

Selection procedure or training—which is at fault?

DEAR SIRs

It has recently come to my attention that a number of Consultant Advisory Appointment Committees fail to select a candidate after interviewing those who have been short-listed. The reasons given appear to be diverse, including 'inadequate experience'. The situation, therefore, would suggest either anomalies in the short-listing system or fundamental flaws in training.

If, at the end of seven years of supervised learning, junior doctors are not regarded as suitable for a consultant post, the system must leave a lot to be desired. Either those selected for training are inappropriate or their experience is inadequate. Possibly the Selection Committee has an unrealistic opinion regarding the appeal of the post they are offering.

It might be pertinent if this, apparently common practice, was scrutinized, not only for the benefit of junior doctors, but also for the provision of an adequate service.

ANON.

(Name and address supplied.)

Creativity and depression

DEAR SIRs

The long-held belief in the relationship between creativity and insanity has been modified recently. Schizophrenia in its florid form is no longer believed to be conducive to creative production. Schizophrenic artists, it is said, create in spite, not because, of their illness. However, a recent trend has been to promote the idea that depression and manic-depressive illness may have a facilitatory role in creativity. An American psychologist, Dr Kay Jamison, carried out a survey (*The Guardian*, 24 September 1984) on British painters, sculptors, playwrights, poets and novelists, and found that half the poets had received some form of treatment for depression or mania, and was led to conclude that, overall, artists and writers are 35 times more likely to receive treatment for mood disorders than the general population.

Noll and Davis¹ quote from a recent review of the lives of 400 eminent people of the 20th century: 'there are many references to periods of acute depression in the biographies and autobiographies of eminent men and women'. They also remark that in the follow-up to the Stanford University study of gifted children, by the average age of 50, 22 of the original 1,500 had died of suicide.

This implied relationship between creativity and depression has, however, been questioned. Trethowan² quotes the Wittkowers, whose investigation of the character and conduct of artists up to the time of the French Revolution was able to identify only a few who had suffered from melancholia. Slater,³ in a study of 27 German musicians, found only one, Robert Schumann, who seemed to have had recurrent depressive illnesses.

A pervasive problem in studies such as these is that the term depression is used in so many different senses, not all

necessarily to be equated with the diagnostic term. Furthermore, such are the diagnostic differences between countries, cultures and across centuries that firmer evidence needs to be forthcoming before the relationship between depressive illness and creativity can be considered established.

Depressive illness is only one vehicle for dysthymic affect. Another is the 'cyclothymic tendency' which Slater³ believed was positively associated with creativity. His prime example was Schumann—others were Hugo Wolf, Handel, Schubert and Johann Strauss—who had ups and downs of mood for which no external cause could be found.

Cyclothymia—like manic-depressive illness—has two phases, a 'low' and a 'high', corresponding to psychomotor slowing, lack of vitality, life lived in slow motion and the opposite phase of quickening of psychic and physical activity and a release of energy. It is easy enough to understand that in a state of heightened mood, ideas can flow and be captured on paper or canvas. The question is, does the depressive phase bring advantages? It is possible that the germ of an idea is incubated during this phase in the same way as when a problem is solved after a night's sleep, sometimes even in a dream, following a day's fruitless thought. The 'low' phase of cyclothymia and manic-depressive illness is, perhaps, an equivalent of sleeping and dreaming. The dream-like experiences in REM or 'dream' sleep and the more prosaic experiences of non-REM sleep hint at possible creative activity. Thus the apparent slowness in psychic activity in the 'low' phase should not be construed as reflecting the total lack of creative activity—genius is still at work but on a different wavelength. The other point to be made in this regard is that the rapid swing of mood from 'low' to 'high' may itself be conducive to creativity. The whole basis of creative activity is originality, seeing ideas in a new light, tangentially and from unusual points of view. A rapidly changing mood state may help achieve this in the same way that the perception of objects in a dark room is changed when it is lit up. Those of a more equable affect are, perhaps, confined to an unchanging view of things.

One must also consider the possibility that the depressed mood actually influences the process of creation. Depression brings about a highly coloured (usually black) view of things and matters. It may not be a coincidence that a large number of artistic works are to do with solemn and sombre themes.

Another point which many (even ordinary) individuals make is that they work in order to keep 'depression' at bay. Entertainers are particularly prone to this confession. Here a person with depressive tendencies creates in order not to become depressed. When he does not create he is depressed, a different causal direction to that we have been considering.

Creative individuals are unusual and, by definition, abnormal. Few, it would seem, have succeeded in divorcing the abnormality in their art from their private lives. The inability to relate to people, except on their own terms, often leads to unhappiness, feelings of futility, even despair. In this instance the 'depression' is a result of the abnormalities of personal relationships and inappropriate responses to events and situations, the art being a parallel result of an abnormal