

Creativity as a Therapeutic Strategy Applied in Improving Well-being among Mentally Ill Patients

Ana Victoria Tîrsan

Transilvania University of Braşov, Romania

Abstract

The present paper proposes to emphasize the beneficial effects of creativity upon the well-being of mentally ill patients but also the way it may contribute to improving their symptoms by including the concept in therapeutic strategies. For this purpose creativity is analyzed as included in therapies applied complementary to psychiatric medication both by mental health practitioners and by researchers conducting pilot-studies. The main revealed aspect is the relation between using creative strategies in therapeutic contexts and improving some well-being indicators but not of the general well-being. Thus the issue is raised that such strategies should be adaptive to each involved patient. To this we may add the fact that the clinical and practical efficiency have been so far recorded only on short periods of time.

Keywords: *Creativity, therapy, mental illness, well-being, longitudinal assessment*

Corresponding author: Ana Victoria Tîrsan

Phone number: -

E-mail address: anatirsan@yahoo.com

I. INTRODUCTION

Research upon the relation between creativity and mental illness has evolved from trying to explain the “insane genius” as a result of the coexisting two dimensions on the individual personality level to examining the role of creativity in improving symptoms. The study of beneficial effects of creativity was not only reduced to the area of mental illness but it also included its importance in maintaining, even improving psychological well-being the process of treating people suffering from mental illness (Gordon-Nesbitt, 2017).

One can regard the study of creativity as a possible moderator between mental illness and wellbeing (Gordon-Nesbitt, 2017) as progress, since the more intensively researched area of creativity among mentally ill patients can be considered as outdated. This view has clogged the positive valence of the interaction between creativity, mental illness and wellbeing of the individuals. In-depth approaches of clarifying aspects of mental illness have resulted in detailed treatment strategies and yet have failed to show the objective advantaged of well-being in treating mental illness, as shown by the limited capacity of mental health specialists to support treatment by promoting the patient’s well-being (Slade, 2010).

Although usually creativity is related to several aspects of personality and its correlates, it is found under numerous definitions. Usually the social value of the product, act or person considered to be creative are evoked as opposed to other definitions that reject this criteria of social value of the creative product, considering creativity as intrinsically valuable in no need of social validation (Barron & Harrington, 1981). The APA Dictionary of Psychology (2007) defines creativity as the aptitude of generating original products, theories or ideas.

A recent study (Todor, 2013) notes that mental illness has become a common trait of urban societies, reaching almost a quarter of the population of many European and American states. Although in psychiatry and psychotherapy a remarkable progress was registered upon preventing and treatment of mental illness issues, we still encounter the “mad man” stereotype, of the frightening conditions in which patients are kept and their feeling of loneliness and alienation. Mentally ill patients can be regarded as irresponsible, incapable of control, untreatable, dangerous and lacking compassion and mercy. Reality shows that they experience fear and despair because they lack care from others, which decreases their motivation and progress in the process of rehabilitation. Mental illness may force the individual to stay passive, who reduces the possibility of other members of society to observe and learn how to approach the illness and the individual himself. The past decades have been focused on eliminating stigma regarding mental illness patients, and the therapeutic methods through which they obtain help, respectively by presenting and applying alternative strategies of engaging the patients in their own recovery (Todor, 2013).

As a substitute for the “mental illness” term some specialists may use alternatives such as “severe disorder” (e.g. Crawford, 2012; Keyes & Westerhof, 2010; King, Neilsen, & White, 2013; Griffiths, 2008). Healthy Place (2017) noticed that the two terms may be interchangeable, but in order to maintain a constant language, we will further keep referring to “mental illness”.

Well-being is part of Seligman’s positive psychology, a field which proposes to shift from the view that psychology is only focused on pathology. The author promotes the purpose of positive psychology of producing change in psychology and thus reducing the exclusive attempt to fix negative aspects of the individual and to increase the efforts of promoting qualities and positive aspects, thus constructing the foundations for well-being (Seligman, 1999, cited in Galton, McLellan, Page, & Steward, 2012). Generally well-being refers to a general state of satisfaction regarding life or a predisposition to experiencing overall happiness. The two concepts should not be fully overlapped well-being is a more complex one compared to happiness, as it also implies personal development, feeling accomplished and positively contributing to one’s community (Bradburn, 1969, apud Daly, Dodge, Huyton, & Sanders, 2012). Reis et al. (2000) identified the main well-being factor in the way autonomy, competence and/or affiliation needs are satisfied, which leads to determining the lower or higher level of individual’s well-being.

