

Creativity and mental health care

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FULL TEXT

Headnote

Tony Gillam explores the growing interest in this type of activity in health care and how the various forms this takes can enhance the work of practitioners and the recovery of patients

Abstract

With greater awareness of the concept of creativity, mental health practitioners can learn to combine novelty, effectiveness and ethicality with discipline and playfulness to develop a more creative state of mind in their area of practice. Clinical supervision, positive risk-taking and work with arts therapists can encourage this. Contemporary mental health care needs to be multidimensional; that is knowledge-based, collaborative and holistic, and patient and recovery-centred.

The author considers the notion of creativity and the interaction between it and caring interventions. He invites mental health nurses and other practitioners to explore these concepts, and to reflect on how creativity can be applied in practice and how mental health care might be seen as a creative activity in itself.

Keywords

Art work, creativity, mental health care

According to Cropley (2001), there are three main aspects of creativity: novelty, effectiveness and ethicality. Whether we are considering a creative product, a course of action or an idea, Cropley suggests that anything that is creative is novel: it necessarily departs from the familiar; and effective: it achieves some end. It should be ethical: the term creative is not usually used to describe selfish or destructive behaviour (Cropley et al 2010), and obviously ethicality is crucial for healthcare practitioners. Sternberg and Lubart (1999) define creativity as 'the ability to produce work that is both novel and appropriate'. Thus, it is linked with productivity, originality and usefulness. Similarly, Weston (2007) emphasises its innovative, practical, problem-solving character. These definitions are summarised in Figure 1.

Several definitions of creativity imply that some people are creative while others are not, however Weston (2007) argues that anyone can learn to be creative. He observes that creative people are critical, which he describes as going beyond the supposedly obvious, and that they are imaginative, inventive, disciplined and persistent (Weston 2007): 'Creativity can require a certain kind of playfulness... but it does not mean just letting go. Creativity takes work.'

Combining two things that are not normally associated, such as creativity and the practice of mental health care, is one of his suggested methods for promoting creative thinking.

Creativity is usually seen as a valuable, positive force in society. 'By showing us the world, or some part of the world, as it could be, creativity gives us a whole new view of the world as it is' (Weston 2007).

Lane (2006) writes: 'To live creatively is to touch everything with joyful, unexpected magic. It is to nourish the children's bedtime stories with fresh invention; to delight visitors with an astonishing dish served on the carefully laid table; to enrich the garden with unheard of combinations of plants; to enchant a room with decoration and colour; to paint pictures, make music, write poems, to play with life. The playful life is one intoxicated by spirit, at once unselfconscious and spontaneous, yet disciplined.' (Lane 2006). We see again, here, the juxtaposition of the

playful life with discipline.

By placing a similarly high value on the role of creativity, Bohm (2004) expresses himself in rather less mystical language. Writing on the compensatory function of creativity in society, he argues that artists and scientists feel a fundamental need to discover and create something new, harmonious and beautiful. Without the opportunity to achieve anything like this, many people seek it in escapism of various kinds, from entertainment to a change of occupation, in an attempt to compensate for 'the unsatisfying narrowness and mechanicalness' of life (Bohm 2004).

A world-changing force?

Bohm calls for 'a generally creative quality of living in all areas of human activity', believing that everyone, and also the wider society, should overcome 'mediocrity and mechanicalness' by promoting originality and creativity. He believes this requires a 'creative state of mind', which he defines as a wholehearted, almost child-like involvement in an activity, an openness to new learning rather than staying with familiar structures, and an ability to perceive 'new differences and new similarities, leading to new orders and structures' (Bohm 2004). He disagrees with the belief that creativity and originality can be taught through exercises, arguing instead they emerge as a by-product of cultivating the creative state of mind (Bohm 2004).

In contrast, Weston (2007) asserts that 'creativity... is a readily learnable skill' and that to 'think outside the box' requires 'an exploratory attitude, a willingness to unsettle things a bit in search of new ideas and angles - and first and foremost, methods' (Weston 2007) (Box 1). He describes creative thinking as 'a way of life' and comes close to the mystical, spiritual tone of Lane (2006).

Weston describes what he calls creative good citizenship: 'Creativity is also a social contribution. Maybe by now you have found a completely new way of thinking about drugs, travel, school. Creative thinking along these lines can improve life for all of us. Teach it to your children. Talk to people' (Weston 2007). He recommends going public with the best of one's ideas, suggesting that 'radical creativity can also change the world. It can be as practical as everyday creativity but thinks on a vastly larger scale - and does not shrink from even the wildest and most utopian hopes' (Weston 2007).

