic traits are themselves actually caused in part by early adversity or abuse, with an inevitable common element of negative affect (anxiety/neuroticism and depression). It is certainly true that, in addition to the strong genetic influence on the temperamental make-up, child abuse will add to the load of liability for

psychotic breakdown; the association between early adversity and high psychoticism ratings probably reflect this (Steele, Marzillier, Fearon, & Ruddle, 2009). It also points to a causal connection. In one illustrative study adults with a history of child physical abuse reported a greater interest in psi and a belief in spiritualism and witchcraft (Perkins and Allen, 2006). The authors concluded that these cognitions act as powerful strategies that abused individuals use in taking refuge from the painful reality of the real world.

A flight into fantasy as an escape from a horrible reality can, in the presence of talent, be expressed as creativity. A case in point was Hans Christian Andersen, considered at some length by Anthony (1987) in his account of vulnerable and invulnerable children. As Anthony discusses, Andersen had both a grandfather and a father - to whom he was very close - who was or was to became clinical insane. He therefore both (presumably) inherited the same vulnerability and, because of his relatives' mental condition, was reared in less than ideal circumstances. He dealt with this by withdrawing at an early age into fantasy play and then into his writing, through which he was able to transform his cruel world into fairy tales. He himself apparently never succumbed to serious mental illness - only temporary depressions in between his bouts of writing - the working of his imagination keeping the worst of his evident psychoticism mostly at bay.

What we learn from the discussion so far - and considering the theme of this book - is that how individuals 'manage' their psychoticism/psychosis, and what sorts of people need to do it, is a question that can be posed right along the trait/symptom spectrum described. In other words, it is not narrowly about someone having to deal with acute, full-blown bouts of insanity; it is as

much to do with people channelling the unstable energies of borderline psychotic states, or, in the case of healthy (albeit sensitive) individuals, finding ways to express their creative talents.

Someone who understood very well many of the distinctions we have made here was the late Anthony Storr whose book *The Dynamics of Creation* (1972) is remarkably contemporary in its theoretical and clinical orientation. This is so in several respects. For one thing Storr recognised the essentially dimensional nature of psychopathology and, relating it to creativity, drew upon examples over a wide spectrum; stressing the blurred boundary between frank illness and personality variation. He also emphasised the wide variability in manifestations of psychosis and psychoticism and the different ways in which these might relate to creativity. While not using the term 'psychoticism', he implicitly relied on a similar assumption as that here; *viz* that variations within states of insanity are strongly reflected in personality and temperament. Here he made particular use of the older, well-established distinction between, on the one hand, the schizoid, schizothymic, introverted 'type' and that more associated with the manic-depressive, cycloid, cyclothymic, extraverted temperament.

Storr's open, broadly based view of psychopathology stemmed from his Jungian background. In his writings Jung had ranged over many topics including schizophrenia, the psychology of introversion-extraversion, and the philosophy of religion. Much of this naturally rubbed off on Storr though we can only speculate whether Storr was also influenced by knowledge of Jung's own mental breakdown. In many accounts of Jung's life the latter is

euphemistically referred to as a 'mid-life crisis, but Jung himself leaves us in doubt as to its true nature:

> It is, of course, ironical that I, a psychiatrist, should at almost every step of my experiment have run into the same psychic material which is the stuff of psychosis and is found in the insane. This is the fund of unconscious images which fatally confuse the mental patient.
>
> C.G. Jung (1963)

It was through the process of dealing with this turbulent period of his life that Jung moved into his more mystical phase of thinking and writing, while retaining his sanity. He was indeed a true archetype *(sic!)* of the creative psychotic.

