CASE REPORT

Psychosis, creativity and recovery: exploring the relationship in a patient

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SUMMARY

Relation between mental illness and creativity is intricate. While many creative people show signs of mental illness, persons with severe mental illness occasionally have creative output beyond the ordinary. We are presenting a patient with psychotic illness whose creative potential took a positive turn during the illness phase and grew further following symptomatic improvement and helped in her recovery process. Observing the contrast related to creative productivity pre and post psychotic phase raises the probability of whether psychotic illness or process might enhance creative potential. The case additionally illustrates how creativity can be a useful method supporting recovery from severe mental illnesses.

BACKGROUND

A link between mental illness and creativity has been discussed since long.^{1,2} There are studies that report higher preponderance of mental illness in creative people,^{3,4} whereas others suggest no difference between creative and non-creative groups in terms of mental illness.⁵

Like many creative people have mental illnesses,⁴ many persons with serious mental illnesses show creativity in different areas.^{6,7} Sometimes creative potentials of the individuals are used therapeutically in art therapy, writing groups, which supports their recovery process.

Out of many creative expressions, writing is a unique skill which involves organisation of ideas, synthesis, great deal of vocabulary to express and which needs to be maintained for certain amount of time to crystallise and manifest in prose or poetry. Often this may not be possible in people suffering from severe mental illnesses where higher cognitive faculties are affected. It has been reported that compared with creative writers patients with schizophrenia show underinclusiveness, less richness and bizarreness.⁸ Often as disease progresses the creativity may become an early casualty in many cases. It has been observed that development of psychotic illness can essentially destroy creativity in writing.⁹ It may be worthwhile to explore whether some people can continue to hold on to their creativity in the face of mental illness and whether they can benefit from it. In addition, there is hardly any specific information about whether the onset of psychotic illness can trigger or enhance creative writing.

We present here a case where the creativity in writing took shape during a psychotic illness, and

flourished later. It became a supportive resource for recovery and was maintained successfully over the years.

CASE PRESENTATION

A 38-year-old Caucasian woman, married, mother of two children, working as a support staff in a school presented with around 2-year history of paranoid thinking and acting on those beliefs. In the initial phase, the patient believed that she was a victim of gossip, scorn and snide remarks by staff that she was in relationship with a colleague, that a clown made faces at her, materials being written about her in the school newsletters and staff sharing information about her with others. Following change of her workplace, she continued to believe that her previous work colleagues were still interfering. She believed internet forums were set up by staff to make comments and nasty references to her and she would spend hours looking for those forums and contacted host to complain. She misinterpreted comments from unrelated people like hairdressers, as being set up by previous colleagues and complained about it to the authorities and shouted at staff.

Later when she enrolled for a course, she felt that she was being investigated by the university behind her back, lecturers making malicious comments directly to her during the lectures, which resulted in her leaving the studies.

She believed that media made cruel and malicious comments about her and her family to offend her. She insisted that the American channels are making voice-overs that made malicious and nasty comments about her and her daughter. She complained to the authorities about it.

While on a holiday, she believed people were saying 'IT' which meant they knew who she was. She thought that university had leaked her information to a television show, where it was broadcast, and people used it to have a go at her by saying 'IT'.

She was convinced that her computer and phone were being monitored and hacked, specifically by a local radio station. She felt that her in-laws were involved with this. These led to purchase of new phone and changing number. Later she believed that her house was monitored through satellites and that was the way people were watching and listening her conversations and knowing her whereabouts.

She believed people were following her in bikes and cars. They were harassing her on road and supermarket. She felt that the bin men stared at her which meant that the council being involved to stop

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her from teaching. She felt that strangers were making direct and indirect comments about her. In a new workplace she believed people made comments about her in the school assembly and staff apparently told her that 'the bosses of England want you dead'.

She had gone to police to complain about all these and the harassment in the workplace, and was very distressed with the suggestion from the police to seek help from doctors. She also believed that her husband was not supporting her sorting out these issues and so she even started a divorce proceeding.

On occasions she appeared withdrawn, unable to focus and laughed without reason. She was misinterpreting everyday conversations. She continued to refuse help stating there was nothing wrong with her. There was no substance abuse, she had history of smoking but she had quit.

TREATMENT

As attempts to support her mental health were not successful because of her refusal and non-engagement, she was admitted involuntarily under Mental Health Act. On admission, multiple persecutory delusions against family members, neighbours and strangers, and about being monitored by satellites, were observed. There was no insight. The diagnosis considered was paranoid schizophrenia. She was prescribed aripiprazole. There was gradual improvement and she was discharged after around a month.

OUTCOME AND FOLLOW-UP

She had a considerable recovery, and within around 4 months of discharge, she was working in a part-time job and was managing her domestic responsibilities with no functional deterioration. Aripiprazole dose was reduced to 10mg at her request. She remained well and went back to work in a school as support staff. After around a year of being well, she stopped aripiprazole. Following that she continued working full-time, got back her driving licence, had insight and was subsequently discharged back under care of general practitioner.

