

## REVIEW: BIPOLAR DISORDER AND POETIC GENIUS

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### SUMMARY

**Introduction:** "We of the craft (poets) are all crazy," remarked the 18th century British romanticist Lord Byron (George Gordon) about himself and his fellow poets. Implied in this statement is the notion that there exists a special kind of relationship between poets and being "crazy". A relationship between psychopathology and the artistic temperament is one of the oldest and most persistent of cultural notions; it is also one of the most contentious and controversial. The purpose of this exposition is to investigate if a correlation between bipolar disorder and poetic genius really does exist.

**Methods:** A literature search was conducted along with a review of Professor Jamison's treatise *Touched with Fire: Manic Depressive Illness and the Artistic Temperament*. A detailed case study of Lord Byron was also performed in order to gain a qualitative insight into the psyche of a notorious poet who was alleged to suffer from bipolar disorder.

**Results:** Recent research employing systematic and biographical methodology has given strong support to a much higher rate of mood disorders in artistic populations than could be expected from chance alone. A British study spearheaded by Professor Jamison on living writers and artists revealed many overlapping mood, cognitive, and behavioral changes between hypomania and intense creative states. In the case of Lord Byron, the clinical hallmark of manic-depressive illness is its recurrent, episodic nature, which Byron had in an almost textbook manner. Byron also had a family history remarkable for its suicide in itself more likely to be associated with bipolar disorder than with any other condition.

**Discussion:** Not all writers and artists suffer from major mood disorders. Likewise, most people who have a major mood disorder are not writers or artists. It seems counterintuitive that melancholy could be associated with artistic inspiration and productivity; the milder manic states would seem, at first thought, to be more obviously linked. In the case of Lord Byron, his temperament made him exquisitely responsive to virtually everything in his physical and psychological world; it gave him much of his great capacity for passion and understanding, as well as for suffering thus giving credence to the notion that there exists a correlation between bipolar disorder and poetic genius.

**Key words:** bipolar disorder - creativity

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### BIPOLAR DISORDER AND POETIC GENIUS

"We of the craft (poets) are all crazy," remarked the 18th century British romanticist Lord Byron (George Gordon) about himself and his fellow poets (Lovell, 1969). Implied in this statement is the notion that there exists a special kind of relationship between poets and being "crazy". Moreover, there is a certain form of "craziness" in particular that generally tends to be associated with the arts, certainly in the public mind, and that is namely manic-depressive illness.

The objective of this exposition is to elucidate if indeed a correlation exists between bipolar disorder and poetic genius. I will attempt to do this presenting a literary, biographical, and scientific argument for a compelling association, not to say an actual overlap, between the artistic temperament and manic-depressive illness. The emphasis of this essay will be on fathoming the relationship between moods and imagination and the importance of moods in triggering thought, changing perceptions, creating chaos, forcing order upon that chaos, and enabling transformation. I will also delve deeper into the ancient and persistent belief that there exists such a thing as a "fine madness".

#### Correlation or Coincidence?

Recent research strongly suggests that, compared with the general population, writers and artists show a

vastly disproportionate rate of the major disorders of affect- namely manic-depressive disorder and depressive illness; clearly however, not all writers and artists suffer from major mood disorders. Likewise, the majority of people who have a major mood disorder are not writers or artists.

Although I will be emphasizing the bipolar form of manic-depressive illness in this discussion and analysis of writers and artists, manic-depressive illness, in its European and historical sense, encompasses the severe, recurrent melancholias as well. The clinical, genetic, and biological overlaps between recurrent depressive and manic-depressive illness are stronger than existing differences.

#### Depressive Illness, Mania and Creativity

##### *Depressive Illness: Essence*

Depressive illness affects not only mood but the nature and content of thought as well. Thinking processes almost always decelerate (in certain instances, to retardation so profound no meaningful mental activity can occur), and decisiveness is replaced by indecision and rumination. Excessive preoccupation with sin and religion are both common in depressive illness; likewise, suicidal ideation often accompany feelings of despair and apathy. The ability to concentrate is usually greatly impaired hence the term 'pseudodementia'. Like thought and verbal expression,

activity and behavior are almost always slowed in the depressive dimension of manic-depressive illness.

