

## SHAMELESSNESS AND CREATIVITY

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Shameless attitudes can appear in the course of neuropsychiatric illnesses and specific perversions, under the form of disinhibition and exhibitionism. In other cases, shamelessness is a stance with creative connotations, or, alternatively, alienating, taking the form of obscenity and pornography, which we have also dealt with recently (Guimón, 2005)

The word shamelessness is most often used in the negative sense as with no sense of shame, immodest, impertinent, insolent, immoral, immodest. However, most dictionaries also accredit the noun with a number of positive connotations by relating it to audacity, daring and “having the nerve to” as an equivalent to surmounting cowardice and shyness.

### 1. A pilot study

In a recent pilot study, we compared normal subjects versus psychiatric patients (60) and artists (16 plastic young women) and we found some differences in the TOSCA (1989) and in the Sensation Seeking Scale (1986).

On the one hand artists [ $X(dt)= 39,38(7,16)$ ] were closer to severe psychiatric patients [ $38,57(9,88)$ ] in the Shame items of the TOSCA. The difference between normal subjects [ $43,44(8,75)$ ] and patients was statistically significant although the difference between artists and normal population was not. (*Table.1: Means, Standard Desviations (SD) and means comparisons between groups (ANOVA) in the Shame domain of the TOSCA*).

On the other hand women artists differed significantly in Zuckerman's *Experience seeking (ES)*, *Desinhibition Score (DIS)*, *Boredom Susceptibility (BS)* and *Total Score* of the Sensation Seeking Scale (Table 2).

Finally there were significant differences between artists who use drugs with the purpose of enhancing creation when compared to those who did not. Artists who used

drugs showed higher score in Susceptibility to Boredom than the rest of the groups (artists who never consumed and artists who consumed regularly).

These are, of course, preliminary findings of a pilot study, which have to be considered provisional, which encourage us to continue in future research.

## 2. The Disinhibition in Organic brain damage

Creativity frequently arises when the artist is disinhibited. Inhibition is a generally reversible active functional process, which suspends or reduces the manifestation of another physiological mechanism enacted. Its intervention explains many biological phenomena such as blocking some dangerous reflexes (death by inhibition, psychic sexual impotence etc.)

Disinhibition is a particular feature of organic brain disorders, occasionally a sign revealing the onset of a disorder. However, it is significantly more common in fronto-temporal dementia than in Alzheimer's disease and sometimes is on the basis of increased creativity. This was the case of the well know increase of productivity of De Kooning (Guimón, 2003) after several years of evolution of his dementia (Pictures 1,2 and 3)

A number of studies have shown an increase in artistic creativity in patients with focal or generalised injuries and this has been interpreted as a phenomenon of « liberating » complex visual-spatial skills.

In the years following the Second World War, some avant-garde artists carried out experiments with psychedelic drugs, and these have been documented in some scientific works

## 3. Social phobia spectrum

A number of recent studies confirm suspicions of a hereditary tendency in shyness, shame and inhibition. Low levels of serotonin are related to submissive behaviour. Dopamine hyperactivity has been associated with social phobia and with deficiencies in the prize and incentive functions. On the contrary a group of males with a high score in a factor made up of “search for experiences”, disinhibition and tendency to boredom showed significantly higher levels of testosterone and free androgens.

### 3. Endogenous psychoses

In endogenous psychoses, shamelessness has been described with schizophrenic disorder and in the manic stages of bipolar disorder, especially during the excitomotor crisis, in the context of other unconnected behaviour (gluttony, exhibition, turbulence, violence).

The relationship between psychosis and creative activity has been frequently observed in the scientific field (de Rivera, 1993), and in the artistic field in particular. This was the case in artists such as Antonin Artaud (Picture 4).

The sadness caused by key events (grieving, loss) can occasionally further artistic creativity. However, where this is extremely intense it tends to inhibit work, particularly when it is accompanied by symptoms such as psycho-motor inhibition, as occurs in what are known as major depressions, whether these are isolated or recurrent, and in some chronic forms of depression. An examination of the biography and work of Mark Rothko will serve to show the evolution of creativity within disorder characterised by recurrent major depressions (Guimón, 2003)(Picture 5).

Several authors (Hershman & Lieb, 1998) have found a high prevalence of major depression or manic-depressive psychosis in studying the turbulent and frequently shameless lives of certain celebrated people (such as van Gogh). Studies include the detection of cyclothymic disorders in some interesting sample groups such as jazz musicians (Akiskal, AkisKal, & 1993). In this sense, Richards (Richards, 1993, 1994) Kay Jamison (Jamison, 1993) and Andreasen (Andreasen, 1987, 1996) conducted elegant research on this topic carrying out « structured interviews » with conclusive results.