Foresight Mental Capital and Wellbeing Project (Jenkins et al., 2008) defined well-being as dynamic state in which the individual is capable of developing one’s potential, working productively and creatively, building positive and significant relationships and contributing the one’s community. It is involved in the attempt and success of reaching fulfillment both personally and socially and adequately adapting to the environment. Well-being includes two dimensions: affective which refers to the balance between positive and negative emotions and the cognitive dimension which represents the individual’s life satisfaction. Thus, well-being is explained through combining the two dimensions and reflects the way individuals assess their own lives according to ruling emotions and/or their intensity but also according to psychological and social functioning.

The therapeutic context aims at understanding and accepting negative emotions but mostly valuing these positive aspects of life which may help the individual efficiently function both physically and psychologically, basically reaching a higher level of wellbeing (Negură, 2014). Keyes and Westerhof (2010) notice the tendency of studying mental health as a positive phenomenon, being more important to study strategies of improving it that deepening pathological aspects. Considering the relation between mental disease and well-being the latter is used in order to define mental health as the central indicator of optimal psychological functioning, according to the mentioned authors.

II. CREATIVE THERAPEUTIC STRATEGIES AIMED AT IMPROVING WELL-BEING

Well-being is a concept much debated in the mental health domain because it is considered to play a protective role in the effect of stress factors which may affect mental health itself. Including creative activities which are found in diverse artistic versions have caught the attention of specialists who integrated them in therapies and daily interactions with their patients as the creative impulse is fundamental for human existence. The fact that all people dispose of these recourses which implies cognition but also plays a cathartic, relaxing effect for the individual offers the possibility of any person to get involved. Creativity expressed through any type of art allows the individual to experiment positive states and emotions which build well-being, further contributing to ameliorating symptoms and improving mental health (Negură, 2014; Gordon-Nesbitt, 2017).

Occupational therapy is the domain mostly based on creative activities in working with patients with diverse mental health issues. This is because, according to Creek (2002), creative activities lead imagination to generating a valuable product no matter if it is concrete or abstract, coming as an original idea. Creative activities are applied as treatment both individually and in groups (Creek, 2002, cited in Griffiths, 2008).

Griffiths (2008) conducted a study which sighted exploring clinical utility of creative activities used as therapy for adults suffering from mental illness. The study included five occupational therapists who used creative strategies and were experienced in mental health and eight patients who participated in artistic groups on a period of six months to three years. Results were recorded based on the impact of creative activities and group impact. The latter varied among participants. Some of them registered increase of self-trust, felt well in their own skin and noticed a change of perspective upon their own abilities to try different activities; improvement was noticed regarding one's attitude towards the mental health state in that some of the patients did not feel overwhelmed with negative thoughts and stress.

The group also offered the possibility of discussing what bothered them before these issues turned more serious. On the other hand, other participants experienced positive emotions but did not consider the impact of creativity implied in the activities to be of long-term. Overall, Griffiths (2008) noticed that the registered positive changes namely improved coping with stress factors, experiencing more positive emotions compared to the negative ones appear as indicators of the well-being concept. The author supports the idea that using creative activities as therapeutic strategies contributes to improved mental health and offers patients the possibility of

reaching objectives, improving self-trust, developing both physical and cognitive abilities, improves self-control when feeling overwhelmed with stress.

We should take note that the benefits identified in the study might only be reached if the person is interested in involving in the activity and that the motives of not engaging patients should be more carefully explored (Griffiths, 2008). Thus the issues are raised regarding the effectiveness of interventions which are not suitable or accepted by patients (Crawford et al., 2012).

King, Neilsen and White (2013) bring another perspective regarding the use of activities which imply creativity in supporting mental health patients. In their study the authors were focused on the effectiveness of using creative writing in psychosocial reintegration of patients suffering from severe mental illness and bringing this method as a priority in therapeutic programs. This was a pilot study conducted by organizing a workshop based on creative writing where 11 patients participated, already being included in rehabilitation programs. The workshop was divided in three two-hour long sessions on a period of two weeks. Patients were given technical information about creative writing and were encouraged to approach themes such as their own life-stories and what was happening in their lives at the time. Patients were supported in choosing positive themes and their expectancies related to the given experience and its effects upon their development. Data was collected through systematic observation of the activity, interviews following the workshop and feedback given by the employees of the rehabilitation center. A high level of participation was observed and at each session, at least one of the patients was willing to present the written life-story.

All participants composed at least one paper during each session, some of them resulting in novels, poems or only a few paragraphs describing the experience of mental illness and treatment. Patients enjoyed the friendly and supportive manner of how the workshops were conducted, considered the input of the writer who thought techniques of writing to be useful in their sharing of life situations with people who both experienced or not mental illness. Their interaction with a person who came from a field different from mental health helped them detach from the idea of treatment.