However, after being off medication for around 8 months, she had signs of relapse in the form of hearing 'funny sounds' which were described as strange sounds of dog barking, women's voices and siren coming from outside the window with derogatory remarks towards her. She heard dog barking from the sky and believed that it could be satellite. She started believing TV had messages specifically for her. She heard the voices while on leave and thought that satellites were following her and someone was behind these. The symptoms were similar to previous episodes but the intensity was less. Aripiprazole was restarted and symptoms started to wane gradually within around 10 days.

In the next 4 years, she discontinued the medication for around three times and after few months of being off medication experienced relapses of symptoms each time. She would restart the medication and the symptoms would settle. The symptoms were of low intensity from feeling 'muddle headed', upset and anxious to hearing dog barking (which happened only initially, in the first two relapses). During the periods of continuing medication she remained symptom free.

Over the years, the patient gained insight and understood the symptoms of the illness and the role of medications and other supports. She remained functional; besides household work, she continued working in the school as support staff. There were no obvious negative symptoms observed. In addition there was no report of side effects. The relationship with her husband improved soon after the initial treatment and remained stable.

There were no concerns in the relationship reported throughout the follow-up period. Her husband was supportive in the process of her recovery and creative activities.

Creative writing

The patient mentioned that she got the ideas and plots for a book while she was admitted in the psychiatric hospital and was experiencing paranoid symptoms. She started writing soon after feeling better. After around 1 year of discharge from hospital her first novel was published. Before the onset of illness, she had interest in writing and had written stories and poems for children. However, she had not written novels and was not published. She had two more books published one every year in the next couple of years. She mentioned that she writes every day and that keeps creative process active. She has been contracted to write more novels by the publishers and she is currently actively pursuing those. This suggests her success in the field of writing and publishing.

In her own perspective, she considers that the writing has helped her in the recovery process. She feels that medication helps her to deal with the symptoms and there are no disabling side effects. Although she is still working in a school, writing is becoming a career for her.

DISCUSSION

It appears that creativity in this patient was closely linked to psychotic process. The significance of her literary productivity after the psychotic illness was substantial considering that she had not written at this scale before the illness. While she was dysfunctional during psychotic phase and was not able to work or being productive in creative writing; it changed following symptomatic improvement.

It is apparent that while symptomatic improvement helped her to concentrate, enabled her to engage in specific activity and to be productive, the creative writing helped her in the recovery process. More importantly her creative outputs were accepted by the publishers and readers in the wider community. Whether mental illness or recovery can enhance writing skills is not clear and there is hardly any literature on this. It has been reported that in a sample of patients with schizophrenia creativity was positively correlated with positive symptoms such as hallucinations and delusions.¹⁰ It has also been suggested that as psychoses and creativity share similar genetic and neurochemical factors, the psychotic illness may increase the propensity to think creatively.¹⁰ There is a scope to explore this area further.

Contributing factors

There are various factors that may have helped the patient to achieve this. She had a relatively late onset of illness which meant that she had necessary skills and functioning which remained intact. The content of her psychopathology was rich, vivid, intricate, non-bizarre, appeared plausible and developed over time. This suggested the probability of high imaginative capabilities of the patient. There were no prominent negative symptoms. Her cognitive ability was not affected in spite of many years of psychotic illness. There was good response to antipsychotic medications which led to control of the symptoms in a short period of time. In addition, there were no residual or prominent negative symptoms. Although she stopped the medications and experienced relapse of symptoms, the relapses were quickly managed and responded well to medication.

Personal factors that might have contributed positively were her interest in writing, having appropriate educational

background and finding time for writing. She also continued work, occupying her time well.

It may be highlighted that the psychotic process continued as evidenced by relapses following discontinuation of medications which happened few times. The symptoms settled after the medication was restarted and she remained symptom free and productive while on medication. This case clearly highlights the importance of continued medication in maintaining improvement and preventing relapse. It seemed unlikely that antipsychotic medications or any side effects dampened her creativity. Rather being on medication supported the process of creative writing by maintaining the mental stability helping her probably to organise the ideas, channelise the thought process and put them creatively into written material.

Therapeutic benefit

Creative writing has been suggested as an element for recovery and rehabilitation of patients affected by severe mental illness.¹¹ In the case described above it is exemplified that creative writing helped in the recovery process and could be therapeutic. She acknowledged that the writing helped her in the recovery process and gave something to focus on.

CONCLUSION

In patients with psychotic illness, creativity or interests, history of participating in any creative endeavours, should be routinely explored and encouraged to engage in such activities. Support may be provided to the patients for the exposure of their work, to publicise and to get recognition for their work. Supportive

groups involving writing, poetry reading and writing, book reading, art, photography, and so on are some of the examples of interventions that can be considered. It is important to continue antipsychotic medications to maintain symptom-free states which will contribute to recovery and support creativity.

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Learning points

- It is relevant to explore and support creative potential of patients with severe mental illness.
- Engagement in creative activities may help the recovery process.
- Creativity may get accentuated following a psychotic episode.

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