### **Biographical and Literary Recounts**

In his 1936 autobiographical essay *The Crack-Up*, F. Scott Fitzgerald (author of the *Great Gatsby* which is in some eminent literary critics' shared opinion the greatest novel on romance ever created) traced the ebbs and flowings of several of his breakdowns, describing in the process the withdrawing from friends, endless and fearful sleeping and the enormous effort required for even the slightest of everyday transactions, and the frenetic pace that led up to the "cracking":

*I could lie around and was glad to, sleeping or dozing sometimes twenty hours a day and in the intervals trying resolutely not to think... I realized... that every act of life from the morning toothbrush to the friend at dinner had become an effort... (Scott Fitzgerald 1956).*

Moods are by nature compelling, contagious, and profoundly interpersonal, and disorders of mood alter the perceptions and behaviors of those who have them but also of those who are related or closely associated. The anger, withdrawal, and blackness of melancholic moods are captured graphically in this passage from *Cloud Howe*, by Scottish Novelist Lewis Grassie Gibbon:

*The first time it happened her heart had near stopped, she went on with her work in a daze of amaze. But Robert came back from his mood and came seeking her, sorry and sad for the queer, black beast that rode his mind in those haunted hours (Gibbon 1933).*

Biological or somatic aspects in addition to the cognitive ones discussed are also impaired. Disrupted and fitful sleep, or sleeping far too much or far too little, are among the most pervasive and consistent symptoms of depressive illness. Sylvia Plath, who was hospitalized for severe depressive illness and ultimately took her life with her own hand, described her awful and sleepless nights in the autobiographical novel *The Bell Jar*:

*I hadn't slept for seven nights... My mother told me I must have slept, it was impossible not to sleep in all that time, but if I slept, it was with my eyes wide open, for I had followed the green, luminous course of the second hand and the minute hand and the hour hand of the bedside clock through their circles and semicircles, every night for seven nights, without missing a second, or minute or an hour (Plath 1971).*

### **Mania: Essence**

In striking contrast to the melancholic states are the manic ones. Mania is characterized by an exalted or irritable mood, rapid thought which manifests in the increase in content and rate of speech (speech becomes 'pressured'), brisker physical and mental activity levels, quickened and more finely tuned senses, suspiciousness,

a marked tendency to seek out other people, and impetuosity. In hypomania, the less severe form of mania, these changes tend to be moderate and may or may not result in serious difficulties for the individual experiencing them. As the hypomania intensifies, however, subjects become dysfunctional and this can profoundly disrupt the lives of those who are manic, their families and acquaintances, and the society in which they are immersed.

### **Mixed States**

The aftermath of mania is usually depressive illness and mania and depressive illness are frequently mingled together or alternate one to the other in an ongoing process of changing vitalities, a process finding its counterpart in the natural world.

It is important to note that the oscillation into, out of, and within the various states of the disease is, in its own right, a hallmark of manic-depressive illness. Manic and depressive symptoms clearly have a polar quality, but the overlapping transitional and fluctuating aspects are enormously important in describing and understanding the illness as a whole. Kraepelin in his 1921 classic textbook about manic-depressive illness, described mixed states, in which depressive and manic symptoms coexist; he conceptualized these mixed states as primarily transitional phenomena—that is, they tended to occur when an individual was going into or out of a depressive or manic state (Kraepelin 1921). Such states, as shall be demonstrated later, represent an important link between manic-depressive illness, artistic temperament, creativity, and the rhythms and temperament of the natural world.

## **ANTIQUITY, MADNESS AND GENIUS**

A possible link between madness and genius is one of the oldest and most persistent of cultural notions. In Greek mythology, Dionysus, son of Zeus, and a mortal mother, was afflicted with madness while young and episodically subject to both great ecstasies and suffering. As the god of wine, and perhaps hallucinogenic mushrooms as well (Graves 1955), Dionysus induced frenzied ecstasies, madness, and savage brutality in those around him. Significantly, much of the greatest poetry in Greece was written for Dionysus.

