

# THE ABNORMAL PSYCHOLOGY OF CREATIVITY AND THE PATHOLOGY OF NORMALITY

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## ABSTRACT

Psychiatry faces a little-recognized dilemma in understanding and treating creative individuals. On the one hand, it is well established that extremes of mood among the creative are often valued by them, and hence they may resist treatment for affective disorders and discontinue prescribed medication. On the other hand, it is not well understood that many of the disorders ascribed to creative individuals are the result of their justifiable response to widespread but seldom recognized pathologies found in the normal population. Understanding the interplay between these two horns of the dilemma can help psychiatrists appreciate the need to be especially circumspect and reflective in their diagnostic classification and treatment of mood extremes among the creative.

KEYWORDS: creativity, psychopathology, mental health, human evil, nosological uncertainties

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## ABOUT THE AUTHOR

The author has worked on foundational problems in psychology and philosophy of science for 40 years and is a leader in pioneering and developing the new field of study, the theory of reflexivity, which applies to a great number of phenomena, from self-reference in formal systems, to reflexive feedback in computer science and artificial intelligence, to self-regulation in biological systems, to self-awareness in human beings. He has published fourteen books and more than a hundred papers. His most recently published book, *The Pathology of Man: A Study of Human Evil*, is the first comprehensive study of the psychology of many interconnected human pathologies, including the psychology of war, genocide, the Holocaust, terrorism, obedience to authority, human ecological pathology, moral stupidity, and cognitive delusion. He has held professorships at Saint Louis University and the University of Florida, as well as research positions at the Max-Planck-Institute in Starnberg, Germany and at the Center for the Study of Democratic Institutions in Santa Barbara. He is currently Senior Research Professor at Oregon State University and Visiting Scholar in Psychology at Willamette University. He has been the recipient of many honors, awards, grants, scholarships, and fellowships. His research has been supported under contract or grant by the American Association for the Advancement of Science, the Center for the Study of Democratic Institutions, the Lilly Endowment, the Alliance Française, the Max-Planck-Gesellschaft, the National Science Foundation, the Rand Corporation, and others.

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A significant but as yet not entirely self-conscious change is occurring within psychiatry. While contributors to the rapidly proliferating diagnostic categories of mental illness continue to identify and vote in new disorders for inclusion in updated editions of the *DSM*, other researchers are beginning to question and even erode psychiatry's largely unquestioned belief in the desirability of providing customary treatment for certain routinely classified mental disorders.

This counter-movement within psychiatry has branched in different directions; all but one of these have occurred quietly and been given scant attention in the literature. Explicitly critical opposition to the diagnostic pronouncements of the *DSM* has come from several divergent lines of study. The main ones are these: Most widely known has been the skepticism and downright rejection of "mental illness" as a legitimate medical category of disease by Thomas Szasz (e.g., 1957/1961), Thomas Scheff (1966), and others. Less well-known has been a second line of psychiatric thought pioneered by J. H. van den Berg (1955, 1972, 1980), whose "phenomenological psychiatry" avoids standard psychiatric classification and diagnostic pigeonholing, and instead seeks to help individuals through non-judgmental support of the patient by the psychiatrist, support situated from a phenomenological standpoint that recognizes the reality and legitimacy of the patient's own experience. A third line of study by the author (Bartlett, 2005), is characterized by a reversal of diagnostic classification, turning away from traditional psychiatric diagnostic criteria that derive their meaning in terms of deviations from psychological normality, to a distinct variety of socially-focused study: Such an approach recognizes that certain psychiatric disorders afflict psychologically normal populations that include the majority of people, and establishes a locus of psychiatric health in those individuals who are exceptional in their predominant psychology, who do not have the pathologies that afflict the psychologically normal, and who may be at variance with standards of psychological normality.

In this paper, I bring together the empathic and clinically non-categorizing approach of phenomenological psychiatry with the author's studies that have directed attention to the pathology of majority "psychologically normal" populations. This integration of these two very distinct approaches offers a new perspective for understanding the psychology of creative thinkers, who, while their difficulties in living have benefited from careful and penetrating study, have still failed to be adequately understood by psychiatry.

