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“Reflections on Genius.”

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My first words must necessarily be an expression of sincere thanks to the Association for the great honour they have done me in electing me their President for the ensuing year. In the interval since this was proposed I have often reflected on the number of eminent men who have filled the Presidential chair with great distinction, only to become more conscious of my inadequacies to reach the standard they have set.

Tradition has decreed that one of the earliest duties of a new President is to deliver to you a Presidential Address. Surprisingly enough, no set pattern for this has ever been established, though the majority have contributed from their years of mature experience, and we have benefited thereby. In recent years we have been privileged to welcome to this session a large number of guests who, while having psychiatric interests, are not wholly absorbed in our speciality. In deciding on a subject of general psychiatric interest I was led to consider what special problem could be found in one's work in a hospital such as that of which I have the good fortune to be in charge.

I need hardly remind you of the role of the Registered Hospitals. They have been in existence for many years—most of them for over a century, some for much longer. They are self-supporting, non-profit making hospitals, and have been maintained by endowments and fees paid by patients in accordance with their means. St. Andrew's Hospital was founded in 1833, and the original regulations decreed that care and treatment was to be offered to those whose education and refinement rendered them able to appreciate the benefits of private care, yet not able to pay for such. Obviously many patients have been drawn from the professional classes, and throughout those years there have been many of rare gifts and achievements in the literary, artistic and scientific spheres. Invariably we regard the duty of the psychiatrist as dealing with breakdown or failure. Inevitably this is so, yet it is interesting and illuminating to reflect on the contributions that have been made during periods of illness, and this is the purpose of this address, which I have entitled “Reflections on Genius.” I am fully aware that I have the opportunity of studying a selected group, and I am not endeavouring to tabulate the frequency with which instability is found among those of outstanding ability. I propose merely to cite certain instances of association between eminence, in one or other sphere, and nervous instability where the latter has been an important factor in creating drive.

There is no satisfactory definition of genius. The Oxford Dictionary defines it as “Native intellectual power of an exalted type: extraordinary capacity for

imaginative creation, original thought, invention or discovery." Obviously it should not be confused with talent. In spite of the popular definition, "an infinite capacity for taking pains," no amount of perseverance or labour added to talent can ever create a genius. Henderson states that genius in its truest and greatest sense is a multiple quality, it has many facets, and associated with it there must be sufficient energy to accomplish what has been conceived. Kretschmer has given a more comprehensive definition: "We shall give the name genius to those men who are able to arouse permanently, and in the highest degree, that positive, scientifically grounded feeling of worth and value in a wide group of human beings. But we shall only do so in those cases where the value arises with psychological necessity, out of the special mental structure of the bringer of value, not where a stroke of luck or some coincidence of factors has thrown it in his lap."

For many generations the belief was held that there was a close correlation between genius and mental illness. Aristotle, centuries ago, drew attention to the frequency with which those eminent in the arts were the victims of melancholia. A similar association, no doubt, prompted Dryden to write:

"Great wits are sure to madness near allied,
And thin partitions do their bounds divide."

Towards the end of the last century more attention seems to have been focused on the subject, though not of a highly critical nature. I need hardly remind you of the writings of Lombroso, Nisbet, and of Nordau about this time, all of whom emphasized the abnormality of genius, Nisbet maintaining that genius was directly proportional to the degree of instability. Their views were, in effect, a reiteration of ancient beliefs, and called forth much criticism from various people. In 1895 Bernard Shaw, in his own inimitable style, attacked their concepts in "The Sanity of Art" and ridiculed their psychological deductions. About this time Galton gave support—amended some years later—to the view that genius and mental illness were not closely related, and pleaded for more detailed observation and more precise methods of psychological investigation and assessment.

More recently Terman and Cox have stressed that persons of genius always come from the ranks of the gifted (I.Q. 140 or over), and have maintained that the alleged eccentricity of genius is largely a myth. This reduced the conception of genius to intellectual capacity with no other components, a simplification not readily acceptable. Havelock Ellis regarded the genius as one who possessed a complex and sensitive nervous system developed along special lines, and an innate organic aptitude which prevented him from adapting himself to the ordinary activities of life. Russell Brain recently, in his Galton lecture, admitting that the genius was abnormal by virtue of an abnormal nervous system, considered that this was due to its being richer, not quantitatively in nerve cells, but in the organization of these with functional patterns termed "schemas." Many geniuses have a more highly developed capacity for verbal symbols and attain a higher level in conceptual or abstract thought. By the possession of this increased variety and number of these schemas blending feeling with a high intelligence the genius operates at a high level in his particular field, be it art, music, poetry or literature.