Personally, we tend to agree with Jonathan Miller, who claimed, in connection with the relationship between mental illness, art and science is that art and science are produced despite the illness, not because of it. Some artists were depressed or manic, and were still geniuses, but their genius was not caused by their disorder. They managed to live and work with their illness. It makes no sense to speculate that one must be ill to produce, or that mental alterations are to be advised to this end. Along the same lines, Storr (Storr, 1983) summarised a certain amount of research in this field by claiming that creativity is a means whereby the creative retain their health and not vice-versa, and

that madness is the force leading to creative orgies. It would appear that when creative people succumb to mental illness their creative moments come to an end.

#### 4. Exhibitionism / voyeurism

In recent works we have stressed that shamelessness includes the attitudes of disinhibition, unintentional exhibition and exhibitionism (Guimón, 2005).

There are acts offensive to modesty brought about by disinhibition, without deliberate attempts to arouse or corrupt the spectators. This is the case of the exhibition of genitals by the mentally retarded, or in senile dementia, or by patients affected by generalised cortical damage. It is common to observe similar shameless acts in manic patients or in schizophrenics, usually without the intent to scandalise.

On the other hand, exhibitionism can be a sexual perversion, a psychological disposition which colours some clinical symptoms or a consciously chosen behaviour pattern for publicity purposes. Distinction can be made between exhibitionist attitudes which colour the behaviour patterns of many normal people (with neurosis and slight personality disorders), and exhibitionist perversion, which makes this the only activity which enables the individual to have an orgasm. Many artists, politicians and public personages in general have marked exhibitionist characteristics (pictures 6 and 7 and Warhol). Others show, at certain times in their lives, denial or compensatory behaviour patterns which are exhibitionistic.

Patients with narcissistic and theatrical personality disorders (according to classification DSM IV-TR of the American Psychiatry Association) frequently show more marked and persistent attitudes of shame and exhibitionism.

#### 5. Shamelessness and avant-garde

Discreet (“modest”) people in our societies cover themselves up, they retire elsewhere to make love, to defecate, to sleep, to suffer, to pray, and also occasionally to eat, since otherwise they would be considered as shameless and obscene. There are also cases of “obscene” births, which became a craze among progressive types in the 1970s, who showed lunch-time films of their wives giving birth, and also “obscene” deaths, in which live therapy exposed a deplorable spectacle of human functions ebbing away.

We have seen that shameless activities also have positive social implications as the driving force behind avant-garde art movements, dominated by the exhibitionist desire to “épater les bourgeois”: surrealist opposition to the bourgeois took on a more ideological and political character, but exhibitionism and shamelessness coloured the public activities of many of their number. Hippies and yuppies also created unconventional modes of Counterculture life. Postmodernist artists adapt to a globalising society, but also express their opposition to it using resources such as uglyism.

The discussion on the limits between obscenity and progressive political action has now come to the fore since the Nobel Prize for Literature 2004 was awarded to the writer Jelinek.

Over the last 10 or 15 years, however, shamelessness has not been found in the ugly or in the uncanny in veiled format, or as a means of wakening aesthetic enjoyment by contrast. A wave of bad taste and coarseness has invaded the media, which offers “trash” lapped up avidly by a thirsty public.

#### 6. The risk of “inhibitionism”

Shamelessness and Exhibitionism are frequently socially and ethically reprehensible, and legal sanctions are justified to halt behaviour which can be harmful to the victims, and children in particular. Insufficient importance is attached, for example, to the need to legally combat Internet child pornography. Despite favourable results in inhibiting exhibitionism, some practices are ethically questionable, based on behaviour therapy. They suggest, for example, exposing the exhibitionist to the mocking gaze of therapists to bring about an extinction phenomenon of the reprehensible impulses.

Analytic psychotherapy shows us that many of these patients do not feel guilt after their outrages. But one must also take into account the shameful suffering which many of these patients have experienced throughout their lives. Many of them would not dare to act, and they will avoid guilt and public dishonour.

There are many individuals who could stand out in relation to their contemporaries, but they inhibit the genital exhibitionist desires which would be observed if they dared to be brilliant in public. All human beings want to have a moment of glory in their lives, but we often receive the success of others badly because it brings about unbearable envy. Many creative beings suppress showing their talent in fear of the sea of mediocrity which wishes to destroy them. It is important to avoid excessively attacking the tendency to

exhibit creativity, or we can produce what Kahr (2001) calls “psychological inhibitionism”, which hampers the lives of many frustrated artists.