## **The Abnormal Psychology of Creativity**

Psychiatry has studied the temperament of creative individuals comparatively little. One of the most detailed studies was published by Kay Redfield Jamison (1993; cf. also Goodwin & Jamison, 1990, Chap. 14; Andreasen, 2005), in which she observed that

...the idea of using formal psychiatric diagnostic criteria in the arts has been anathema, and, in any event, biological psychiatrists have displayed relatively little interest in studying mood disorders in artists, writers, or musicians. Certainly those in the arts have been less than enthusiastic about being seen through a biological or diagnostic grid. Those in the best position to link the two worlds—scholars of creativity—only recently have begun to address the problem. (Jamison, 1993, p. 3)

Adding to the reluctance of psychiatrists to study the psychology of creativity has been the intrinsically fuzzy, amorphous, elusive nature of creativity itself, making it difficult for researchers to know and to pin down exactly what they are referring to. It is a challenge to examine a phenomenon which, by its very character, places it in an area where attempts to delimit and define creativity can be limitative, inadequate, or simply mistaken. I therefore make no attempt to define and hence place limits upon creativity here, but will a little later instead refer to some of its psychological roots in observable characteristics of creative individuals.

An understanding of the psychology of the creative has been dominated by the unquestioned application of medical-diagnostic categories that derive their meaning and value relative to a baseline of psychological normality (Bartlett, 2008b). That is, psychopathology has been understood in terms that have equated harmful deviations from psychological normality with pathology. The “harm” involved is harm either to the patient, or harm as perceived by his/her surrounding society, or both.<sup>1</sup>

Unfortunately, the situation with respect to creative individuals is not clear-cut. The lack of “enthusiasm” on the part of creative individuals toward diagnostic labeling, mentioned by Jamison, is, as we’ll note later, sometimes well-warranted by their own experience. There also can be a justifiable resistance by the creative to clinical treatment—despite the overwhelmingly high incidence rate, greatly disproportionate to the “normal” population, of what clinicians recognize as depression, cyclothymia, manic-depression, psychosis, and suicide among many artists, writers, poets, sculptors, composers, mathematicians, and other creative thinkers.

Many creative individuals resist diagnostic labeling and treatment for what seem to them to be compellingly good reasons: First, there is an ugly precedent that produces resistance in creative people who are historically aware of the stigma of mental illness, for many thousands of people were executed during the Holocaust precisely because the label of mental illness was placed on them, and in the United States many thousands more were involuntarily sterilized due to the same judgment.

Second, from the standpoint of creative individuals, the heights and depths of mood can be valued in and of themselves. What psychiatrists routinely consider to be affective disorders are, for such creative people, the life-blood of creativity. We’ll consider this perspective below, under the heading of “the inner turmoil thesis.”

Third, it is not clear that the deep depression, the extreme variations of mood in cyclothymia and manic-depression, and even suicide constitute, for many creative people, unwarranted or undesirable moods or choice. The potentially valuable nature of a life experience that possesses rich emotional intensity and range, as experienced by creative individuals, has, as we will note, led some clinicians to propose a category of what has been called “advantageous psychiatric disorders.”

Fourth, it has been unappreciated by researchers concerned with clinical aspects of creativity that extreme moods experienced by the creative are frequently *situationally induced*, that is, are understandable involuntary responses of creative individuals to their environment. The creative face numerous challenges and suffer considerable ordeals that are unknown and to a meaningful degree are likely to be unintelligible to the psychologically normal. We consider this topic later, where I refer to it as “the situational thesis.”

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<sup>1</sup> For the role of harm in pathology, a detailed critique of theories of disease, and the elaboration of a unified theory of disease, see Bartlett (2005, Part I).

Last, there is an identifiable “constitutional predisposition” shared by many creative artists, writers, composers, etc., that plays a central role in their emotional responses to other people, to the world in which they must work, and to society generally, and this, too, must be taken into account since it forms the basis for their reactions to their life situations.

As we consider each of the above subjects in what follows, to avoid the monotony of a one-phrase-vocabulary, I occasionally use the term ‘artist’ to mean any individual with pronounced creative abilities and temperament, unless the context makes the intended reference otherwise clear.

## The Inner Turmoil Thesis

Norwegian painter Edvard Munch, who was hospitalized several times for psychiatric illness, remarked: “A German once said to me: ‘But if you could rid yourself of many of your troubles.’ To which I replied: ‘They are part of me and my art. They are indistinguishable from me, and it would destroy my art. I want to keep those sufferings’ ” (quoted in Stang, 1979, p. 107). Writing about Munch’s claim, Jamison (1993, p. 241) noted:

This is a common concern. Many artists and writers believe that turmoil, suffering, and extremes in emotional experience are integral not only to the human condition but to their abilities as artists. They fear that psychiatric treatment will transform them into normal, well-adjusted, dampened, and bloodless souls—unable, or unmotivated, to write, paint, or compose.