Storr's own insights into creativity equally emphasised using it to help or restore self-esteem or gain insights. How this is achieved is different, he argued, in those of cyclothymic, manic-depressive temperament as compared with schizoid persons. The latter are typically aloof, detached from and have little need of other people: indeed may find them unreliable and not a good reference point for life. Creative outlets will reflect this preoccupation with objects, the inner world, and the lack of need to conform to a shared emotional matrix. Scientists are typically described in this way (Storr cites Einstein); another good example is Outsider Art (*Art Brut*) where the individuals in question - sometimes referred to as on the Asperger spectrum, closely related to schizoidness - paint or sculpt according to their own rules (Cardinal, 2009). By comparison, according to Storr those of extraverted, manic-depressive temperament will have a different reason to boost self-esteem through creativity. Highly dependent on others for approval, and subject to mood

swings, they seek to keep depression at bay through creative work. Many artists, musicians, and writers have been considered to fall into this category (Hershman & Lieb, 1998).

An additional important theme running through Storr's writings on creativity concerns the rôle of solitude, a topic to which he returned in two later books (1988a, 1988b). The wish to be alone, the deliberate separating of oneself from others, and the personality trait of introversion have commonly been regarded as abnormal, even as signs of neurosis. The view is especially prevalent in societies, such as North America, where popularity and sociability are considered indices of psychological health. Most self-help books promote the dogma, usually under the mistaken non-Latinate spelling of the desired trait as 'extroversion'! Storr was one writer who challenged the idea. He argued that, while human beings are of course social animals, powerfully driven by affiliative needs, they also by nature have a strong impersonal motive, evolved to deal with matters outside the interpersonal domain, where a degree of solitude may be beneficial or even essential. This is true of most creative activity - discovery, invention, artistic production - or working through to personal insights, away from others.

Of course, in judging this theory one must take account of the ever present factor of individual personality differences which at the extremes distort the average picture. As we have seen, in some highly schizoid or autistic individuals the need for others is entirely abandoned; the opposite is true at the other end of the spectrum. But this does not, in our view, take away from the general principle, proposed by Storr, that solitude and social intercourse are equally valid natural needs that complement each other in

contributing to mental health. The special significance of solitude in creativity is that it opens up space in which to solve problems, develop theories, resolve issues, or convey feelings in artistic expression. All of these may have therapeutic value.

A genre that represents some of the above is the autobiographical novel. While most fiction contains an element of autobiography, autobiographical novels go beyond this, to give virtually complete accounts of the author's life experience. But they may do so in quite different ways, as two contrasting examples will illustrate. Both, in their day, were quite prominent English authors, though are now long since forgotten.

Dorothy Richardson (1873-1957) is now mostly discussed as the literary figure who first used the writing method of 'stream of consciousness' - or, as it is sometimes known, 'interior monologue'. The method avoids straightforward concrete narrative *about* a character or characters, in favour of telling the story as if from within, in terms thoughts, memories, perceptions, and feelings, written in a continuous free associative flow. According to Wallace (1989) Richardson 'discovered' the method in a sudden insight, after years of struggling to write a novel, but dissatisfied with the conventional form. The circumstances of her discovery are interesting. Wallace decribes it thus:

> Richardson, 39 years old, was alone in a cottage in Cornwall, beginning her major life task, when she had a great insight, a turning point in her work…..Her solitude there was almost total….she saw no one except a cleaning woman who came once a week to bring provisions. She had written copiously, a 'mass of material', making repeated attempts over a period of about four years……

Having found a new style of working Richardson set about writing *Pilgrimage*, a mammoth sequence of thirteen books, the central character of which was Miriam Henderson. Miriam was, of course, herself and the work autobiographical - which no one realised.

Dorothy Richardson's choice of and ease with the stream of consciousness writing mode probably tells us something about her psychology and her motivation for spending the whole of the second half of her life exploring herself in the depth and manner in which she did. As a grammatical form the method is discursive and lacks an obvious structure; the links between ideas and phrases are often loosely connected, making the underlying meaning often difficult to fathom. In short, it looks like what a clinician would label psychotic thought *disorder*. Seen in this way stream of consciousness writing could be construed as a literary version of psychotic thinking. This is by no means a trivial observation. Some writing that passes as 'stream of consciousness' prose, if it lacks literary merit, certainly *is* the product of a disorganised cognitive style - a difficulty in focussed attention and thought - that is a characteristic part of psychoticism (and indeed reflected in the *O-LIFE* as a scale in its own right). We believe that this has genuine significance on the literary front. It is no coincidence that one of the most prominent stream of consciousness writers - Virginia Woolf - suffered serious psychotic episodes that finally resulted in her suicide. Elsewhere, in a special literary and psychological study of some psychotic authors - including Woolf - we noted how, in unedited form, their writings often appeared unfocussed, chaotic, even clinically thought disordered (Claridge, Pryor, & Watkins, 1990). This was true of Woolf, so we could conclude that in adopting the stream of

consciousness mode of writing she was simply putting her natural psychotic cognitive propensity to stylistic literary use.

