

# A Magical Orange Grove in a Nightmare: The Link Between Extreme Artistic Creativity and Manic Depressive Illness

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For centuries, much speculation has been made surrounding the connection between the artistic temperament and mental illness, specifically Manic Depressive Illness also known as Bipolar Disorder. In layman's terms, bipolar disorder is defined as "a psychiatric disorder characterized by extreme mood swings, ranging between episodes of acute euphoria (mania) and severe depression" ("Bipolar Disorder," *Encarta*). The supposition that an overwhelming majority of history's most talented artists, composers, writers and poets have suffered from extreme mood disorders is indisputable; the scientific evidence to explain this phenomenon, however, has been somewhat more elusive. An examination of this particular disorder and its symptoms, as well as the specific manifestations of the disease in the lives of two significant artists who have been afflicted, will provide further substantiation of the insidious link between the propensity toward tremendously high ability for creative expression and the occurrence of Manic Depressive Illness.

The following briefly describes some of the symptoms accompanying manic depression during each of its extreme states. During periods of mania (also

referred to as hypomania), a person may present some combination the following characteristics: elevated or expansive mood, energetic and restless, very talkative, decreased need for sleep, inflated self-esteem, *sharpened and unusually creative thinking*, over-optimism, increased productivity, decreased inhibitions, inappropriate laughing and joking, and general excesses including but not limited to overspending, sexual promiscuity, reckless behavior, etc. without any regard for consequences (Jamison 265).

Conversely in times of depression (or a major depressive episode), the individual can display depressed mood, diminished interest or pleasure in things that would normally produce affect, apathy, lethargy, decreased energy, feelings of worthlessness or excessive guilt, hopelessness regarding the future, excessive weight gain or weight loss, diminished ability to concentrate or think clearly, extreme indecisiveness, and recurrent thoughts of death or suicide (Jamison 261-262).

Without proper chemical treatment, which even today can often be a torturous process of trial and error to identify, bipolar disorder can be a mixture of bleak and terrifying depression punctuated by swings into uncontrollable elated exhilaration. These polar opposites of mood may last for indeterminate amounts of time, varying according to the individual. But to live with this sickness of the brain is to always be aware that one cycle inevitably follows the other, as the poet Robert Lowell wrote to his close friend and fellow poet T. S. Eliot (found in the paper's title), the mania is merely, "a magical orange grove in a nightmare" (Jamison 32). Novelist William Styron describes the situation aptly in his autobiographical novel *Lie Down in Darkness*: "...If there is mild relief, one

knows that it is only temporary; more pain will follow. It is hopelessness more than pain that crushes the soul” (Jamison 44).

An interesting coincidence is that the disease of manic depression also afflicts the country’s foremost authority on this very subject, Kay Redfield Jamison. Along with the publication of a memoir of her own very personal struggle with the demons that accompany this affliction (*An Unquiet Mind*, 1996), she has also published numerous and highly acclaimed books and articles regarding the historical and biological correlation between bipolar disorder and the creative mind. Her text *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* is exceptionally illuminating in relation to this issue.

Ms. Jamison is currently on medication to mediate her disease, including lithium. While in modern times lithium in combination with other drugs has sometimes proven effective when used to treat the disorder, it was not recognized or utilized in the treatment of manic depressive illness until relatively recently. Although lithium salts were experimented with as a treatment for mania in the 1870’s, its use was quickly abandoned because of patent issues. It wasn’t until 1949 that Australian psychiatrist John Cade rediscovered the drug as a possible treatment for mania and it began to become an accepted form of treatment and therefore more widely available (Mitchell and Hadzi-Pavlovic 515-516).

As a result, many of the significant artistic figures that suffered torturously in the past had little option but to seek relief through self-medication to calm their internal fires; these measures ranged from overindulgences involving extreme or deviant sexual behaviors, the use of Laudanum (an opiate derivative, typically consumed in liquid form), and alcohol, just to name a few. Often these

excesses were mistaken as the major problem of the individual suffering, rather than the attempts to obtain relief from greater issue— the tumultuous and unpredictable extreme transitions in mood/brain function— that they actually represented, in other words as side effects of the true intrinsic issue. “The coexistence of alcoholism, drug abuse, and manic-depressive illness is more common than not; approximately sixty percent of patients with bipolar illness have a history of some kind of substance abuse or dependence” (Jamison 39). Unfortunately, this misconception still occurs today for the thousands unable, unaware, or unwilling to seek help for this debilitating malady. Equally unfortunate is that many substances used for self-treatment only exacerbate the symptoms (although alcohol had controversially been acknowledged as a relief agent during episodes of extreme mania) and can also adversely effect prescription treatments available for bipolar individuals (Jamison 39-41).

The iconic and immensely talented Dutch painter **Vincent van Gogh** (1853-1890) presents a fascinatingly characteristic portrait of the manic-depressive artistic nature on a number of different levels. Van Gogh was the son of a pastor and was raised in a religious environment; as a young man he was described as “highly emotional and lacking in self-confidence”. Of the many career attempts he made to earn money while perfecting his painting skills, one was as a preacher in a small town where he was “dismissed for over-zealousness” (“Vincent Van Gogh Biography”).