The contrast between the concepts of everyday creativity and of radical creativity as a world-changing force is striking, and may be one reason why the idea of creativity is not always taken seriously.

Sternberg and Lubart (1999) lament the low status given to creativity in psychological research and its position as 'one of psychology's orphans' (Sternberg and Lubart 1999). They identify six paradigms that have been used to understand creativity:

- * Mystical.
- * Psychoanalytic.
- * Pragmatic.
- * Psychometric.
- * Cognitive.
- * Social-personal.

They suggest a possible seventh multidisciplinary approach combining elements from two or more of the six approaches (an example of Weston's mix-and-match method) (Weston 2007).

Sternberg and Lubart (1999) propose that serious study of creativity has faced a number of 'roadblocks' to being taken seriously in psychology. Some writers on creativity in the tradition of mysticism and spirituality could be seen as blocking acceptance by the scientific community. For example Lane (2006) writes: 'To create presupposes delight - and exhilaration - in making, as the expression of our deepest nature, the part of us with the most intrinsic value. To live the self-expressive life, the creative life, is to tread a path towards the deepest personal fulfilment. It is to realise dreams, to be alert to the imagination. It is to partake of the healing power unknown by those who do not have the courage to create.'

This could be criticised as being 'indifferent or even possibly counter to the scientific spirit' (Sternberg and Lubart 1999).

Weston's (2007) interpretation of creativity would seem to match with several other roadblocks: a fusion of allegedly easy-to-learn techniques and grandiose claims, and a 'pragmatic commercial approach' that is hard to verify and that runs the risk of rendering the concept elusive or trivial, all in the context of a view of creativity as an 'extraordinary result of ordinary structures or processes' (Sternberg and Lubart 1999).

Mental health work and creativity

It is Bohm's work that points to the possibility of mental health workers being creative in their work, believing that anyone, regardless of occupation, can approach life in the same way as great artists and scientists. All that is required is an openness to new learning, originality and wholehearted interest in one's work. He points out that opportunities for creativity arise in many apparently unpromising fields that society does not habitually recognise as potentially creative (Bohm 2004). Society certainly does not usually recognise mental health nursing as a potentially creative field.

Lane (2006) might be seen as arguing for creative mental health care when he writes: 'To work at something in which one has little or no belief, no commitment, no delight - "It's just a job. I do it for the money" - is to bring about an incorrigible paralysis of one's personal wellbeing, an inner death, a throttling of life's most vivid aspirations.' Likewise, Bohm seems to be arguing that creativity is not merely useful or desirable, but necessary for mental health: 'Just as the health of the body demands that we breathe properly, so, whether you like it or not, the health of the mind requires that we be creative' (Bohm 2004).

Association with madness

The relationship between creativity and mental health is complex. On the one hand is the popular stereotype of the creative genius with an 'artistic temperament', at times inspired to create in a 'divine frenzy' (Jung 1984). On the other, there is the growing contemporary interest in participation in the arts to promote social inclusion and positive mental health (Office of the Deputy Prime Minister (ODPM) 2004).

The link between madness and creativity goes back to antiquity. Plato wrote: 'For the poet is a light and winged and holy thing, and there is no invention in him until he has been inspired and is out of his senses and the mind is no longer in him.... God takes away the minds of poets, and uses them as his ministers, as he also uses diviners and holy prophets' (Plato 380BC).

Artistic creation has historically been seen as mystical, divine and closely allied to madness. In *A Midsummer Night's Dream*, Theseus says: 'The lunatic, the lover and the poet/Are of imagination all compact' (Shakespeare 1594-1596). Alongside this is the idea that artistic activity can heal the mind. Creativity, like love and madness, can be a destabilising influence or a vehicle for positive change.

Jung (1984) wrote that 'the divine frenzy of the artist comes perilously close to a pathological state, though the two things are not identical'. This is reinforced by Rothenberg (1994) who set out to dispel the myth of drunken poets, mad scientists and debauched artists. He argues that creative people need to be supremely 'normal' and that, despite superficial resemblances between psychosis and high-level creativity, creative thinking generally occurs in a rational, conscious frame of mind rather than a pathological, mystically altered or transformed state. Clearly, creativity can coexist with mental illness, and Kay Redfield Jamison has written comprehensively of the links between manic depressive illness and the artistic temperament. Her book *Touched with Fire* (Jamison 1996) explores artistic temperament, once thought to be a symptom of genius or eccentricity peculiar to artists, and finds that the highs and lows of many creative artists were in fact evidence of affective disorders.