By the time of Plato and Socrates, common lore held that priests and poets communicated with the gods through inspired "madness". Socrates discussed artistic "madness" or possession by the Muses: "If a man comes to the door of poetry untouched by the madness of the Muses, believing that technique alone will make him a good poet, he and his sane compositions never reach perfection, but are utterly eclipsed by the performances of the inspired madman" (Graves 1955).

The eighteenth century, which associated moderation with genius, was almost completely reversed by the nineteenth century Romantics, who once again emphasized not only the melancholic side, but

also the more spontaneous, inspired, and swept by the muses' qualities of genius.

Recently, more systematic and biographical research has given strong support to a much higher rate of mood disorders in artistic populations than could be expected from chance alone. Diagnostic and psychological studies of living writers and artists, conducted during the past twenty years, give more scientifically meaningful estimates of the rates and types of psychopathology in groups of artists and writers.

Biographical diagnoses (in the instance of biographies of the deceased—a retrospective diagnosis) must ultimately, of course, be more tentative than diagnoses made on a living individual, but they can be done, reliably and responsibly, and with an appreciation of the complexities that go into anyone's life, most especially the life of an artist.

### **Phenomenological Study of the Biographies of Deceased Artists and Writers**

Dr. Adele Juda in 1949 studied German artists, writers, architects, and composers. She was one of the first to undertake an extensive, in-depth investigation of both artists and their relatives (Juda 1949). Her study remains an important one, both for its scope (more than 5,000 individuals were interviewed during the course of 17 years) and its attempt to bring rigor to a highly subjective field. Juda found that although two thirds of the 113 artists were "psychically normal," there were more suicides and insane and "neurotic" in the artistic group than could be expected in the general population. The brothers, sisters, and children of those in the artistic group were much more likely to be cyclothymic, commit suicide, or suffer from manic-depressive illness than were individuals in the general population.

Modern studies of living writers and artists give a different perspective. Their findings are, however, quite consistent with those obtained through the case-history, or biographical, methods.

### **Phenomenological Study on Live Artists and Writers**

Professor Jamison studied a group of forty seven eminent British writers and artists. She was interested in looking at rates of treatment for mood disorders within these groups, as well as seasonal patterns of moods and productivity, the nature of intensely creative episodes, the similarities between such episodes and hypomania, and the perceived role of very intense moods in the work of the writers and the artists. The focus of the study was on the role of moods in the creative process, not on psychopathology; this fact was made clear to all potential subjects in order to minimize the possibility that individuals with mood disorders would be more likely to participate.

All the writers and artists were asked detailed questions about any history of treatment for depressive

or manic-depressive illness; seasonal or diurnal patterns, if any, in their moods and productivity; behavioral, cognitive, and mood correlates of their periods of most creative work; and their perceptions of the role of very intense moods in their work. Specific psychiatric diagnostic criteria were not used in this study, as the aim was to determine the actual rates of treatment; this is a more stringent criterion of illness severity than whether or not an individual meets the diagnostic criteria for mood disorders (Folstein 1985). One study conducted at Johns Hopkins found that the diagnostic measures utilized in the Epidemiologic Catchment Area (ECA) study resulted in twice the number of people diagnosed as having depressive disorder compared with the rate obtained when using in depth clinical interviews conducted by experienced psychiatrists.

38% of the writers and artists had been treated for a mood disorder. Of those treated, three-fourths had been given antidepressants or lithium or had been hospitalized. Approximately one third of the writers and artists reported histories of severe mood swings that were essentially cyclothymic (a milder, non-pathological variant of the manic-depressive continuum) in nature.

Virtually all the creative writers and artists (89 percent) said they had experienced intense, highly productive, and creative episodes. These "intensely creative" episodes were characterized by pronounced increases in enthusiasm, energy, self-confidence, speed of mental association, fluency of thoughts and elevated mood, and a strong sense of well-being. A comparison of these changes with the DSM-III criteria for hypomania reveals that mood, energy, and cognitive symptoms show the greatest degree of overlap between the intensely creative and hypomanic episodes. Several of the more behavioral changes typically associated with hypomania (hypersexuality, talkativeness, increased spending of money) were reported by only a minority of subjects.

