

ON HUMAN NATURE

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Alfredo Castaneda, *What Has Happened to You, Seeker of Treasures?* 1985

Art of Darkness

Robert Lowell, regarded by many as the best American poet since the Second World War, was repeatedly hospitalized for mental illness—which afflicted him from early adulthood to his death, in 1977. Severe mood swings dragged him from the depths of despair to the heights of unreasoning and, paradoxically, often painful elation. In his haunting “Skunk Hour,” a confessional poem composed in the early fifties, Lowell wrote with characteristic plainness, “My mind’s not right,” and went on to say,

I hear
My ill spirit sob in each blood cell,
as if my hand were at its throat....
I myself am hell.

He used similar imagery in his nonconfessional poetry, as in the powerful “After the Surprising Conversions,” about a suicide and its aftermath in Puritan Concord. The poem takes the form of a letter from a clergyman to a colleague. The suicide, he wrote, was “a man of some reknown,” but

He came of melancholy parents; prone
To secret spells, for years they kept alone—
His uncle, I believe, was killed of it.

After becoming convinced, through a dream, that he is called to trumpet Judgement Day to Concord, the man kills him-

self inexplicably; the preacher imagines for him a voice saying,

My friend,
Cut your own throat. Cut your own throat.
Now! Now!

The trumpeting of Judgement Day was Lowell’s ironic stand-in for his own poetic vision; and as had the unfortunate Puritan, he felt his own hand at his throat. The imagery isn’t pleasant. Yet the same poem ended,

the bough
cracks with the unpicked apples, and at dawn
The small-mouthed bass breaks water,
gorged with spawn.

This journey from the fear and despair of madness to transcendent aesthetic contemplation occurred outside the poem, too. Lowell articulated the connection between these seemingly disparate states as well as anyone has, not only living it but writing both within it and about it—for, to repeat a cliché that has in the past few years been scientifically proved, only a fine line separates genius and madness.

The nature of this line has been the subject of speculation since ancient times. In Aristotle’s words, “All extraordinary men distinguished in philosophy,

politics, poetry and the arts are evidently melancholic,” and in Plato’s, the poetry of sane men is “beaten all hollow by the poetry of madmen.” The artist D. Jablow Hershman and the psychiatrist Julian Lieb, in their *Key to Genius: Manic Depression and the Creative Life*, published last year, list similar observations made by dozens of artists and thinkers throughout history. Some, like Anton Chekhov, bemoaned their *lack* of a little madness, a revelation that confirms both the reality of the connection and its limitations: the Russian writer composed brilliant plays and novels without having to sacrifice his sanity. Still, there is evidence that diagnosable mood disorders did, in fact, play a role in the lives of a number of other creative people, including Ludwig van Beethoven, Charles Dickens, Isaac Newton, and Vincent van Gogh.

Newton, for instance, spent most of his life alternating between periods of mental hyperactivity and abject depression. The swings might be brushed aside as a genius’s personality quirks, except that Newton suffered a full-blown breakdown at age fifty. He hallucinated conversations and experienced confusion, memory loss, anorexia, insomnia, and rage. These symptoms gave way to a profound depres-

sion in which he broke relations with lifelong friends, accusing them of outrageous offenses against him.

Despite this evidence of a connection between creativity and madness, there has been no reliable research to support the link until recently. Indeed, even in the mid-1980s, some authorities could deny that the connection exists. That was the conclusion, for example, of Albert Rothenberg, a psychiatrist at the University of Connecticut, in Storrs, who, in the mid-1970s, interviewed dozens of leading American talents in many fields and found that most of them were of normal mental health. But five new studies, all pointing to the opposite conclusion, should lay most doubts to rest.

Three of the studies took the approach of identifying writers and artists of distinction and looking at their rates of mental illness. Nancy C. Andreasen, a biological psychiatrist who earned a Ph.D. in English literature before going to medical school (she had written a thesis on John Donne), published the first of the studies, in the October 1987 issue of *The American Journal of Psychiatry*. Thirty faculty members in the University of Iowa Writers' Workshop—one of the nation's most distinguished writing programs—were compared with a group of occupationally varied controls, who matched the writers in age, sex, and educational attainment. All sixty subjects participated in confidential interviews designed to reveal patterns of creativity and mental illness.