The main advantage of using creativity in the supporting people suffering from mental illness is represented by given them the possibility of developing a separate identity from the person suffering from illness. Also, from the participant's accounts, increase of well-being indicators surface, which have led to increased ambition and desire of participants to further engage in creative activities in the process of dimming symptoms (King, Nielsen, & White, 2013).

III. DISCUSSION

Studies approaching the assessment of creativity as a therapeutic strategy among mental illness patients (e.g. Griffiths, 2008; King, Neilsen, & White, 2013; Gordon-Nesbitt, 2017) have led to identifying an increase of well-being indicators as a result of participating in activities which implied creativity in several therapeutic contexts. These indications referred to increased coping to stress factors, experiencing a higher number of positive emotions, increased self-trust and personal competence respectively satisfying the need of competence presented by Reis (2000) in explaining well-being, as the participants' effort was recognized and appreciated during the therapeutic process and further.

The main limit of this approach is the lack of a clear measure of the impact of using creativity in therapeutic strategies and general well-being, as only correlations to some of its indicators have been obtained. Thus the issue of the effectiveness of creative strategies among mentally ill patients with the purpose of increasing overall well-being is brought up-front.

A possible explanation to contest the effectiveness of these creative activities in therapy does not reside in the content of the applied activities but in the manner in which they are successfully adapted to the patients or not. Thus the need of adapting creative strategies to each patient should be more carefully discussed, even if the therapy is conducted within a group. This can be obtained by focusing on patients both as individuals with different need and as part of a social group.

Another limit refers to recording positive change only during therapy and immediately after, as none of the analyzed studies documents a long-term effect upon mental health of the patients or their overall well-being. Creative strategies applied in therapy with mental illness patients do have a practical and clinical value, as it is noticed immediately after they are applied during therapy, as improvement of well-being indicators are registered. Considering this aspects, it is necessary to engage in a longitudinal assessment of effects upon improved mental health and general well-being, so that the mentioned practical and clinical value would be proved to be stable over longer periods of time and not only on a temporary and easily contested level.

References

- Barron, F., & Harrington, D. M. (1981). Creativity, intelligence, and personality. *Annual review of psychology*, 32(1), 439-476.
- Crawford, M. J., Killaspy, H., Barnes, T. R., Barrett, B., Byford, S., Clayton, K., ... & Kalaitzaki, E. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: multicentre pragmatic randomised trial. *Bmj*, 344, e846.

- Dodge, R., Daly, A. P., Huyton, J., & Sanders, L. D. (2012). The challenge of defining wellbeing. *International journal of wellbeing*, 2(3).
- Gordon-Nesbitt, R. (2017). Creative health: the arts for health and wellbeing. *Report for All Party Parliamentary Group on Arts, Health and Wellbeing*.
- Gordon-Nesbitt, R. (2017). *20 Considering the second-order health effects of arts engagement in relation to cultural policy*. The Routledge Handbook of Global Cultural Policy.
- Griffiths, S. (2008). The experience of creative activity as a treatment medium. *Journal of Mental Health*, 17(1), 49-63.
- Healthy Place (2017). Accessed at: <https://www.healthyplace.com/other-info/mental-illness-overview/difference-between-mental-illness-and-mental-disorder/>.
- Jenkins, R., Meltzer, H., Jones, P. B., Brugha, T., Bebbington, P., Farrell, M., & Crepaz-Keay, D. K. (2008). *Foresight Mental Capital and Wellbeing Project*. Mental health: Future challenges.
- King, R., Neilsen, P., & White, E. (2013). Creative writing in recovery from severe mental illness. *International journal of mental health nursing*, 22(5), 444-452.
- Negură, I. (2014). *Optimizarea stării subiective de bine ca problemă psihologică*. Universitatea Pedagogica de stat „Ion Creangă” din Chișinău, 14-57.
- Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J., & Ryan, R. M. (2000). Daily well-being: The role of autonomy, competence, and relatedness. *Personality and social psychology bulletin*, 26(4), 419-435.
- Slade, M. (2010). Mental illness and well-being: The central importance of positive psychology and recovery approaches. *BMC Health Services Research*, 10.
- Todor, I. (2013). Opinions about mental illness. *Procedia-Social and Behavioral Sciences*, 82, 209-214.
- VandenBos, G. R. (2007). *APA dictionary of psychology*. American Psychological Association.
- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of adult development*, 17(2), 110-119.