Almost all of the participants reported a clearly noticeable decrease in the need for sleep. Mood changes were profound. One-half reported a sharp increase in mood just prior to the beginning of an intensely creative period. The fact that the elevation in mood often preceded the creative periods rather than being entirely a result of them is important in understanding the relationship between moods and the creative process. Pronounced psychological discomfort preceded the creative episodes of another 28 percent of the artists and writers.

When the subjects were asked specifically about the importance of very intense moods in the development and execution of their work, nine out of ten stated that such moods were either integral and necessary (60 percent), or very important (30 percent).

In summary, the rate of treatment for affective illness (38 percent) was extremely high in this sample of distinguished British writers and artists. Lifetime prevalence rates for manic-depressive and depressive illness in the general population are 1 and 5 percent

respectively. The proportion of individuals who actually seek or receive treatment is far smaller. Therefore, the findings of this study represent a conservative estimate of the actual rate of mood disorders in the sample.

The British study revealed many overlapping mood, cognitive, and behavioral (especially sleep) changes between hypomania and intense creative states, despite the fact that questions regarding one state were asked independently of those regarding the other and in a manner designed to minimize possible effects of suggestion. Cognitive and mood changes shared far more overlap than behavioral ones, indicating that the milder forms of hypomania may represent the more productive phases of affective illness. (Folstein 1985) Findings from studies point to a strong association between mood disorders and creativity.

### **Arguments against the Relationship between Manic-Depressive Illness and the Artistic Temperament**

The major resistance to an association between psychopathology, or mental illness, and creativity seems to revolve around a few central points. The first is that many writers, artists, and composers are, or were, perfectly sane; therefore the argument goes, the presumption of a strong link between mental illness and creativity is, on the face of it, ludicrous.

However, the fact that there is only a partial correlation does not mean that there is no correlation at all. My contention is that a much higher than expected rate of manic-depressive illness, depressive illness, and suicide exists in exceptionally creative writers and artists.

Most of the controversy surrounding the "mad genius" versus "healthy artist" debate, however, arises from confusion about what is actually meant by "madness" as well as from a fundamental lack of understanding about the nature of manic-depressive illness. Psychoanalyst Albert Rothenberg, for example, has been critical of studies whose findings purport to show a relationship between psychopathology and artistic creativity. This is a view at odds with most of the available historical, biographical, and scientific evidence. Some of his confusion appears to be based on a lack of appreciation for the subtlety, complexity, and fluctuation in the symptom patterns of manic-depressive illness, as well as insufficient awareness of the cyclic or episodic nature of these disorders.

Any attempt to arbitrarily polarize thought, behavior, and emotion into clear-cut "sanity" or "insanity" is destined to fail; it flies in the face of common sense and it is contrary to what we know about the infinite gradations of disease in general and psychiatric illness in particular. Most people with manic-depressive illness never become psychotic. Manic-depressive disease, unlike schizophrenia or Alzheimer's disease is not a dementing illness; bouts of mania are almost always temporary and periods of full remission exist between episodes of illness (Rothenberg).

Heightened passions and partial derangements tend to come and go, as Byron so drolly described: "I can never get people to understand that poetry is the expression of excited passion and that there is no such thing as a life of passion any more than a continuous earthquake or an eternal fever (Byron 1973).

### **PSYCHOLOGICAL PERSPECTIVES ON CREATIVITY AND MANIC-DEPRESSIVE ILLNESS**

Many of the changes in mood, thinking, and perception that characterize the mildly manic states—restlessness, ebullience, expansiveness, irritability, grandiosity, quickened and more finely tuned senses, intensity of emotional experiences, diversity of thought, and rapidity of associational processes—are highly characteristic of creative thought as well.