There is no doubt that negative moods and the power of mania can sometimes make positive contributions to creative thought. But they do not of course of themselves produce it, or every sufferer from abnormal mood intensity and swings would show signs of creativity. Yet it is typical of anyone who engages in creative work to feel excited, elated, perhaps euphoric or ecstatic, to feel increased self-confidence, the mental efficiency of speed combined with focused concentration, zest, perhaps expansiveness and heightened mental clarity. And, in a parallel fashion, unhappiness, profound sadness, and grief can no less be the inner partners to creative effort, as novelist Herman Melville, who suffered from severe variations of mood, commented: “The intensest light of reason and revelation combined, can not shed such blazonings upon the deeper truths in man, as will sometimes proceed from his own profoundest gloom. Utter darkness is then his light, and cat-like he distinctly sees all objects through a medium which is mere blindness to common vision” (Melville 1852/1995, p. 242).

Melville lived before empirical studies showed that a moderate degree of depression can serve as an aid in reality-checking, for perceptions and beliefs while in a depressed state can be more realistic than while in a more normal mood (cf., e.g., Dobson & Franche, 1989; Sackheim, 1983; Taylor & Brown, 1988). In other words, Melville’s poetically expressed observation at times can hold true.

The often beneficial yet potentially destructive peaks and troughs of mood have been called by some psychiatrists “advantageous psychiatric disease” (e.g., Jamison, 1993, p. 235). Yet, from the standpoint of a general theory of disease,<sup>2</sup> such a phrase is a contradiction in terms: If a condition qualifies as a “disease,” it must be responsible for bringing about harm, rather than advantage or benefit. To call the intense and sometimes destructive moods of artists “advantageous” without substantial qualification is misleading. A more accurate picture requires that we accept the two prongs of a true diagnostic dilemma; these are incompatibilities that cannot be fused:

There is a great deal of evidence to suggest that, compared to “normal” individuals, artists, writers, and

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<sup>2</sup> See note 1.

creative people in general, are both psychologically “sicker”—that is, they score higher on a wide variety of measures of psychopathology—and psychologically healthier (for example, they show quite elevated scores on measures of self-confidence and ego strength). (Jamison, 1993, p. 97 see also note on pp. 300-1, where more than a dozen works supporting this result are cited.)

Despite many protestations of the high worth of melancholy and elation by artists, we need to be reminded that we should take their claims with caution, knowing full well how many creative souls end their lives in misery, impoverished both financially and mentally, and often in suicide. For example, Ludwig (1992) found that some 18 percent of poets have committed suicide, while artists have two to three times the rate of mood disorders, psychosis, and suicide as the normal population, and the rate of involuntary hospitalizations of artists, writers, and composers is six to seven times that of normal controls. Similar incidence rates have been borne out by various other studies (e.g., Juda, 1949; Andreasen, 1987 and 2005; Jamison, 1989). It follows that any serious scientific attempt to understand the psychology of creativity must avoid the temptation to romanticize the extremes of creative moods, for they evidently can be associated with very serious and destructive consequences. There is unquestionably a point, for many artists, when the pit of depression or the high pitch of mania can come to interfere and wreck the very creative spirit that the artist believes these make possible. A point can be reached when many artists recognize, on behalf of themselves and their art, that they must seek clinical treatment. It is important to emphasize this fact and not lose sight of it in the discussion that follows.

### **Who Is Harmed? The Ascription of Pathology**

A danger exists from the opposite direction, that of insisting, unilaterally, that society is harmed by those who are identified as “affectively disordered.” Who precisely is harmed when Sylvia Plath took her life—as did poets Thomas Lovell Beddoes, John Berryman, Barcroft Boake, Paul Celan, Thomas Chatterton, Hart Crane, John Davidson, Tove Ditlevsen, Sergey Esenin, John Gould Fletcher, Adam Lindsay Gordon, Randall Jarrell, Heinrich von Kleist, Vachel Lindsay, Vladimir Mayakovsky, Cesare Pavese, Anne Sexton, Sara Teasdale, Georg Trakl, and Marina Ivanovna Tsvetayeva, and writers Romain Gary, Ernest Hemingway, William Inge, Malcolm Lowry, Yukio Mishima, Gérard de Nerval, John Kennedy Toole, and Virginia Woolf, and composers Jeremiah Clarke, Peter Warlock, and Bernd Alois Zimmerman, and painters and sculptors Ralph Barton, Francesco Bassano, Francesco Borromini, Edward Dayes, Vincent van Gogh, Arshile Gorky, Benjamin Haydon, Ernst Ludwig Kirchner, Wilhelm Lehmbruck, Jules Pascin, Mark Rothko, Nicolas de Staël, Pietro Testa, and Henry Tilson (from Jamison, 1993, pp. 249, 267-70)? Surely—one can’t help but ask—surely not only society, but foremost is it not the creative person who is “harmed” by suicide—and if not by that, then hasn’t ‘harm’ lost its meaning?