Returning to Richardson, she did not, as far as we know, suffer any psychiatric breakdown, or show signs of serious psychopathology. However, her upbringing and early life were far from healthy: a rigid father who insisted on treating her as a boy and a depressive mother who eventually committed suicide, virtually in the presence of Richardson herself, creating considerable guilt and remorse. It would be surprising if she did not both inherit and acquire some traits that placed her on the psychoticism spectrum, as we have defined it here. We might then begin to understand how and why Richardson, having discovered her natural style of expression, turned it from being a risk factor for mental illness into a means for confronting the conflicts in 'Miriam's' life.

Our other example of an autobiographical novelist is a quite different case. Like Dorothy Richardson, Antonia White (1899-1980) also wrote entirely about herself, but in an entirely different sense. White - another of the authors studied by Claridge et al (1990) - was a highly unstable woman who hovered on the edge of psychosis throughout her life. In personality she was impulsive, reckless with money, socially and sexually promiscuous, and, as her two daughters attested to in their own writings, an erratic and neglectful mother. As a counterpoint to her need for constant attention and stimulation White would often withdraw from company in order to try to write (sometimes unsuccessfully) her mostly narcissistic prose; the solitude probably helped - just about - to ward off the threat of insanity that constantly plagued her. The first major breakdown she did suffer - in her early twenties - was almost maniacal in quality and led to her admission to the Bethlem Royal Hospital

('Bedlam'). Years later she gave an account of that experience in her autobiographical novel, *Beyond the Glass*, a book written at uncharacteristic speed, as though exorcising some demons.

We noted in discussing White's work that she was not a great writer. Unlike Richardson, her style was novelettish and the content of her work at its best when simply narrating events in her own life. How closely she did that in *Beyond the Glass* is startling if we examine what happened to 'Clara', the heroine, before and after she entered the asylum, and compare that with the real-life events. Uniquely, we had the chance to do so after getting permission to study Antonia White's hospital case-notes covering her stay in the Bethlem Hospital in the 1920's. The match was almost perfect: she had not been writing fiction at all!

Whether autobiography, semi-autobiography, autobiography masquerading as fiction, or fiction concealing from the reader some personal experience, there is a vast literature writing about one's own mental illness, stretching back centuries (see Sommer & Osmond, 1960, 1961 for comprehensive listings up to that time). One of the earliest, mediaeval, accounts is the extraordinary *The Book of Margery Kempe*; ironically not written by her since she was illiterate, but by a scribe. Starting with Kempe, Dale Petersen, in his *A Mad People's History of Madness* (1982), collected together other notable examples, or extracts from them, including: *The Life of the Reverend Mr George Trosse Written by Himself, and Published Posthumously According to his Order in 1714; A Narrative of the Treatment Experienced by a Gentleman, During a State of Mental Derangement; Designed to Explain the Causes and the Nature of Insanity, and to Expose the*

Injudicious Conduct Pursued Towards Many Unfortunate Sufferers Under That Calamity (John Percival, 1838 and1840); *Memoirs of My Nervous Illness (*Daniel Paul Schreber, 1903); *The Maniac: A Realistic Study of Madness from the Maniac's Point of' View* (E. Thelmar, 1909); *Brainstorm (*Carton Brown, 1944); *I Never Promised You a Rose Garden (*Joanne Greenberg, 1964).