Andreasen had hypothesized that creativity would show some relationship to schizophrenia. She had detected what appeared to be a resemblance between the thought processes, including hallucinations and delusions, of this severe mental disorder and bursts of creative genius. In this view, Andreasen was not alone. The pioneering Swiss psychiatrist Carl Jung was impressed—too impressed, probably—with the content of the delusions of his schizophrenic patients; he admired the creative power they showed, and he embarked on a study of mythology, because he believed that great and lasting myths had much in common with such fantasies. Anthropologists have gone so far as to speculate—wrongly, it now seems—that schizophrenia might be a viable form of mental life in a culture that values the flights of imagination of those suffering from the condition. The same kind of thinking led Andreasen to try to define the relationship between schizophrenia and certifiable writing talent.

But she found no such relationship. Instead, she identified an unexpectedly strong link between creativity and the other leading category of severe mental illness: affective disorder, which, in its unipolar form, consists of recurring depression and, in its less common, bipolar

form (also known as manic-depressive illness), is characterized by mood swings, which, at either extreme, can be incapacitating. In the depressive phase of each form, despair can be so total as to prevent all action, and hospitalization may be required for treatment. In the manic phase of the bipolar form, elation may give way to extreme, even delusional risk taking—petty thefts, speeding violations, compulsive sexual indiscretions, or grandiose, poorly planned business ventures. Psychotic thought patterns (*The CIA is watching me through the television*) are not unusual. Drinking problems can accompany either form, and the three disorders—depression, manic-depressive illness, and alcoholism—occur side by side in close relatives at a frequency much greater than would be allowed by chance.

Of the thirty writers, twenty-four (or eighty percent) had experienced some form of affective disorder sometime during their lives. Thirteen had had bipolar illness to some degree, and nine were alcoholic. Of the thirty control subjects, only nine (thirty percent) had had any affective illness; three had been bipolar, and two alcoholic. All three differences between the writers and the controls are statistically significant, and the overall difference in total affective disorder is highly so. As Andreasen notes, "two of the 30 [writers] committed suicide during the 15 years of the study. Issues of statistical significance pale before the clinical implications of this fact."

The other studies, both more recent than Andreasen's, provide strong support for her conclusions. Kay R. Jamison, a psychologist at the Johns Hopkins Hospital, studied forty-seven eminent British writers and artists. Nine of the eighteen poets in the sample were already represented in *The Oxford Book of Twentieth Century English Verse*. Other writers included eight novelists, eight playwrights, and five biographers. Six of the playwrights had won a New York Drama Critics Award, an *Evening Standard* (London) Drama Award, or a Tony Award. Other literary prizes held by members of the group included the Queen's Gold Medal for Poetry and the Hawthornden, Booker, and James Tait Black Memorial prizes. The eight artists (painters and sculptors) were either members or associates of the Royal Academy of Arts, in London.

Open-ended clinical interviews and questionnaires showed that thirty-eight percent of these creative Britons had been treated for affective disorder, three-fourths of them with medication or even hospitalization. The playwrights had the highest rate of illness; about sixty-three percent had received treatment, primarily psychotherapy, but also medication and electroconvulsive therapy. Poets did not fare much better, more than half hav-

ing undergone treatment. The poets in Jamison's sample also were uniquely vulnerable to manic-depressive illness—Lowell's problem; three had been hospitalized for the disorder. Two of the novelists had received medication for depression, as had one of the biographers and one of the artists. Apart from this history of formal psychiatric treatment, thirty percent of the sample reported having repeatedly experienced severe mood swings.

Hagop Akiskal, a psychiatrist at the University of Tennessee, in Memphis, and Karen S. Akiskal, a Parisian art dealer, conducted similar studies—of twenty painters, sculptors, and writers in France and of twenty-five blues musicians in the southeastern United States. Unlike Andreasen and Jamison, though, the Akiskals found no history of full manic episodes in any of their forty-five subjects. But they did find that about two-thirds of each group had one of two disturbances, representing what the investigators call "the soft end of the bipolar affective disorder spectrum." The disturbances are hyperthymia, characterized by intermittent periods of agitated activity, and cyclothymia, distinguished by marked mood swings—each in the absence of the more severe symptoms of classic manic-depressive illness.

If, as this research shows, the creative are more apt than others to suffer affective disorder, is the converse true? Are people with affective disorder abnormally predisposed toward creativity? That is the question the Akiskals next set out to answer, in a study of seven hundred and fifty psychiatric patients in Tennessee. They found no evidence of heightened creativity in major subgroups of the patients, including those with schizophrenia, combined schizophrenia and affected disorder, unipolar depression, and, surprisingly, classic manic-depressive, or bipolar, illness, with its full-blown manic episodes. The Akiskals did find, however, that bipolar disorders of moderate or mild intensity are more likely to be associated with proven and recognized artistic creativity.

