Art as a Language: Bipolar Disorder

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Bipolar disorder is frequently misdiagnosed causing an increase in patient risk and higher healthcare costs due to the high susceptibility to manic episodes and suicides. Misdiagnosis often leads to mismedication which prolongs the diagnostic process and triggers mania and/or rapid cycling which can put the patient in danger and can have further negative effects on his/her social skills, educational and vocational accountability, and earning potential (Singh). Misdiagnosis are often attributed to a patient's inability to express symptoms of mania or hypomania, leading a provider to diagnose unipolar depression or another depressive disorder. Bipolar disorder has long since been linked to creative and artistic ability, and artwork has been used as a tool to posthumously diagnose bipolar disorder in artists such as Vincent Van Gogh (Greenwood, Vercillo). By applying similar methods, art could be used as a tool to aid in diagnosing bipolar disorder.

Bipolar disorder is a chronic and disabling disorder that severely affects mood and mental stability (Greenwood, Singh). It is defined by the combination of recurrent major depressive episodes and manic or hypomanic episodes. Qualifying symptoms of major depressive episodes are: depressed mood, markedly diminished interest or pleasure in all, or almost all, activities, significant weight loss when not dieting or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, and recurrent thoughts of death (American Psychiatric Association). Qualifying symptoms of a manic or hypomanic episode include: inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual or pressure to keep talking, flight of ideas or subjective experience that thoughts are racing, distractibility, increase in goal-directed activity, and excessive involvement in activities that have a high potential for painful consequences (American Psychiatric Association).

Bipolar disorder, including alternate and spectral diagnosis, affects approximately 1.4 to 6.4 percent of the population (Greenwood, Singh). 69 percent of bipolar people are initially misdiagnosed, and 33.33 percent of those remain misdiagnosed for at least 10 years (Singh). Misdiagnosis can prolong unmedicated or mismedicated periods which puts patients at risk for recurring manic and depressive episodes (Singh). The risk for suicide is also increased when bipolar disorder is mismanaged. Bipolar disorder is most frequently misdiagnosed as unipolar depression which is often treated with antidepressants such as SSRIs. Unipolar depression consists of similar symptoms to the major depressive episodes seen in bipolar disorder. The medications used to treat unipolar depression in bipolar people often trigger manic episodes or rapid cycling (Singh). The latter being the hastening of depressive and manic episodes over a period of minutes or hours rather than days or months. 51 percent of the rapid cycling bipolar patients participating in a study containing 51 patients treated with antidepressants experienced continued cycling, and 73 percent first experienced rapid cycling while taking an antidepressant (Singh). Often, bipolar patients only display depressive symptoms initially either due to lack of proper communication or lack of patient understanding of mania or hypomania present in his/her life. This leads to the misdiagnosis of unipolar depression.

Little information about the genetic architecture of bipolar disorder is known, yet researchers have found evidence that it is familial with a heritability of 60 to 93 percent (Greenwood). Because there is no foolproof test for diagnosing bipolar disorder, providers diagnose by way of self-reported symptoms and narratives. As an extra precaution to avoid a misdiagnosis, providers will often meet with family members and friends of the patient to receive third party information, as sometimes, the patient is not aware of ongoing symptoms, specifically mania (Singh). This is in addition to the patient's questioning with the provider in one or multiple clinical meetings. Given the high percentage of misdiagnosis, a solution to improve the current methods is imperative.

Evidence and historical analysis shows that bipolar disorder is strongly linked to creativity. The ideology of "Madness versus Genius" dates back to Aristotle's claim that "no great genius has ever existed without a strain of madness" (Greenwood). Since then, the topic has been largely debated among scholars and professionals alike. While there is a strong correlation between bipolar disorder and creativity, results are inconclusive as to whether bipolar disorder engenders creativity or vise versa. Nevertheless, bipolar disorder and creative genius share certain vulnerability and resilience traits such as mood instability (cyclothymic, dysthymic, and irritable temperaments; hypomanic traits), "experiencing" personality (openness,

extraversion, impulsivity, positive schizotypy), conceptual overinclusiveness, and cognitive disinhibition (Greenwood). To combat many of these more dangerous traits among others including fatality often caused by manic and hypomanic as well as depressive episodes, many bipolar patients are prescribed mood stabilizers such as lithium. However, these mood stabilizers have a tendency to inhibit creative expression. Consequently, a large proportion of bipolar creatives choose to stay unmedicated rather than risk losing artistic drive. Unmedicated, bipolar creatives are at a suicide risk nine times greater than those who are medicated (Greenwood). One example of this is proclaimed post impressionist painter, Vincent Van Gogh, posthumously diagnosed with bipolar disorder after careful examination of his artwork and life accounts (Vercillo). As he was unmedicated his entire life, he suffered from at least one major depressive episode (1883—1885) as well as his largest manic episode which lasted the last three years of his life (1889—1890) when he allegedly committed suicide. It was during the last three years of his life that he created some of his best known works, radical for his time, including *Starry Night*, 1889, *Self Portrait*, 1889, and *Irises*, 1889 (Van Gogh Museum).