And such books continue to appear. To name but a few: *Portrait of a Schizophrenic Nurse* (Clare Wallace, 1965); *Operators and Things (*Barbara O'Brien, 1976); *The Trick is to Keep Breathing* (Janice Galloway, 1989); *The Loony Bin Trip* (Kate Millett, 1990); *Girl Interrupted* (Susanna Kaysen, 1993).

In addition to these published works there is a never-ending stream of unpublished accounts by people wanting to describe and make sense of their psychotic experiences. Over the years the first author has accumulated several boxes full of such self-reports (some cited below). These range from quite lengthy typewritten documents to mere handwritten scraps, or letters. The phenomenon seems to be confined to serious mental illness. Granted, sufferers from other psychological disorders - like OCD or anorexia - are often prompted to write about their illnesses. But they are far outnumbered by patients and ex-patients who feel the urge to share their experience of psychosis.[3] Why is this?

One reason is the sheer number of ways that mental life can alter in the psychotic state. The mind can go astray in all modalities - hearing, vision, touch, smell - and in all domains - emotion, thinking, language. And it can also

[3] The same is true of course in the visual arts, as witness, among others, the large permanent exhibition of paintings at the Bethlem Royal Hospital and the famous Art Brut collection in Lausanne.

do so to great extremes; for example, emotion that can swing wildly between ecstasy and despair; or, as if to defy this, the absence of all feeling:

> Experiences I do not have are good, evil, love, hate, existential death, ecstasy, mystical experience, etc, all experiences belonging to the mind, soul or personality of man. I cannot describe how I 'feel' because there is no feeling or experience to describe.

Over and above the sheer variety and intensity of change there is, most strikingly, the incongruity: the distortion and loss of reality that comes about through the misperception of imagined events, or the misinterpretation of real but, for most people, unfamiliar events, such as hallucinations, spiralling in the psychotic mind into false beliefs. Typically:

> I have dealt with a totally delusional world in which I was God - the Creator and the Sufferer - and that trees held magical power while a great wall and glass dome cut me off from the rest of humanity….

There is already here the raw material for stirring the imagination to try to explain the experience to the self; most psychotics - however inchoately - attempt to do so and that in itself, we believe, provides its own evidence for the link between creativity and madness.

The ideas dreamed up may be simple reactions to immediately felt symptoms - but sometimes they are remarkably close to the theories proposed by professional psychologists. A notable example is the following:

> So the mind must have a filter which functions without our conscious thought, sorting stimuli and allowing only those which are relevant to the situation in hand to disturb consciousness. And this filter must be working at maximum efficiency at all times, particularly when we require

> a high degree of concentration. What had happened to me in Toronto was a breakdown in the filer, and a hodge-podge of unrelated stimuli were distracting me from things which should have had my undivided attention.
>
> Norma MacDonald (1960)

This often quoted passage, from the self-report of one schizophrenic woman, precisely articulates an experimental paradigm that dominated laboratory research on attention in schizophrenia for more than two decades (McGhie & Chapman, 1961; Venable, 1973). A more uncanny - because introspectively less obvious - illustration of the same point relates to the explanation of psychosis (and psychoticism) that variation along the spectrum has something to do with cerebral asymmetry, perhaps incomplete lateralisation of the brain (Satz & Green, 1999; Richardson, Mason, & Claridge, 1997).This 'discovery' has been made, even to our own knowledge, by more than one schizophrenic patient! In one case it was formulated as the belief that his mind was, literally, unbalanced and could only be corrected by specially constructed shoes. Another person put it as follows:

> All of a sudden I've just done a switch. The left side of me wants to do the right thing and the right side of me wants to do the right thing.

Often the chaotic states of mind engendered by psychosis 'solidify' into more elaborate narratives (clinicians call them systematic delusions). These take the form of obsessively constructed and often tightly argued theories of almost anything: the human psyche, the cosmos, history, the fundamentals of life. The scope of the thinking here can be outside a box of almost endless proportions.