Nettle (2001) finds that 'traits that underlie psychosis also underlie the vision of the poet', particularly 'strong imagination' which 'directed one way, can lead to madness, and, directed another, can lead to creativity'. He divides 'psychoticism' into thymotypy, relating to mood, and schizotypy, relating to divergent thought, suggesting that 'perhaps the most potent force is some combination of the two, providing the drive and energy of hypomania and the original thought of schizotypy' (Nettle 2001).

Of course, a tendency to divergent thinking and hypomania - strong imagination - is not the same as the experience of an illness like schizophrenia or bipolar disorder which, as Rothenberg (1994) and Nettle (2001) agree, can be so debilitating that it works against the creative impulse.

Whatever might be concluded about the relationship between mental health problems and the creative impulse, there is growing evidence that participation in the arts and creative activity may be beneficial for mental health. Griffiths (2003) gives a useful overview of the role of arts in health, identifying three themes:

- * The place of arts and creativity in promoting community health.
- * The use of art works in clinical settings such as hospitals.
- * The therapeutic value of participation in the arts, particularly for those considered to be socially excluded.

In 2004, the government's social inclusion programme identified access to recreational activities, including arts participation, as essential to promoting the social inclusion of people with mental health needs. The report found that arts, leisure and sports activities could have a positive impact on mental health by increasing self-esteem, confidence and social networking, and it highlighted the need for a better evidence base for the arts in mental health (ODPM 2004). Some primary care practitioners, however, were already so convinced that they had started 'prescribing' participation in the arts for depression and anxiety (Cassandra 2004).

Griffiths (2003) suggested that the mental health benefits of arts and creativity can be understood at three levels:

- * Strengthening the psychosocial, life and coping skills of the individual, for example, through building self-expression, self-efficacy, self-esteem, new skills, stress or anger management and relaxation.
- * Increasing social support as a buffer against adverse life events, for example, building social contacts, attending a self-help group and networking to make new friendships.
- * Increasing access to resources and services that protect mental wellbeing, for example, benefit uptake, supported employment, access to mainstream services (Griffiths 2003).

Benefits of arts participation

The benefits of arts and creativity participation are not linked only to making new friends, learning skills and accessing resources. The opportunity for self-expression is important. In the words of one service user: 'Dance, photography, music and painting offer new routes to creating meaning and telling a particular story, perhaps above all for those on the margins. Art has long been of special significance within the user/survivor movement. The achievements of great artists who experienced mental health problems have been used to counter negative images and to create a sense of meaning and pride in madness' (Cassandra 2004).

If arts participation can promote self-esteem, this could be significant, given that low self-esteem is a risk factor for depression, suicidal behaviour, eating disorders and being bullied (Emler 2002). As Griffiths points out: 'The role of the arts in creating opportunities for participation and in building social networks may be of particular importance because both are protective factors for mental health' (Griffiths 2003).

Alongside interest in service-user participation in arts activity, there is growing interest in creativity from the perspective of the mental health service provider. The Nuffield Trust's report on the creative arts and humanities in health care (Philipp 2002) included recommendations on professional education, arts therapies and creative environments, emphasised the importance of the arts in community development and health and advocated further promotion of the humanities in health care.

The Royal College of Nursing Institute (RCNI) involved itself in a collaborative inquiry with the Arts Council England (2005), which culminated in an RCNI-produced resource on creativity for nurses and other healthcare practitioners (Coats et al 2006). This was partly a response to another report (Coats et al 2004), which identified the need for healthcare practitioners 'to be encouraged and facilitated to use their creative imagination in finding ways of developing and sustaining humanistic caring practices' and 'to develop expertise through gaining knowledge and experience in working with the arts in health care'.

To those providing mental health care, the system can seem an unimaginative world of bureaucracy and frustrating limitations. This is well expressed by one mental health social worker: 'Care management has meant the loss of my skills. The ability to be creative is gone... Relationship is no longer possible in any therapeutic sense. I am prevented by the way the service works from using my skills to actively engage and to sustain engagement over time. This is what I was called to do and trained to do. I am leaving next week to do a master's degree in creative writing because I cannot continue to work in this way' (Duggan et al 2002).