Table 2. Means, Standard deviations (SD) and means comparisons between groups (ANOVA) in the domains of the TOSCA.

TOSCA		N	Mean	SD
SHAME * Score range: 15-75	Mild severity patients <sup>a</sup> (0,1,2)	22	40.3636	7.20149
	Control <sup>b</sup>	93	43.4409 <sub>d</sub>	8.74949
	Artists <sup>c</sup>	21	39.3810	7.15874
	High severity patients <sup>d</sup> (4,5,6)	35	38.5714 <sub>b</sub>	9.87655
	Total	171	41.5497	8.82721
DETACHED Score range: 10-50	Mild severity patients <sup>a</sup> (0,1,2)	22	41.2273	5.03258
	Control <sup>b</sup>	93	39.4086	5.57408
	Artists <sup>c</sup>	22	41.6818	7.60568
	High severity patients <sup>d</sup> (4,5,6)	35	38.9429	6.94492
	Total	172	39.8372	6.12131
GUILT Score range: 15-75	Mild severity patients <sup>a</sup> (0,1,2)	22	55.6818	5.92321
	Control <sup>b</sup>	93	57.0108	6.84533
	Artists <sup>c</sup>	22	57.4545	9.01178
	High severity patients <sup>d</sup> (4,5,6)	35	56.6857	8.50180
	Total	172	56.8314	7.35567
EXTERNALIZATION Score range: 15-75	Mild severity patients <sup>a</sup> (0,1,2)	22	37.8182	6.04457
	Control <sup>b</sup>	93	36.4516	6.58146
	Artists <sup>c</sup>	21	38.5238	7.70467
	High severity patients <sup>d</sup> (4,5,6)	35	36.9143	8.63771
	Total	171	36.9766	7.09926
ALPHA PRIDE Score range: 5-25	Mild severity patients <sup>a</sup> (0,1,2)	22	17.3182	3.34360
	Control <sup>b</sup>	93	17.7097	3.36084
	Artists <sup>c</sup>	21	17.8571	2.43487

BETA PRIDE	High severity patients <sup>d</sup> (4,5,6)	35	16.6857	4.75748
	Total	171	17.4678	3.59131
Score range: 5-25	Mild severity patients <sup>a</sup> (0,1,2)	22	19.3636	3.53951
	Control <sup>b</sup>	93	18.7097	3.06658
	Artists <sup>c</sup>	22	17.0000	3.02372
	High severity patients <sup>d</sup> (4,5,6)	35	18.0000	3.88057
	Total	172	18.4302	3.34224

\* ANOVA showed significant differences in means between groups, at  $p < 0.05$ .

(0,1,2) = Clinicians rated the severity of the patient in the Clinical Global Index as 0, 1 or 2.

(4,5,6) = Clinicians rated the severity of the patient in the Clinical Global Index as 4, 5 or 6.

## References

- Akiskal, H., AkisKal, A., & , Bordeaux, .. (1993). Temperament and moods of blues musicians: Rencontres Thématiques Internationales.
- Andreasen, N. C. (1987). Creativity and mental illness: Prevalence rates in writers and their first-degree relatives. *American Journal Of Psychiatry*, 144(10), 1288-1299.
- Andreasen, N. C. (1996). Creativity and mental illness: A conceptual and historical overview. In J. J. Schildkraut & A. Otero (Eds.), *Depression and the spiritual in modern art : Homage to Miro* (Vol. XVI, pp. 224 pp.). New York, N.Y.: John Wiley & Sons.
- Guimón, J. (2003). *Mecanismos psico-biológicos de la Creatividad artistica*. Bilbao: Desclée de Brouwer.
- Guimón, J. (2005). *La desvergüenza: Entre el pudor y la obsecenidad*. Madrid: Espasa Hoy.
- Hershman, D. J., & Lieb, J. (1998). *Manic depression and creativity*. New York: Prometheus Books.
- Jamison, K. R. (1993). *Touched with fire: manic depressive illness and the artistic temperament*. New York: Free Press.
- Richards, R. (1993). Everyday creativity, eminent creativity and psychopathology. *Psychological Inquiry*, 4(3), 212-217.
- Richards, R. (1994). Creativity and bipolar mood swings: Why the association? In M. P. Shaw & M. A. Runco (Eds.), *Creativity and affect* (Vol. xiii, pp. 280). Norwood, NJ: ing CorpblishAblex Pu.
- Storr, A. (1983). *The Dynamics of Creation*. Londres: Penguin Books.