From the Akiskals' standpoint, these findings suggest that, although mania and depression are not creative states per se, mild to moderate forms of the states, together with alternations between them, can enhance the creativity of individuals suffering from them. They do not deny that some artists have been classic manic-depressives, but they argue that the artists' creative work was accomplished during periods of relative health between episodes of illness—in a sense, at times when their mental states approached the soft end of the bipolar spectrum.

The psychologist Ruth Richards and

her colleagues, of the Harvard Medical School's MacLean Hospital, carried the same idea a step further in a study in Denmark of bipolar patients and their relatives. Their August 1988 report, in the *Journal of Abnormal Psychology*, advanced a formal hypothesis of balanced polymorphism to explain the maintenance of genes for manic-depressive illness in human populations. Richards drew an analogy to sickle-cell anemia, the best-known example of balanced polymorphism; homozygotes, who carry a double dose of the gene for this hereditary disorder, have a fatal illness, whereas their heterozygote relatives, carrying only one sickling gene, have little impairment but have a greater resistance to malaria. Thus, in regions of the world where malaria is rampant, the advantaged heterozygotes keep the sickling gene, deadly in homozygotes, in evolutionary play.

Since it is well established not only that manic-depressive illness runs in families but that milder affective disorder—including severe mood swings, depression, and even alcoholism—is linked with classic bipolar illness in the same kin groups, a rough analogy seems valid. In other words, if close relatives of patients with affective disorder also possessed the advantage of being creative, these debilitating mood disorders would be maintained throughout evolution.

The Harvard team examined an index group made up of seventeen classic manic-depressives, sixteen cyclothymes—patients with milder but still marked mood swings—and eleven of their normal close relatives. The control group consisted of fifteen normal individuals and eighteen others with psychiatric problems *excluding* major affective illness, cyclothymic mood swings, and schizophrenia. Each subject was interviewed, then blindly rated according to Richards's Lifetime Creativity Scales—a test for assessing the creativity, vocational or avocational, of people who have not achieved public recognition. Peak lifetime creativity is assessed on a scale from zero to five. A former dancer and choreographer who had directed many productions, but subsequently worked for years as a hotel clerk, received a vocational rating of four, whereas a man who had designed in his spare time a complex apparatus to help his handicapped son, and later taught other children to use it, was given a four for avocational creativity.

The results supported the hypothesis. Mean peak lifetime creativity was significantly higher in the index group than in the controls, the highest levels of creativity being not in the manic-depressives but in the cyclothymes and in the normal relatives of people with mood disorders. In interpreting the findings, Richards and her colleagues suggested that some of the

normal relatives in question may have been hyperthymic or otherwise mildly affected with mood problems. Not normalcy alone, but normalcy in the relatives of bipolar patients, correlated with greater creativity. The investigators suggest that if such an advantage accrues to only one percent of the population, a relatively large group of people would be affected—large enough, that is, to carry the genes forward.

Thus, whether starting with creative genius and seeking affective disorder or starting with affective disorder and looking for creativity, modern research provides support for what Aristotle and Plato suspected. It is not that one must be crazy to be creative; most creative people are not, and most of the seriously mentally ill do not function well enough to do important sustained work. They are in pain too much of time. But there is no doubt that the percentage of overlap between the two categories is too high to be explained by chance; it must be explained, instead, by some intrinsic causal linkages. A few hypotheses have been advanced: the solitude and hypersensitivity of depression lead to special insight; the transforming energy of mania or hyperthymia leads out of that depressed state to a productive one; and those afflicted experience flights of imagination, together with just that degree of grandiosity needed to push forward an innovative project. But such explanations await investigation.

Meanwhile, in addition to systematic psychiatric research, more conventional historical and biographical studies continue to illuminate the links between mood and creativity. In her summary of Western civilization's creative past, Jamison lists the names of twenty-five major poets and writers who were "greatly impaired by their mood disorders," including Honoré de Balzac, William Blake, Samuel Taylor Coleridge, Johann Wolfgang von Goethe, and Edgar Allan Poe. Such illnesses affected at least twelve major composers, including George Frideric Handel, Gustav Mahler, and Pyotr Ilich Tchaikovsky.