If this view is typical, it might mean that, to exercise creativity, practitioners must leave mental health practice. Yet where does this place Bohm's assertion that 'creativity of some kind may be possible in almost any conceivable field' (Bohm 2004)? One answer might lie in clinical supervision. A Swedish study considered the effects of systematic clinical supervision on nurses' sense of coherence, creativity, work-related strain and job satisfaction (Berg and Hallberg 1999), using the Creative Climate Questionnaire. The results confirm that clinical supervision can foster a significantly more creative and innovative climate but that the organisational climate tends to remain unchanged.

Element of risk

Ekvall's (1996) work on organisational climate and creativity identified ten dimensions that can usefully be applied to creativity in mental healthcare settings (Box 2.) It is the tenth item, risk-taking, that is the most controversial. The review by the chief nursing officer (CNO) of mental health nursing (Department of Health (DH) 2006), with its emphasis on innovation, the recovery approach, positive therapeutic relationships, a widening of skills, more direct clinical contact time for inpatient nurses and minimising the time nurses spend on administrative tasks, would seem to advocate greater creativity. However, alongside these priorities, is the inevitable reiteration that nurses must be able to assess comprehensively and respond to needs and identified risks.

Some argue that mental health care is too preoccupied with risk assessment and management. As Stickley and Felton (2006) point out: 'Community care has increased the focus on risk management, and mental health nurses increasingly find themselves being pulled in two directions. Can they manage to promote a service user's liberty, while simultaneously trying to protect the individual and society from danger?'

This highlights a conflict at the heart of contemporary mental health care. Can professionals be expected to promote recovery while remaining preoccupied with risk? As Stickley and Felton (2006) conclude: 'Promoting recovery will inevitably mean promoting autonomy. For as long as mental health nurses err on the side of protectionism, people with mental health problems will remain confined behind the invisible walls of the asylum through coercion and stigma.' Perhaps practitioners need to enjoy a degree of freedom and autonomy if they are to promote freedom and autonomy in service users.

Thus workers, service users and carers experience a system in which recovery and autonomy are frustrated, but at least people are supposed to be safe. This is unsatisfactory for everyone and may explain the problems, acknowledged in the CNO's review, of work-related stress in mental health nursing and difficulties with recruitment and retention. The review identified 54 studies that compared mental health nursing with other branches of nursing and other mental health professions. It found that 'compared with other nurses, mental health nurses experience higher levels of stress and lower job satisfaction' (DH 2006).

If more emphasis were placed on creativity in nursing and other mental health disciplines, it might provide an antidote to the stultifying aspects of the work. This focus on creativity could be facilitated through clinical supervision (Berg and Hallberg 1999) and by focusing on factors that affect wider organisational creativity (Ekvall 1996). Service providers would recognise that a less stressed and more satisfied and empowered mental health workforce is likely to lead to the same among service users and carers, to a fuller recovery from illness and more positive mental health in the community and society.

Applying creativity

There are two aspects to the question of how mental health care practitioners can apply creativity; these are in one's discipline and in one's practice.

In the discipline Fasnacht (2003) explored how creativity could be applied to nursing. She started from the premise that creativity is an essential part of nursing practice that occurs daily in interactions between nurses, clients and families. She was concerned that a failure to acknowledge and encourage creativity in nurses at the start of their careers might hinder future developments and innovations in nursing practice and nursing science. She concludes that: 'Further investigation is needed to explore methods and techniques for developing creativity in nursing' (Fasnacht 2003).

This supports Bohm's insight (2004) that creativity is not accessible through the use of 'techniques and formulae'.

However, to be counter-scientific would seem perverse when discussing nursing and health care in an age dominated by evidence-based practice. On this point, Finfgeld-Connett (2007) is helpful, suggesting that it is important for nurses to have 'an updated understanding of the art of nursing that accounts for all aspects of the discipline: knowledge-based, patient-centred and creative'.

In this conceptualisation of nursing, creative aspects are not at odds with evidence-based practice but simply represent another aspect of the art of nursing.

Le Navenec and Bridges (2005), seeking to create connections between nursing care and the creative arts therapies, used three interrelated concepts: creativity, collaboration and caring. These can be related closely to mental health nursing, again placing creativity in a triad of aspects of nursing.

So, a service in which systematic clinical supervision is available can promote creativity among practitioners and clients, although this does not ensure an organisation has a creative climate (Berg and Hallberg 1999) (Box 2).

Risk aversion appears to be a threat to creativity (Stickley and Felton 2006) and it seems likely that positive risk-taking balanced with ethicality (Cropley 2001) would promote a more favourable environment for all (Ekvall 1996). In practice When incorporating creative arts into practice, it is important to distinguish between creative arts therapies and arts in health. Griffiths (2005) explains that art therapy and music therapy are professional disciplines with a long tradition of use, for example, in the treatment of mental illness and in situations of trauma and political conflict. In contrast, the arts in health movement has a wider range of goals, linked to community health development and regeneration, mental health promotion and strengthening the mental and emotional wellbeing of individuals and communities (Griffiths 2005).