Taken out of the context of their place in illness, the symptoms of psychosis can appear to be so bizarre as to be hilariously funny. To the sufferer, for obvious reasons, they are only occasionally so. Often it is in novels that the humour mostly shows through (Kesey's (1962) *One Flew Over the Cuckoo's Nest* comes to mind). Or it is implied, for example by one ex-sufferer in a recollection of his own psychotic symptoms:

> Thank you, Dr ------- for listening to me, and reading my letter with a straight face. I know it's your job but you must surely have felt like having a laugh sometimes…….

Occasionally, even in the state of, or on the verge of madness, comedy and laughter can be used as a protective shield to prevent succumbing to the absurdity of the experience. Peter Chadwick (2001) discusses this in relation to Des, a long standing 'schizotypal' friend who, he notes, 'has made sure that he mixes with people who share his sense of humour and who can share his desire to lighten his load by laughing at it'. Chadwick later counsels on the use of humour as part of his prescription for combating the unwanted intrusions into consciousness that can so easily slip into the psychotically prone mind and get distorted into paranoid and other dysfunctional beliefs.

We see here, then, the tragiccomedy of madness: the facility to produce ideas that are so outside the normal frame of references, so bizarre that they can be personally destructive, extraordinarily amusing, or sometimes both at the same time. It is therefore not surprising to discover, as we did in a recent study of a large group of performing comedians, that they score very highly in psychotic traits (Ando, Claridge, & Clark (unpublished). Illustrating the point more dramatically are the autobiographies of some well-known

comedians. One of the most striking examples is the English comedian, the late Spike Milligan, erstwhile 'Goon' and lifelong manic-depressive (Milligan & Clare, 1993). At times so depressed he was scarcely able to speak, in his more manic phases Milligan used his freely associating thought processes to generate zany humour and wildly ridiculous ideas that were indeed the stuff of 'madness'. Milligan's illness *was* his comedy.

In this chapter we have traced a number of interlacing themes connecting creativity to psychosis. Part of our argument has been based on scientific evidence, part on biographical material. We believe that, taken together, these sources lift the topic out of the realms of speculation; that indeed - to quote Dr Johnson - 'all power of fancy over reason is a degree of madness'. As important, however, is the more general conclusion to be reached about the nature of psychosis. With notable exceptions, disorders like schizophrenia have traditionally been regarded as neurological diseases, as an example of the 'broken brain' phenomenon, deficit states in which the possibility of return to normal functioning is, by definition, lost. Admittedly in recent years psychiatry has started to move away from the simplistic all-or-none version of that idea, adopting a more dimensional view of symptoms. The fully dimension, personality based version of that model described here goes further, retaining a greater connection to health and normality than in previous conceptualisation of psychosis. As such, the model is more able to incorporate the idea that, behind (or beneath) the appearance of dysfunction in madness, there is a retained sense of the self, of the traits that define *both* the person when well *and*, ironically (and tragically), the disposition to illness.

To illustrate the point, it is fitting to close with one further piece of autobiography, the thoughts of a woman, diagnosed schizophrenic, and sculptor. Here she describes the agonies of her illness, yet also her joy at occasionally being able to see beyond the madness of it:

> The reflection in the store window - it's me, isn't it? I know it is, but it's hard to tell. Glassy shadows, polished pastels, a jigsaw puzzle of my my body, face, and clothes, with pieces disappearing whenever I move…….Schizophrenia is painful, and it is craziness when I hear voices, when I believe that people are following me, wanting to snatch my very soul. I am frightened too when every whisper, every laugh is about me…….Schizophrenia is frustrating when I can't hold onto thoughts; when conversation is projected on my mind but won't come out of my mouth…But I know I'm still me in the experience. And I'm creative, sensitive. I believe in mysteries, magic, rainbows, and full moons……Should I let anyone know that there are moments, just moments, in the schizophrenia that are 'special'? When I feel that I'm travelling to someplace I can't go to 'normally'. Where there's an awareness, a different sort of vision allowed me? Moments which I can't make myself believe are just symptoms of craziness and nothing more……These 'special' moments of mine - there are so few, but I look for them and use them to help me pass through the schizophrenic episodes. And I can't even predict when or if these moments will come. But I won't deny their existence; I won't tell myself it's all craziness. McGrath (1984)

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