Studying art in Paris, van Gogh became acquainted with other important artists of his time, including Pissarro, Monet, as well as Paul Gauguin, with whom van Gogh seemed to develop a particularly strong attachment. In 1888 van Gogh

moved to the colorful town of Arles located in the south of France, encouraging his Parisian friends to follow him with the notion of forming an artist community. Gauguin did indeed follow van Gogh to Arles, where van Gogh decorated Gauguin's quarters with paintings of his signature sunflowers. Unfortunately van Gogh's mental state was rapidly deteriorating, and he suffered from psychotic attacks and delusions. After a vehement argument with Gauguin, van Gogh returned to the house and cut off his ear with a razor, later offering it to a prostitute on a platter as a gift. Gauguin rapidly departed from Arles ("Vincent Van Gogh Biography").

At the end of 1888, the troubled artist committed himself to an asylum near Provence, where he produced a number of important works including *The Starry Night*, perhaps his most famous painting. Van Gogh left the hospital in 1890 and shot himself in the chest in July of that year, perishing two days later ("Vincent Van Gogh Biography").

Due to Van Gogh's extreme enthusiasm and dedication to first religion and then art coupled with the feverish pace of his art production many believe that mania was a prominent condition in Van Gogh's life. However, these episodes were always followed by exhaustion and depression and ultimately suicide. Therefore, a diagnosis of bipolar disorder or manic depression makes sense with the accounts of these episodes in Van Gogh's life ("Vincent Van Gogh Mental Health").

There are a plethora of other clues that can lead us to the likely explanation of the tortured life of Vincent van Gogh and his subsequent

suicide. His extreme mood alterations; his perfervid obsessions with people and subjects; his nearly lifelong abuse of Absinthe (a potent and toxic alcoholic beverage popular at the time); his gradual degradation of mental awareness, clarity and stability; and ultimately his suicide are all clear indications that point to his (post-mortem) diagnosis of bipolar disorder.

Another indication prevalent in many mental illnesses including bipolar disorder is genetics— the likelihood of close relatives exhibiting similar mental infractions. In the case of Vincent van Gogh, not much information is available about his parents. We do know, however that when we look at him and his five siblings, only two of the six appear to have escaped unaffected by the curse of mental disturbance: As we know, Vincent endured manic-depressive illness which led him to take his own life; his brother Theo, with whom he continually maintained a close relationship, suffered from recurrent depressive illness and unspecified psychosis. Their sister Wilhelmina also had unspecified psychosis and spent over thirty years in an insane asylum; and a third brother, Cornelius committed suicide as well. Vincent himself seemed well aware of this connection, writing in one of his overabundant letters to Theo:

[Our neurosis] . . . is also a fatal inheritance, since in civilization the weakness increases from generation to generation. If we want to face the real truth about our constitution, we must acknowledge that we belong to the number of those who suffer a neurosis which already has its roots in the past (Jamison 234).



**“Vincent van Gogh’s room at Arles” (1889)**



The prolific and innovative novelist, literary critic, publisher, and woman's suffragette **Adeline Virginia Woolf** (1882-1941) was also plagued throughout her life with manic-depressive illness. As is the case with many bipolar individuals, she was extremely self-aware; she often referred to herself as 'mad'. Her life was constantly divided between periods of socialization and work that were continually interrupted by extended periods of illness during which she withdrew from the world entirely and was either bed-ridden in her own home or stayed in nursing homes for "rest cures" because she could not focus clearly enough either to read nor to write (Merriman).

Although surrounded by a caring, closely knit group of friends, fellow writers, artists, extended family, and her devoted husband Leonard Woolf, Virginia had to fight incessantly to keep the fiendish spirits in her fragile mind at bay. "My own brain," she once wrote in a letter, "is to me the most unaccountable

of machinery—always buzzing, humming, soaring roaring diving, and then buried in mud. And why? What’s this passion for?” (Merriman).

A feminist and a bisexual, Woolf was nothing if not her own woman, even under the constraints of her illness. “She believed unequivocally in the importance of melancholia and madness to her imaginative powers” (Jamison 226). She also strongly disagreed with the religious opinions of the day concerning suicide as an “act of cowardice and sin” (Merriman).

Indeed, after many groundbreaking literary accomplishments and her prolonged fifty-nine years of enduring this shattering illness, Virginia Woolf did succumb to suicide. She filled her coat pockets with rocks, walked into the River Ouse and drowned herself (Merriman). Thoughtful and eloquent as ever, she left her devoted husband of twenty-nine years the following letter:

Dearest,

I feel certain I am going mad again. I feel we can’t go through another of those terrible times. And I shan’t recover this time. I begin to hear voices, and I can’t concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don’t think two people could have been happier till this terrible disease came. I can’t fight any longer.

—*VIRGINIA WOOLF*

(Jamison 224).

Just as Woolf was born into a family with a legacy in the literary and publishing world, she was also a member of a family riddled with mental illness. Her mother had recurrent bouts of depression, her father had bipolar tendencies, and all three of her siblings were afflicted with mood disorders, at least five other members of her extended family were seriously mentally disturbed as well (Jamison 227).

The myriad of individuals throughout the past who have had the resilience to reach out through the thick fog of darkness and grasp at least some portion their potential inspire immense admiration. They have left us a legacy of art, literature, poetry and music without which the world would be a much bleaker place. They may also provide encouragement and hope for others who struggle with bipolar disorder, a disease that can ultimately be debilitating, to go on believing that it *is* indeed possible to find something worthy within (if not peace) to offer to the world.

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