Yet it is exactly when the patient denies that his or her condition is experienced as harmful (even should creative life end in suicide), while at the same time society resolutely imposes its standards of “mental correctness,” that we come to have Holocaust exterminations of “mental patients” and involuntary sterilization programs in the United States. In *The Pathology of Man* (Bartlett, 2005, Part I), the main competing theories of disease are discussed and a general, unified theory of disease is advanced. From that standpoint, I’ve argued that any judgment to the effect that a condition constitutes a disease—that it qualifies as a genuine pathology—is intrinsically framework-relative. This is not to say that such judgment is subject to relativism, for a disorder that harms an individual does this as a matter of experienced fact. However, “harm” must be understood contextually: there is harm to the individual—as felt and judged to constitute harm by him or her—and harm as judged by the society in which he or she lives. They do not always coincide. In the case of the creative artist,

they often do not. To put the matter rather bleakly: the depression, mania, cyclothymia, even suicide of the artist will frequently be judged harmful by society, but yet at times not by the artist. When the patient and the treating psychiatrist are in disagreement that harm is involved, we are left in a position where it would be ridiculous as well as therapeutically wrong to force the application of diagnostic standards of psychopathology without stopping in our tracks and pausing to reflect. For there are other issues that must be taken into account.

### The Situational Thesis

To bring forth immaterial things, things partaking of spirit, not flesh, we must be jealous of spending time or trouble upon physical demands, since in most men, the soul ages long before the body. Mankind has been no gainer by its drudges. – T. E. Lawrence, *The Seven Pillars of Wisdom*

By “the situational thesis” I mean the claim that the observed “psychopathology” of creative people needs to be understood in the context of their struggle to exist in, cope with, and resist pressures to adapt to, the world of the psychological normal.

From a phenomenological point of view, an individual’s “situation” must be understood in relation to his or her values, sensitivities, and aesthetic and creative skills, as these are expressed in the individual’s experience. It is important that we keep clearly in mind that these realities together form a dynamically interrelated group in terms of which the artist’s experienced situation in life is defined. This short paper does not allow us to enter into this subject in depth, but still we need a provisional framework to understand what is at issue here. It is a familiar truism that creative people are “more sensitive” than the psychologically normal, but this fails to capture the fact that the experienced world of the creative person can be qualitatively different from normal experience in a variety of ways. Frequently the artist feels a sense of passionate commitment to his or her art for no *extraneous* reason: For some artists, it is not money or fame that fires the drive to create (though he or she may also want these); the need to create is simply there, for no other reason than itself; it is an intrinsically meaningful and important goal in and of itself. Second, the artist’s “sensitivity” may encompass a host of characteristics and skills: The creative person may be greatly more sensitive to any undesirable disturbance from the physical and human environment: Proust’s pronounced sensitivity to noise is an example. Yet such “sensitivities” may also be tied to skills: Turner’s ability to feel intensely the beauty of a sunset, or Shakespeare’s to feel the tragedy of life. These are aesthetic skills, both in terms of the acute responsiveness of an artist to his or her subject, and in terms of the ability to communicate that heightened aesthetic response. And, to bring this list to a close, there is the creative individual’s ability to go beyond the bounds of established thought and practice in his or her field of endeavor, and to offer new and original insights and approaches. —In summary, by *creative sensibility* what I have in mind is this group of interrelated values, heightened sensitivities and vulnerabilities, and skills in the context of lived experience: (i) passionate commitment to creation as an intrinsically meaningful process and end in itself; (ii) sensitivities to the artist’s environment that can jeopardize, or foster, creative work; (iii) the skills of aesthetic awareness and communication; and (iv) the capacity to break free from the confining ruts of customary and established patterns of thought and practice of the time.

There are some truths which, as psychologist George Romanes would nod in assent, do not require supporting statistical studies.<sup>3</sup> One of these is the undeniable truth of the plight of creative

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<sup>3</sup> More than a century ago, psychologist George Romanes defended the thesis that there are certain meaningful and factual observations about the world that do not stand in need of experimental confirmation from empirical science (Romanes 1883, 1888, 1895). He did not disparage experimental evidence, but he recognized that certain kinds of

individuals in most countries in the world—the still insufficiently appreciated grueling lives of many poets, independent writers of literary fiction and scholarly non-fiction, painters, sculptors, composers, independent basic scientists and mathematicians, and others. Few parents of modest means are unable to anticipate the challenge their children would face if they decide upon the creative life. Unless they are the rare, lucky exceptions, it will be a serious challenge for them to make ends meet and to live, often never fitting in, within an industrialized society whose values displace virtually all else but exclusively materialist interests.