Two aspects of thinking in particular are pronounced in boy, and flexibility of thought on the one hand, and the abilitth creative and hypomanic thought; fluency, rapidity to combine ideas or categories of thought in order to form new and original connections on the other. The importance of rapid, fluid, and divergent thought in the creative process has been described by most psychologists and who have studied human imagination. The increase in the speed of thinking may exert its influence in different ways. Speed per se, that is, the quantity of thoughts and associations produced in a given period of time, may be enhanced. The increased quantity and speed of thoughts may exert an effect on the qualitative aspects of thought as well; that is the sheer volume of thought can produce unique ideas and associations.

Psychologist J.P. Guilford who carried out a long series of systematic psychological studies into the nature of creativity, found that several factors were involved in creative thinking; many of these, as we shall see, relate directly to the cognitive changes that take place during mild manias as well. Fluency of thinking, as defined by Guilford, is made up of several related and empirically derived concepts, measured by specific tasks: word fluency, the ability to produce words each, for example, containing a specific letter or combination of letters; associational fluency, the production of as many synonyms as possible for a given word in a limited amount of time; expressional fluency, the production and rapid juxtaposition of phrases or sentences; and ideational fluency, the ability to produce ideas to fulfill certain requirements in a limited amount of time. Hypomania also has been found to increase intellectual functioning on the Wechsler Adult Intelligence Scale (Donnelly 1982).

It may be that elevations in mood such as those caused by hypomania result in more creative thought; likewise, depressed mood and thinking may well lead to periods relatively bereft of creative work.

In all these aspects of creative thought the elements of fluidity and flexibility of cognitive processing are pronounced. Clearly the mere quickening and opening up of thought in an otherwise unimaginative person will not result in creative achievement. If, however, a highly imaginative person's thinking processes are hastened and loosened by mild manic states, it is likely that a distinctive quality will be added to the creative process. The grandiosity of spirit and vision so characteristic of mania, coupled with manic drive and intensity, can add an expansiveness and boldness as well.

### **The Role Played by Psychological Pain in the Artistic Temperament**

The three vital signs of psychic life are ambivalence, introspection and turmoil. The abandonment of normal judgment and restraint that is seen in the uninhibited, reckless, and violent behavior so central to mania, and in some drug- and alcohol-induced states as well, compels movement. Combined with the sheer disruption of senses and intellect that also occurs during mania, such movement can be in those with artistic imagination and the capacity later to take more rational advantage of such experience- a form of forced voyage and exploration.

Artistic expression can be the beneficiary of either visionary and ecstatic or painful, frightening, or melancholic experiences. Even more important, however, it can derive great strength from the struggle to come to terms with such emotional extremes, and from the attempt to derive from them some redemptive value.

Learning through intense, extreme, and often painful experiences, and using what has been learned to add meaning and depth to creative work, is probably the most widely accepted and written about aspect of the relationship between melancholy, madness, and the artistic temperament. John Berryman, a poet and manic-depressive who eventually committed suicide described the role of ordeal in his artistic work: My idea is this: The artist is extremely lucky who is presented with the worst possible ordeal which will not actually kill him (Berryman 1976).

Poet Antonin Artaud's view-that art first heals the artist and subsequently helps heal others-is an ancient one, inextricably bound to the belief that "madness" and the arts are causally linked.

Verily, for many artists, writing or painting or composing has provided an escape from their turmoil and melancholy. Cowper who was institutionalized for his psychosis, wrote that a "Dejection of Spirits, which I suppose may have prevented many a man from becoming an Author, made me one. I find constant employment necessary, and therefore take care to be constantly employed. Manual occupations do not engage the mind sufficiently, as I know by experience, having tried many. But Composition, especially of verse, absorbs it wholly." (Cowper 1785). Creative work can act not only as a means of escape from pain,

but also as a way of structuring chaotic emotions and thoughts, numbing pain through abstraction and the rigors of disciplined thought, and creating a distance from the source of despair.

To the extent that an artist survives, describes and then transforms psychological pain into an experience with more universal meaning, his or her own journey becomes one that others can, thus better protected, take.

Furthermore, profound melancholy or the suffering of psychosis can fundamentally change an individual's expectations and beliefs about the nature, duration, and meaning of life, the nature of man, and the fragility and resilience of the human spirit.