Similarly, Jones (2005) states that arts therapies are used in direct therapeutic work as part of clinical provision in health settings, whereas arts in health activities either create access to the arts for the disenfranchised, whether as producers or consumers of art, or complement health practice, such as the commissioning of art in hospitals or as part of health promotion activities. Roberts and Bond (1993) who suggest that arts in health activities, such as art workshops run by practising artists, are not intended to be used in a clinical context and are not to be confused with the work of professional arts therapists or occupational therapists. They concede that arts in health activities can 'bring fun, enjoyment, involvement and an opportunity to find a means of self-expression and discovery [that] may contribute to a beneficial, therapeutic effect. It is not, however, therapy in the clinically defined sense' (Roberts and Bond 1993).

Since only professionally accredited creative arts therapists can practise art therapy, music therapy, drama therapy and dance movement therapy, it would seem that mental health professionals of other disciplines, for example, nursing, social work and occupational therapy, have two ways open to them to incorporate creative arts in their practice. First, they can collaborate with professional arts therapists as co-workers in arts therapy groups; second, they can collaborate with professional artists in arts in health activities. For creative collaborations with occupational therapy and social work colleagues as well as with artistically talented service users, see previous work (Gillam 2002, 2010).

Edwards (2007), writing about how mental health nurses used music in their work, finds the literature in this field limited. She cites Smyth (1996) who noted that, despite the arts being influential in people's lives, they are rarely discussed in nursing literature. However, McGarry and Prince (1998) observe that mental health nurses are able to lead groups for creative expression, that no specific training in the arts is required for these and that clients benefit from group participation through expression. Lane (2005) suggests that nurses can help people in a variety of ways to use music, drawing, dance and journal keeping, with or without collaboration with professional artists. For staff themselves, Roberts (2010) describes the use of poetry in the education of mental health nurses to develop emotional intelligence and empathy, and Smyth (1996) suggests that musical interventions may promote optimism in nurses and help prevent burnout. Journal keeping - a form of creative writing - has been widely encouraged, particularly in cultivating reflection among nurses as well as among service users (Smith 2006). Finfgeld-Connett (2007) sees creativity in nursing as one of a triad of interrelated concepts: knowledge-based practice, patient-centred care and creativity. For Le Navenec and Bridges (2005), the triad is made up of creativity,

collaboration and caring. Mixing and matching (Weston 2007) these two triads in Figure 2 shows how the various ideas can be combined to suggest a model of creative mental health care.

Territory to explore

Healthcare professionals can and do engage in arts-based activities; through arts in health projects or group work with creative arts therapies, in clinical practice or as part of their own training and supervision. This has been shown to benefit their clients and themselves.

Equally, they can and do develop more creative ways of working without any direct use of the creative arts. Either way, mental health nursing can become a creative activity in its own right. The fact that there are comparatively few written accounts of creative arts being used as part of a nursing intervention suggests that this is still, to some extent, unexplored territory.

Sidebar

Box 1 Some methods for promoting creativity

- * Exotic association - using random words, images or other prompts or associations as triggers.
- * Going public - diversifying and developing ideas simply by talking to other people and getting their views.
- * Comparing and contrasting - using historical and cross-cultural comparisons.
- * Exaggeration - taking a feature of the issue and pushing it as far as possible.
- * Mixing and matching - combining things not originally combined.

(Adapted from Weston 2007)

There is growing evidence that participation in the arts and creative activity may be beneficial for mental health

Box 2 Factors affecting organisational creativity

- * Challenge - how challenged, emotionally involved and committed are employees to the work?
- * Freedom - how free are staff to decide how to do their job?
- * Idea support - are there resources to give new ideas a try?
- * Trust/openness - do people feel safe speaking their minds and offering different points of view?
- * Dynamism/liveliness - how eventful is life in the organisation?
- * Playfulness/humour - how relaxed is the workplace? Is it acceptable to have fun?
- * Debates - to what degree do people engage in lively debates about issues?
- * Conflicts - to what degree do people engage in interpersonal conflict?
- * Idea time - do employees have time to think things through before having to act?
- * Risk-taking - is it acceptable to fail?

(Adapted from Ekvall 1996)

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Conflict of interest

None declared

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