The average person has no idea of the investment purchased by personal sacrifice, toil, long hours of intense concentration, and love poured into an artist's creations. Yet, sustained by an inner need to create, the artist does what he must and yet must somehow try to cope with what for him or her is a brutish encompassing society that doesn't understand artistic sensibility and the care required to bring beauty into the world—and does not wish to. The artist can suffer from a variety of situational depression that has yet to be named and classified by the *DSM*. The painter must deal with tight-fisted opportunist art dealers, galleries that claim half or more of the proceeds from an artist's sales, consumers of art whose main criterion is whether a painting will match the color of the sofa; the writer must cope with the closed-mindedness and short-sightedness of publishers whose main concerns are word-count, page-count, printing cost, list price, and market appeal—frequently at the expense of literary or scholarly merit; the composer, sculptor, architect, and poet alike must peddle their wares, often to the deaf ears of publishers, patrons, contracting businesses, and a small and fickle “literary-cultural” market. The potential, and the real, disappointments are legion, the frustrations immense, and the toll on life energies frequently depleting and demoralizing.

Consider the following credo for the living of one's life advocated by novelist Hermann Hesse, who himself experienced wide swings of mood, was hospitalized, and attempted suicide:

I consider reality to be the thing one need concern oneself about least of all, for it is, tediously enough, always at hand while more beautiful and necessary things demand our attention and care. Reality is that which one must not under any circumstances worship and revere, for it is chance, the refuse of life. And it is in no wise to be changed, this shabby, consistently disappointing reality, except by our denying it and proving in the process that we are stronger than it. (Hesse, 1925/1954, p. 67)

The creative person who has taken the meaning of this passage to heart and bases his or her life on such an outlook is almost guaranteed very substantial hardships. The hardships are likely to be of two different kinds: those experienced in order to “earn a living,” and those encountered if and when one is immersed in living a creative existence. Often, in the lives of creative individuals, the first set of hurdles has to be cleared before the artist—rarely—acquires the financial independence to tackle the second. Virginia Woolf described the first set of hurdles in writing about her past life:

[W]hat still remains with me as a worse infliction...was the poison of fear and bitterness which those days bred in me. To begin with, always to be doing work that one did not wish to do, and to do it like a slave, flattering and fawning, not always necessarily perhaps, but it seemed necessary and the stakes were too great to run risks; and then the thought of that one gift which it was death to hide—a small one but dear to the possessor—perishing and with it myself, my soul—all this became like a rust eating away the bloom of the spring, destroying the tree at its heart. (Woolf, 1929, p. 64)

The second group of hurdles will concern us in the next section.

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knowledge are possible, especially in psychology, which do not require experimental validation. We in America especially, with our unbounded drive for experimental substantiation of all observations however obvious, need to be reminded of this wisdom from the past.

“Situational depression” is a phrase not yet in common use. As readers are aware, clinical psychology and psychiatry often construe depression in different ways. Biologically focused psychiatrists believe depression results from a biochemical imbalance and should therefore be treated primarily with medication. Some clinical psychologists urge that psychotherapy should comprise the main approach; other psychologists claim that depression is not a “disorder” at all, but an expression of “problems of living” (e.g., Adler and his following). Still another group claims depression is a justifiable emotion, warranted by a situation that causes a person pain (e.g., Greenspan, 1988; De Sousa, 1987).

This last approach to depression has yet to be fully developed. To date, relevant studies fall mainly under the heading of the psychology of career burnout, where conditions in a person’s work environment—when considered in relation to that individual’s temperament, values, and outlook—can be linked causally with ensuing depression. There is an obvious application here to the challenges the creative individual experiences in his efforts to deal with his surrounding world.<sup>4</sup>

### The Psychopathology of Normality

[T]o write a work of genius is almost always a feat of prodigious difficulty. Everything is against the likelihood that it will come from the writer’s mind whole and entire. Generally material circumstances are against it. Dogs will bark; people will interrupt; money must be made; health will break down. Further, accentuating all these difficulties and making them harder to bear is the world’s notorious indifference. It does not ask people to write poems and novels and histories; it does not need them. It does not care whether Flaubert finds the right word or whether Carlyle scrupulously verifies this or that fact. Naturally, it will not pay for what it does not want. And so the writer, Keats, Flaubert, Carlyle, suffers, especially in the creative years of youth, every form of distraction and discouragement. A curse, a cry of agony, rises from those books of analysis and confession. “Mighty poets in their misery dead”—that is the burden of their song. If anything comes through in spite of all this, it is a miracle, and probably no book is born entire and uncrippled as it was conceived. (Woolf, 1929, pp. 89-90)

