

Applying Theory to *Darkness Visible*: Distraction and Mindfulness as Therapeutic Means

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At first glance, the concepts of distraction and mindfulness may seem at odds with each other. However, therapeutic creativity bridges this gap by providing a form of mindful distraction that allows individuals to channel their inner turmoil into productive expression. Engaging in a creative process draws the mind away from overwhelming anxiety and despair, offering an alternative cognitive and emotional focus. This shift promotes a new, productive rumination, often resulting in a tangible product that embodies the emotional experience. The end product can symbolize the pain a person struggles to contain, much like the case of William Styron's heroines, who, as he reveals, served as conduits for his emotional pain. Similarly, Vincent van Gogh's paintings vividly depict the cyclical peaks and valleys of his mental state. Viewing his artwork, one can observe the emotional fluctuations conveyed through his use of light, color, and brushstrokes. Lighter hues and fluid strokes evoke moments of peace, while darker shadows and heavy textures reflect periods of melancholy. Creativity becomes a vessel for pain, transforming it into something observable and, perhaps, more manageable. For individuals with depression, this process can provide both a sense of purpose and a release from the stifling burden of repressed emotions.

Styron's 1990 memoir, *Darkness Visible*, illustrates this point through his account of depression. One of the most striking elements of his narrative is his description of a "torpid indifference" (Styron, 1990, p. 61) toward his loved ones and his growing frustration with his psychiatrist. This detachment is a hallmark symptom of depression, often resulting in estrangement from one's emotional and social world. However, it was a memory, triggered by Brahms' *Alto Rhapsody*, that served as a turning point for Styron. The piece, sung to him by his mother during childhood, unearthed a profound influx of grief, loss, and unresolved memories. In that moment, Styron confronted the underlying pain tied to the loss of his mother, a realization that altered his internal landscape. The catharsis he experienced highlights the power

of re-experiencing and reframing past memories as part of the therapeutic process. As counselors, it is our role to recognize these moments of insight and help clients transform them into opportunities for healing. If such memories can be paired with a concrete, creative task—be it writing, painting, or another form of artistic expression—the therapeutic process becomes more tangible, measurable, and potentially more enduring.

Styron's experience, however, is not a universal template. While his depression was described as unipolar and largely influenced by external stressors and the "ripple effect" of the suicides of others around him, Vincent van Gogh's mental health challenges were more complex. Styron's depressive episodes were exacerbated by the side effects of pharmaceutical medications, as he describes on page 47 of *Darkness Visible* (Styron, 1990). In contrast, van Gogh's mental health struggles were attributed to bipolar disorder, accompanied by seizures and psychotic episodes (Blumer, 2002). While Styron experienced intense emotional lows, he maintained sufficient clarity to seek treatment and articulate his experience of depression. Van Gogh, on the other hand, faced profound challenges in maintaining treatment adherence due to the cyclical nature of bipolar disorder and the cognitive disorganization resulting from psychotic breaks.

The likelihood of successfully encouraging van Gogh to maintain consistent use of prescribed medications seems slim unless he were under constant medical supervision or hospitalization. This distinction between the two artists underscores the importance of individualized treatment plans that account for the specific etiology and presentation of mental health symptoms. Van Gogh's mental illness was not only influenced by neurochemical imbalance but also potentially linked to neurological damage. Blumer (2002) speculates that van Gogh's brain structure may have been affected by limbic lesions, possibly stemming from a head injury during childhood. If this theory holds true, the neurological underpinnings of his mental health challenges would have required a different clinical approach from the treatments that supported Styron.

Despite these differences, both men turned to creativity as a means of coping. Van Gogh's letters to his brother Theo reveal his self-awareness of this process. In a letter dated September 14, 1883, van Gogh reflects, "How much sadness there is in life. Well, one may not become melancholy, one must look elsewhere, and to work is the right thing, only there are moments when one only finds peace in the realization: misfortune won't spare me either" (as cited in Blumer, 2002). Here, van Gogh articulates the essence of mindful distraction. By focusing on work—his art—he consciously chooses an alternative to melancholia. His words echo the therapeutic principle of behavioral activation, which posits that engaging in meaningful activities can alleviate depressive symptoms. Van Gogh's acknowledgment of life's inherent suffering, coupled with his resolve to "look elsewhere" and continue working, reflects an approach to mindful acceptance that aligns with contemporary mindfulness-based therapeutic frameworks.

Styron's memoir, in contrast, leaves the reader with a sense of hope. While his journey through depression is harrowing, his eventual return to wellness highlights the potential for recovery, even after profound mental suffering. His narrative demonstrates how meaning can be derived from despair and how self-awareness can serve as a catalyst for healing. Van Gogh's reflections, however, suggest an awareness of suffering as an inescapable part of life—a reality he accepts but never resolves. This dichotomy highlights two perspectives on the experience of mental illness: the belief that wellness is achievable through insight and reflection (Styron) and the belief that suffering is an inevitable part of the human condition (van Gogh).

From a counseling perspective, this analysis offers key insights for clinical practice. Mindfulness and distraction are often framed as separate concepts, but this comparison illustrates how they can coexist. When clients engage in creative pursuits, they are not passively distracted but actively engaged in a process of mindful attention. Creativity requires sustained focus, presence, and introspection—qualities that are also cultivated through formal mindfulness practices. Art therapy, expressive writing, and other creative modalities offer clients a chance to externalize internal experiences, much like Styron

externalized his grief through the realization of his mother's influence on his emotional state. For van Gogh, each brushstroke represented an embodied experience of his psyche's turmoil, but it also provided him with purpose, direction, and grounding amid his inner chaos.

Mindfulness-based interventions, such as Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT), emphasize the importance of living in the present moment and tolerating distress. Creativity, as demonstrated by both Styron and van Gogh, offers a similar pathway to therapeutic change. While formal mindfulness exercises often emphasize breath awareness or sensory grounding, creative processes such as painting, writing, or music-making immerse clients in the present moment. This form of mindful distraction is particularly valuable for individuals experiencing intense emotional distress, as it provides an immediate alternative focus for their cognitive energy. By encouraging clients to engage in creative pursuits, counselors can introduce a therapeutic method that promotes both emotional regulation and self-expression.

The lives of William Styron and Vincent van Gogh demonstrate the therapeutic potential of creative expression. Their experiences reveal how creativity can serve as both a mindful distraction and an opportunity for insight. While Styron's depression stemmed from external and chemical factors, van Gogh's was compounded by neurological damage and bipolar disorder. Both artists, however, found solace in their respective crafts. For Styron, reflective writing allowed him to name and confront his suffering, while for van Gogh, painting provided a tangible outlet for the internal chaos of his mind. Counselors can draw on these examples to support clients facing similar challenges. By introducing creative modalities into therapy, counselors offer clients a means of distraction that is not escapist but mindful. This approach enables clients to externalize their pain, engage with the present moment, and cultivate a sense of purpose. The legacies of Styron and van Gogh underscore the potential for healing through creativity, offering a compelling rationale for the integration of art and mindfulness into counseling practice.

References

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