Casting an intriguing sidelight on the issue is the work of Donald W. Goodwin, a psychiatrist who is an authority on alcoholism. Like Andreasen, Goodwin was a literary scholar before going to medical school; in fact, he had studied with Lionel Trilling, of Columbia University, in New York. Returning to his first pursuit, and combining it with his psychiatric expertise, he has, in his 1988 book, *Alcohol and the Writer*, identified what he calls an epidemic of alcoholism among prominent American writers during the first half of the twentieth century. His list includes William Faulkner, Ernest Hemingway, Jack London, Eugene O'Neill, Wallace Stevens, Tennessee Williams, Thomas

Wolfe—and Robert Lowell, among many others. Goodwin estimates that at least a third of twentieth-century American writers of stature were or are alcoholics by any reasonable definition, as were more than seventy percent of American Nobel laureates in literature.

The point is not merely to suggest another way creative people can be psychiatrically impaired. Like the soft end of the bipolar spectrum, alcoholism tends to run in families with major affective disorder. Although Goodwin sees the phenomenon as an epidemic transmitted largely through cultural means, there probably is also an underlying biological foundation. Many people seem to become alcoholics as a result of using liquor to medicate themselves against troubling moods. If so, the disproportionate amount of alcoholism among writers provides further evidence of the link between affective disorder and the creative life.

In all likelihood, this link is, at bottom, genetic, which seems to be taken for granted by many who suffer and create. Consider the Memphis Slim song "Born with the Blues," cited by the Akiskals:

My mama had them, her mama had them
Now I've got them too. . . .
You just got to inherit the blues.
When I'm sad and lonely, even when I am
happy too
All of a sudden, I find myself singing the
blues
That's why I know I was born with them.

Slim goes on to name many other famous singers so affected. As the Akiskals point out, in recognizing the inherited component of the blues, and its relationship to singing itself, Slim "demonstrates an insight deeper than that of many psychiatrists."

Today, affective disorder can be successfully treated. Major depression responds to antidepressant drugs, psychotherapy, and electroconvulsive therapy, and the decisive treatment for mania usually is lithium. Some patients have reported that lithium dampens their creativity, and current psychiatric research is testing that possibility, but it is more likely that the drug's main effect—similar to that of other mood-stabilizing treatments—is pushing a classic manic-depressive toward the soft end of the bipolar spectrum. In contrast with the outcome in Peter Shaffer's frequently cited play, *Equus*—in which a psychiatrist cures a psychotic youth only by robbing him of his brilliant and beautiful fantasy life—the probable outcome of the treatment for manic-depressive illness is making such a fantasy life usable. Indeed, Lowell himself benefited in just this way.

Unlike his friend the poet John Berryman, who jumped, smiling, off a bridge into the Mississippi River, Lowell did not

die by his own hand. He died of a heart attack, at age sixty, while traveling to see someone he loved but from whom he was estranged. "Nobody's here," he had written in "Skunk Hour," but, in reality, he was not alone all that much. As he says in another poem, his first wife "faced the kingdom of the mad" with him four times "and dragged me home alive." He was married twice, had children, friends, students—and doctors. Far from erasing his creativity, modern psychiatric therapies kept him well enough, often enough and long enough, so that he was able to create a large body of poetry. Some of his poems, critics believe, will last.

One of these, "Waking in the Blue," describes a morning in Bowditch Hall—a residential unit of MacLean Hospital, where Lowell often stayed—with a strange blend of irony and affection. Today, the poem hangs in the nurses' station at Bowditch. Another poem, "Waking Early Sunday Morning," written during Lowell's maturity, echoes the imagery of the small-mouthed bass that he had evoked twenty years earlier:

O to break loose, like the chinook
salmon jumping and falling back,
nosing up to the impossible
stone and bone-crushing waterfall.

The salmon manages

to clear the top on the last try,
alive enough to spawn and die.

As the poet watches it break water, his own body

wakes
to feel the unpolluted joy
and criminal leisure of a boy.

Lowell's courage "to clear the top" and his "unpolluted joy" probably owe something to manic-depressive illness. But the "criminal leisure" in which he created so many fine poems owes much, as well, to the modern treatments that prevented his illness from being incapacitating and deadly—as it has been to so many artists in the past. In the future, sensitive psychiatrists, working with their creative patients, will learn to titrate mood swings by varying treatment regimens, in an attempt to optimize creative energy. The refinement of therapy, and the full recognition at last of the partial connection between art and madness, may release newer, purer, more sustained wellsprings of human creativity. ●

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