Most closely allied to the situational awareness of the artist’s experience that is advocated here is an approach to situational depression considerably different from psychological studies of career burnout. Such a situational understanding of the artist widens the acknowledged causal basis of depression beyond an individual’s immediate work environment, to encompass the society at large. For some people, whose sense of personal identity, life commitments, cultural values, and creative sensibilities place them at odds with their predominantly anti-intellectual and non-cultural society, a more specialized variety of depression can result, and it is probably the mood Virginia Woolf, who committed suicide, felt when writing the above passage.

I explored certain of the ramifications of this disorder in Bartlett (1990, 1993a, 1993b, 1994a, 1994b). In these papers the ancient Scholastic idea of *acedia* was perhaps given a new lease on life as the name for a diagnostic category of a group of mental disorders that together result for many people in a mental incapacity for culture in its original meaning of *cultus*. That meaning, now largely lost, subordinates mundane and mediocre concerns to a source (not necessarily religious) of higher value. As I expressed this some years ago:

Leisure meant something specific to the medieval mind. It was not synonymous...with idleness or taking a vacation. Leisure was instead associated with culture, with the cultivation of the spirit, with *cultus*. The Scholastics believed that man’s capacity for leisure was one with his ability to be spiritual, to be conscious

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<sup>4</sup> Authors who have made contributions in this area include Pines & Aronson (1988) and Bartlett (1990, 1993a, 1993b, 1994a, 1994b).

of himself as a divine creation, to cultivate spirituality within himself, and to accept his place in a universe that contains both matter and “higher values,” those that transform his daily life and his human suffering.

These values they thought were higher because they bestowed upon everyday life a significance that transcended the workaday world. In the same way, higher education was called higher because its aim was to encourage cultivation, specifically the cultivation of non-useful things. The ends of “higher education” had nothing to do with utilitarian pursuits, nothing to do with the acquisition of skills necessary to get a well-paying, secure job. Higher education was devoted to those things that are of value “in and of themselves,” as it was then commonplace to say.

Leisure, then, was an attitude of mind, an attitude of silent affirmation, of acquiescence in a created world in which a man is and cannot but be at home, from birth and throughout his life. This form of “letting go” is not non-activity. Leisure is active contemplation, enjoyment, and appreciation of being and of being oneself. To be capable of leisure requires that a man or woman affirm his or her own sense of identity, apart from a role as worker, father, mother, or consumer. To be incapable of this, is *acedia*.

*Acedia*, in short, is an inability to see reality in other than mundane and mediocre ways. It is an inability to perceive reality under the guise of the transformation that “higher values” make possible. During the Middle Ages, these values were rooted in religion—as it happened, in Christianity. But higher values need not be Christian, or even theistic. Reality can be transformed by myth, by poetry, by music, art, philosophy, by abstract theoretical research that has no practical application in view, or by imagination. When these powers of transformation diminish or are lost, men’s minds are blunted, and they begin to suffer from a disability of values. *Acedia* is just such a disability. (Bartlett, 1990, p. 392)

In the context of the psychology of artistic or creative sensibility, which is the appropriate focus for a psychiatric understanding of creativity, *acedia* is a widespread disability that afflicts the psychologically normal, with whom the artist must, often reluctantly and out of necessity, deal. In other papers, I have described how the prevalence of *acedia* in today’s college students can lead to burnout among university faculty (Bartlett, 1994a, 1994b). The situational basis of the variety of demoralization that affects many artists is similarly to be found in the cultural wasteland that exists, to speak non-metaphorically, between the ears of the majoritarian psychologically normal and in the society they make up. We often find in the autobiographical writings of creative individuals expressions of loneliness, isolation, and alienation from the normal world. To understand this feeling, and the negative mood that results from it, is to empathize in a basic way with the “life-world” of many “struggling artists,” whose struggle is directly attributable to obstacles placed in their way by the psychologically normal, which Virginia Woolf commented on.