Both the issue of misdiagnosis and the correlation between bipolar disorder and creativity prove troublesome. Misdiagnosing patients with unipolar depression and treating as such causes continued and worsening symptoms. The undeniable link between bipolar disorder and creativity often compels bipolar people to disregard treatment to avoid trading creativity for stability. Undiagnosed and unmedicated bipolar patients, therefore, would have a higher probability of showing creative tendencies than those who were misdiagnosed and then medicated with a creative-inhibiting drug. Could creativity and/or artistic expression be used in initial clinical interviews with undiagnosed, unmedicated prospect bipolar people to aid in the diagnostic process, thereby improving its outcome accuracy?

In order to test the theory that art (either previously done or composed during the initial clinical meeting) can be used to assist in the diagnostic process (both as a means of expression and as means to deduce an analysis of emotional history), a study will be conducted during initial clinical interviews with 100 people displaying symptoms of unipolar depression or bipolar disorder. These prospective patients will be given the opportunity to present pre-existing artwork to the provider and an art specialist trained in mood disorders and artistic expression i.e. an art therapist, create new artwork in front of the provider art specialist, or both. The integration of art in the initial clinical interview will be in addition to the standard means of discussion and questioning. All information, including patients' appointments, medications, doctors' notes, families' reports, along with weekly patient multiple choice surveys gathering information on mood, creative urges, manic thoughts/actions, depressive thoughts/actions, and suicidal thoughts or intent, will be analyzed and considered before a diagnosis is made. In addition to oral and written data, each patient will be required to create a minimum of one creative piece a month. A creative piece can be defined as: a visual piece i.e. painting, drawing, sculpture, print, digital art, a written piece i.e. poem, essay, short story, an audio piece i.e. recorded vocals, instrumentals, tech, or a kinesthetic piece i.e. recorded dance routine, interpretive movements, performance art. The creative piece must be emotionally expressive and representative of the artist's feelings for each month. The study will last 10 years. These creative pieces will be analyzed by art specialists and providers as a further means of the diagnostic and treatment process. At the conclusion of the study, final diagnosis and treatment will be underway, and final reports will be analyzed.

The expected results are conclusive diagnosis and treatments that are significantly more accurate than those produced without these new creative methods as well as a gallery of patient artwork both online and presented in shows around the world both for visual pleasure and for

viewer reflection. The artworks will also represent a documented history of each patient's journey through the bipolar diagnostic process. These works will be open to the public and to scholars, in an effort to help improve and further study this research.

In conclusion, this research hopes to find a more accurate means of diagnosing patients with bipolar disorder. More accurate diagnosis will improve the wellbeing of patients by avoiding mismedication and time spent on medications that are counterproductive and even dangerous for patients. Timely proper diagnosis and medication will prevent patients from experiencing mal effects such as rapid cycling due to the use of SSRIs on bipolar patients in lieu of mood stabilizers. Art expression will improve communication between patient and provider by creating new ways to divulge emotion which can be indicative of mania or major depression. If nothing else, patients participating in the study will have an opportunity to healthily express themselves artistically under the supervision of trained professionals and propermedicaiton.

The doctors, art specialists, and other team members as well as the patients will be part of this study on a volunteer basis. Patients will receive a stipend of 25 dollars a month which amounts to 300 dollars a year. This amount will account for the cost of art supplies. Any amount over the annual 300 dollars is the choice and responsibility of the patient. The cost of art supplies for the 100 patents for 10 years amounts to 300,000 dollars. There will be an initial cost of materials used in the initial clinical interviews which will amount to another 25 dollars per person, equalling another 2,500 dollars. Patients will be responsible for covering the cost of any medications prescribed to them during this 10 year period. (All patients must provide proof of means of covering this either through insurance or other means, for responsibly taking medications as prescribed is required for accurate results.) With an annual salary of 350,000 dollars a year and with 10 psychiatrists working for 10 years, another 35,000,000 dollars will go to paying the psychiatrists working with the patients. Another 100,000 dollars will go to each art specialist working alongside the psychiatrists. With 10 art specialists working for 10 years, that will be 10,000,000 dollars. On average, the costs of this research will amount to 45,302,500 dollars. This number is subject to change based on government funding and insurance.

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