### **LORD BYRON: A CASE-STUDY OF BIPOLAR DISORDER AND POETIC GENIUS**

Lord "Byron," declared the poet's tutor at Cambridge, "is a young man of "tumultuous passions," thus summing up succinctly the views of Byron's friends, adversaries, and Byron himself... Indeed, Byron's own personal physicians described his mood fluctuations to be extreme, ranging from suicidal melancholy to the irritable, volatile, violent, and expansive. Symptoms of depression included ennui, despair, lethargy, and sleeplessness. His erratic financial behaviour was in a class by itself, and-taken together with his episodic promiscuity, violent rages, impetuosity, restlessness, risk taking, poor judgement, and extreme irritability- it constitutes a classic presentation of manic behaviour.

Symptoms consistent with mania, depression, and mixed states permeate throughout Byron's most autobiographical poems, especially Childe Harold's Pilgrimage, Lara, and Manfred. Moreover, the conflicting factions of his temperament, interlaced with and beholden to his constantly shifting moods, gave rise to the sense that Byron housed within himself a veritable city of selves. Indeed, Byron's chameleon-like qualities, along with the widely disparate aspects of his personality, were critical to the moody, contrasting, and Romantic casting of his poetry.

The clinical hallmark of manic-depressive illness is its recurrent, episodic nature. Byron had this in an almost textbook manner, showing frequent and pronounced fluctuations in mood, energy, sleep patterns, sexual behaviour, alcohol and other drug use and weight. Although these changes in mood and behaviour were dramatic and disruptive when they occurred, it is important to note that Byron was clinically normal most of the time; this, too, is highly characteristic of manic-depressive illness.

Yet another feature of the natural course of the disease, and probably the most important, is that manic-depressive illness, if left untreated worsens over time; that is, the episodes of mania, depression, and mixed states tend to occur more frequently, be more severe, or last longer. This was true for Byron.

Byron had a family history remarkable for its suicide (in itself more likely to be associated with manic depressive illness than with any other condition) violence, irrationality and financial extravagance. Byron himself was the first person to believe in the constitutional basis of his illness and temperament: "It is ridiculous," he remarked to Lady Blessington, "to say that we do not inherit our passions, as well as ... any other disorder..."

Manic-depressive illness is the only medical diagnosis that could reasonably account for Byron's singular family history of suicide, tempestuous moods, violent melancholy, and erratic behaviour. Byron's temperament made him exquisitely responsive to virtually everything in his physical and psychological world; it gave him much of his great capacity for passion and understanding, as well as for suffering. He possessed, through his experience and understanding, a piercing insight into the human condition and a broad understanding of the things that make human nature so especially human- love, envy, disappointment, aspiration, sex, revenge, vulnerability, and man's uneasy awareness of his own mortality.

In April 1816 Byron left London with bitterness and never saw England again. Byron, who had for a long time been involved in various political causes, became deeply caught up in the Greek independence movement. Always an activist, and one who believed that "a man ought to do something more for mankind than write verses" he gave freely of his money, his efforts, and ultimately his life. Byron contracted a fever and died in April 1824 (Redfield Jamison).

## IMPRESSION, EVALUATION AND CONCLUSION

It seems counterintuitive that melancholy could be associated with artistic inspiration and productivity; the milder manic states and their fiery energies would seem, at first thought, to be more obviously linked. The extreme pain of the deeper melancholias, and the gentler more reflective and solitary sides of the milder ones can be extremely important in the creative process. However, hypomania and mania often generate ideas and enthusiasms and cast an ecstatic, rather cosmic hue, over life. Melancholy on the other hand tends to force a slower pace, cools the ardor and puts into perspective the thoughts, observations, and feelings generated during more enthusiastic moments. Mild depression can act as ballast; it can also serve a critical editorial role for work produced in more fevered states. Depression prunes and sculpts; it also ruminates and ponders and ultimately, subdues and focuses thought. It allows structuring at a detailed level of the more expansive patterns woven during hypomania.