Psychological normality has had many unquestioned legitimators—for this is what psychiatrists do when they accept and apply, wholesale, the classification system of the *DSM*. There have been those, however, who have had the courage and the cognitive capacity to “re-frame,” to step outside the boundaries of familiar categories and to recognize the very real pathologies that are inherent in the psychologically normal constitution. In the history of behavioral science, and in particular in the history of psychology and psychiatry, little effort has been made to study pathologies that afflict, not the aberrant neurotic or psychotic individual or social group, but the greater population of the psychological normal. Yet, on the odd occasion, an author such as Trigant Burrow (1953/1968, p. 25) will occasionally remark: “...a grave error is committed in aligning the usual or average behavior with healthy behavior.”

To undertake a study of such “universal pathologies” requires that we focus on the *evil of banality*, and not the considerably more restricted and familiar “banality of evil” proposed by Hannah Arendt (1964). The author’s recent work, *The Pathology of Man: A Study of Human Evil* (2005), seeks to advance our understanding of a wide range of pathologies that afflict the psychologically normal population. The book argues that these *pathologies of normality* have largely been ignored or denied, yet an awareness of the central role that they play in human behavior is essential to our understanding

of the psychology of war, genocide, the Holocaust, terrorism, obedience to authority, human ecological pathology (cf. also Bartlett, 2006), moral stupidity, and cognitive delusion, each of which areas the book explores in detail. A number of the world's leading psychiatrists and psychologists have long urged the need for such a study, among them Freud, Jung, Menninger, Fromm, and Peck; also quantitative historians Quincy Wright, Pitirim Sorokin, Nicholas Rashevsky, and Lewis Fry Richardson; ethologists Konrad Lorenz and Irenäus Eibl-Eibesfeldt; and others. In his paper, "The Inhumanity of Ordinary People," occasioned by the obedience experiments conducted by Stanley Milgram, psychiatrist Milton Erickson remarked:

It is time that society—particularly its psychologists and psychiatrists—takes a realistic view of the nature of undesirable and destructive human behavior and the extent to which, under stress or without stress, the individual, the group or an entire society can be led to enact it... [N]o effort is made to investigate scientifically the extremes to which the normal, the good, the average, or the intellectual person or group will go if given the opportunity... *[T]he need is great to study normal man from this aspect rather than to continue to regard such behavior either as incomprehensible or as evidence that the person involved is somehow aberrant, abnormal and atypical.* (Erickson, 1968, pp. 278-9; emphasis added)

The "situation" in which many creative individuals find themselves in the real world of uncreative, psychologically normal people needs to be understood more effectively by psychiatry—understood, that is, in a more empathetic way that recognizes the importance of situating a therapist's viewpoint phenomenologically from within the perspective of creative individuals, to see the world from the individual's standpoint so he or she may be helped in ways that are appropriate. There is a need to question the categories of mental illness that psychiatry applies to the artistic temperament (Bartlett, 2008a), and also a place for the detachment and perspective that can come from humor. Long ago, psychiatrist Louis E. Bisch offered such a desirable blend of humor and seriousness in his all but forgotten book about neuroticism, from which I'll reproduce a few quotes relevant to the point of view expressed here:

The great, great majority of the people who make a nation, who make a world, are normal...even if it be a low normal, just about missing morosity or falling upon the bottom levels of adolescence. (Bisch, 1936, p. 17)

What this country needs is not more normals—not even the exceptionally fine ones—but more neurotics; neurotics who are glad of it; neurotics who have the courage to stress their individuality and sensitiveness and make it outstanding and telling. (p. 28)

[T]he words of Joseph Hergesheimer seem fitting. "Normal people," he says, "are almost invariably without minds or imagination. In the main they are extremely stupid. They are, frequently, widely esteemed and often occupy places of power, grow rich, but they have never produced an elevated written line." (p. 31)

[I]o be normal is nothing to brag about! When I study normals and compare them with neurotics I wonder sometimes whether to be normal is not something to be ashamed about. (p. 32)

## **The Psychiatric Plight of the Artist**

Psychiatry faces a dilemma when it comes to diagnosing the extremes of mood experienced by creative people. Often the depths and heights of artistic mood can be destructive: to the artist, to his/her marriage and family, to professional relationships, and, in the end, even to the artist's own creative resources. As we have also seen, the same intense moods and mood swings can, however,

also be vital to an artist's capacity to create. But to go beyond these surface observations, it is important to note that psychiatric studies of creativity have almost always stopped short of anything approaching a phenomenological understanding of the world as experienced by the artist. There has therefore been little psychiatric effort to comprehend the situational nature of the despondency into which many creative people sink, depression that at least some of the time, and perhaps more often than we might imagine, is due to the inroads upon their artistic sensibility for which coarse-featured, mundane, and mediocritizing human social reality is responsible. From the artist's own perspective, creative life is very often an ordeal *primarily because of a world that is dominated by the presence of the psychologically normal*: by the physical and culturally deficient environment they produce, the superficial values they subscribe to, the frivolous interests they advocate. (For a more detailed analysis see Bartlett, 2008a.)

And, here again, psychiatry has so far failed to take seriously the case that needs to be made on behalf of the artist—to recognize what for many highly creative people is the very real, creatively destructive pathology of the everyday world and of the everyday people who populate it. The obstacles placed in the way of the artist by a human environment consisting often of a psychologically normal family, friends, acquaintances, business relations, and encompassing society are seldom appreciated and factored into a psychiatric understanding of the creative.

What typically happens is that a clinically alleged, and sometimes real, pathology of creativity meets the very real and soul-grinding pathology of normality, and in the encounter it is usually the artist who fares the worst. The conflict is usually thrust involuntarily upon the artist. As Bryon wrote: "I recollect, some time [ago], Madame de Staël said to me in Switzerland, 'You should not have warred with the world—it will not do—it is too strong always for any individual.' ...I perfectly acquiesce in the truth of this remark; but the world has done me the honour to begin the war" (quoted in Jamison, 1993, p. 178).

In reviewing studies of what the majority of clinicians judge to be the abnormal psychology of creativity, we see an overlooked path that brings us to a new perspective on the psychology of normality, for we see that, from the artist's point of view, normality itself can be replete with its own pathologies, pathologies of normality that can contribute significantly to what psychiatrists of creativity have construed to be psychopathologies afflicting the artist. In this, if the observations expressed here are right, there is clearly considerable irony and tragedy. There is good reason to approach creative individuals both with a more circumspect, reflective, self-critical yardstick than psychiatry has been accustomed to apply, and with an increased intention and ability to empathize with the predicament of the artist who must cope with a psychologically normal world.

## **Afterword**

As we have noted, the psychology of creative temperament has received comparatively little attention within psychiatry. Much of the reason for this, I suggest, is that psychiatrists have failed to recognize that many creative people are different in important ways from psychologically normal people, and that, therefore, psychiatric classifications that use normality as a baseline become questionable and even inappropriate when applied to the artist. The so-called "artistic temperament" brings with it values, attitudes based on them, and choices in behavior that often do not coincide with those of the psychologically normal population. We recognize that artists frequently do not bow to the same noble truths as the common man: Creative people can be less nationalistic, considering themselves "citizens of all countries" and patriots of none. They may be less inclined to participate in herd warfare, genocides, terrorism, obedience to authority, group-endorsed ideological commitment, bullying, environmental destruction motivated by financial greed (see Bartlett, 2002 and 2006), etc. But because few psychological studies of the artistic temperament have been made,

the foregoing are observations and conjectures based on personal and anecdotal experience not yet statistically substantiated. The paucity of psychological studies of artists is certainly also due to the fact that they comprise such a tiny minority, and most especially because, as we have seen, they tend, in important respects, to be sufficiently “different” that “normal” psychiatric diagnostic categories may fail to apply.

The approach to creative individuals proposed in this paper can be expected to meet a certain amount of resistance. Like all socially applicable disciplines, psychiatry is influenced by conformist needs and pressures to adopt prevailing politically correct beliefs. Among these, at the present time, is the widespread political belief among many psychiatrists that all patients should be treated equally or “the same.” For such psychiatrists, this means that a uniform system of reliable diagnostic classification ought to be applied to each and every patient—to do otherwise would be tantamount to recognizing that individual difference at times should override the application of diagnostic categories defined with reference to a standard of psychological normality. This would not be “egalitarian,” and it would also place a heavier responsibility upon the treating psychiatrist when treating highly creative people, requiring the clinician to think in highly individualized terms outside of the customary, symptom-based *DSM* classification framework.

As we have seen, the artist is exceptional in ways that can put him or her at odds with prevailing normal society. A psychiatrist who wishes to treat creative individuals in a manner that is genuinely appropriate to them must be willing to accept an open-minded, “differential,” even “discriminatory” approach to psychiatric treatment. But to do this in an honest and fitting way, the psychiatrist is compelled to accept a form of *psychiatric elitism* which recognizes that some people require “special” treatment, unconventional diagnosis, and empathic understanding that recognizes them to be exceptions. This is not easily accommodated by an algorithmic, non-discriminatory, and impartial diagnostic classification system, as currently embodied in the *DSM*, blind as it by definition must be to the needs and values of creative individuals who are exceptions to the norm.

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