In the case of Lord Byron, he is perhaps alone among English writers in having a particular kind of temperament and personal style named for him. The

"Byronic" has come to mean the passionate, or sardonic. Byron commands in death what he commanded in life: love, hate, respect, contempt, loyalty, and disdain- in short, controversy. Seldom however does Byron elicit indifference. In his own time, for example, Blackwood's Edinburgh Magazine published an article stating that he was "one of the most remarkable men to whom (England) has had the honour and disgrace of giving birth. The list of writers, artists, and composers who were directly inspired by Byron's life and poetry is almost without peer.

One of the many things that make Byron so interesting is the sheer power of his life and emotions. To focus exclusively or even largely on his psychopathology-other than to use it to understand him and his work- would be to make a mockery of his complexity, imagination, and vast energies. In the end, Byron brought a deeply redemptive spirit to the problems of despair, ennui, uncertainty, and disillusionment (Redfield Jamison).

## REFERENCES

1. Berryman J, *Writers at Work: The Paris Review Interviews*, ed. George Plimpton 4th series. (New York: Viking Press, 1976), p.322.
2. Byron, *Byron's Letters and Journals*, 12 vols., ed. Leslie A. Marchand (London: John Murray, 1973-1982), vol. 8, p.146.
3. Cowper W, *The letters and Prose Writings of William Cowper*, vol. 2, 1782-1786 (letter to Lady Hesketh, October 12, 1785)(1981), pp. 382-383.
4. E. F. Donnelly, D. L. Murphy, F. K. Goodwin, and I. N. Waldman, *Intellectual function in primary affective disorder*, *British Journal of Psychiatry*, 140(1982): 633-636.
5. Folstein MF, Romanoski AJ, Nestadt G, Chahal R, Merchant A, Shapiro S, Kramer M, Anthony J, Gruenger EM, Mchugh PR, *Brief report on the clinical reappraisal of the Diagnostic Interview Schedule carried out at the John Hopkins site of the Epidemiologic Catchment Area Program of the NIMH*, *Psychological Medicine* 1985; 15: 809-814.
6. Lewis Grassie Gibbon, *Cloud Howe* (1933, reprint, Edinburgh: Canongate Classics, 1988), p. 20.
7. Robert Graves, *The Greek Myths*, vol. 1. (Middlesex, England: Penguin, 1955), p.9.
8. Juda A, *The relationship between highest mental capacity and psychic abnormalities*, *American Journal of Psychiatry* 1949: 106: 296-307.
9. Kraepelin E, *Manic-Depressive Insanity*, 1921 pp. 99-116.
10. Lovell, EJ ed., *Lady Blessington's Conversations of Lord Byron* (Princeton, N.J.: Princeton University Press, 1969), p.115.
11. Plath S, *The Bell Jar* (New York: Harper & Row, 1971), pp. 142-143.
12. Redfield Jamison K. *Touched with Fire Manic-depressive Illness and the Artistic Temperament* 1993.
13. Scott Fitzgerald F, "The Crack-Up," in *the Crack-Up and Other Stories* (New York: New Directions, 1956), pp. 69-75.

14. Taylor SE and Brown JD, *Illusion and well-being: A social psychological perspective on mental health*, *Psychological Bulletin*, 103 (1988): 193-210; H. A. Sackheim, *Self-deception, self-esteem, and depression: The adaptive*

*value of lying to oneself*, in *Empirical Studies of Psychoanalytic Theories*, ed. J. Masling (Hillsdale, N.J.: Analytic Press, 1983), vol. 1, pp. 101-157.

**Appendix - Writers, Artists, and Composers with Probable Major Depression, or Manic-Depressive Illness**  
(After Redfield Jamison)

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POETS	WRITERS	COMPOSERS
George Gordon, Lord Byron	Charles Dickens	Hector Berlioz
Samuel Taylor Coleridge	Francis Scott Fitzgerald	Robert Schumann
William Blake	Virginia Woolf	Charles Ives
Thomas Stearns Elliot	Leo Tolstoy	Gustav Holst
Victor Hugo	Grahme Greene	Edward Elgar

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