The complications of the problems are apparent and no satisfactory solution is at present in sight. There appear to be several variables, including ability, drive, an increased nervous sensibility and maybe other factors at present unrecognized. It is the particularly favourable combination of such that makes the genius and, similarly, the interaction of these factors that arouses nervous tendencies reflected in eccentricities.

As you are aware, many famous names in music, art and literature have been the victims of quite definite and severe physical illness. That they were able to accomplish their work in defiance of their disability is a matter of considerable interest, and naturally one on which there are divergent views. Temperamental factors or personality traits are reflected, to a considerable degree, in their work.

Among those who come to mind as having made valuable contributions, while suffering from a physical disorder, are Sullivan, Keats, Ruskin, de Quincey, Goethe, the Brontës, Jane Austen, Symonds, Chopin, Robert Louis Stevenson, Francis Thompson, and D. H. Lawrence. Of the actual diseases from which they have suffered tuberculosis is certainly the most common, and it seems to be especially common in literary genius. It is unfortunate that more details are not

available of the physical disorders from which they suffered. It would not appear that the quality of their work was influenced by whether they had a rapidly progressive illness or a slow one. Keats, who died of tuberculosis at the age of 26, was in the former group, Ruskin and de Quincey, in the latter, while Stevenson's illness ran a middle course. De Quincey in his *Confessions of an Opium Eater* tells us, "It was not for the purpose of creating pleasure but of mitigating pain in the severest degree that I first began to use opium as an article of diet." He gives his opinion of the relative value of opium and alcohol in these words: "As I do not readily believe that any man having once tasted the divine luxuries of opium will afterwards descend to the gross and mortal enjoyment of alcohol I take it for granted—

" That those eat now, who never ate before
And those who always ate, now eat the more."

Much of his best work was accomplished during an acute phase of his illness, and in his confessions he gives vivid details of his symptomatology and his amazing form of dream phantasy.

Sullivan, we are told, composed much of his music during spells of the most agonizing pain, and John Ruskin wrote parts of *Modern Painters* and *The Seven Lamps of Architecture* during acute exacerbations of his illness. This was so, too, of Robert Louis Stevenson. He has given us a more elaborate description of his symptomatology and, from a psycho-pathological aspect, it is rich in detail. In one passage of self-analysis, written during a quiescent phase, he provides a vivid description of a lack of mental stability and moral force certainly over-compensated during a recrudescence.

He showed that irresponsible over-activity so characteristic of his illness and often exposed himself to physical dangers. He often travelled with only a great-coat and a toothbrush. Manhood consisted of getting rid of material attachments: "As long as you were bound down to anything—house, umbrella or portmanteau—you were still tethered to the umbilical cord." He believed that a "robust vice, an energetic state of sinning was better than a state of negation." Yet he was not without insight, for shortly after writing "we want to burn everlastingly upwards" he adds—"while life burns ever more intensely—my real strength wanes and my days decrease."

Rest advocated was referred to as "a vegetable existence so irksome as to irritate my spirit beyond endurance." This keen subjective self-analysis persisted, and at one stage he writes, "It seems a phase of my disease that I should grow in youth and spiritual intensity inversely to my physical decay." In the latter phases of his illness he appeared to realize that nothing could be done to avert the inevitable, and while pursuing his literary work with feverish energy he writes rather pathetically, "What is to become of a soul so intensely young in its old ruined body consuming its last drop of vital oil with the flame of beauty?" Again he writes, "There is nothing more difficult to communicate on paper than this baseless ardour, this stimulation of the brain, this sterile joyousness of spirits—yet it is notable that you are hard to root out of your bed, that you start forth singing, indeed on your walk, yet are unusually ready to return home again." Colvin tells us that Stevenson had periods of great gloom and depression followed by periods of over-activity and recklessness. He has given a vivid description of one of these depressive phases and the whole picture is characteristic of the cyclothyme. What is the relationship between tuberculosis and genius? Much has been written about this. We know that tuberculosis was exceedingly common in the last century, and while the disease has, no doubt, a stimulating effect by an increased metabolic activity, there is no evidence that it is a cause or determinant of genius. The temperamental and personality factors remain predominant.

Varying degrees of nervous instability amounting in several instances to mental illness have been observed, not infrequently, in others with no concomitant physical illness. Of those who come to mind are Rousseau, Newton, Robert Mayer, Tasso, Kleist, Strindberg, Cowper, Clare, Rethel, Van Gogh, Schumann and Hugo Wolf. If we consider less severe disturbances we might include many more, such as Michelangelo and Byron, whose careers show an abrupt alternation of success or failure, despair or disappointment, and of recurrent conflicts and violent scenes. The frequency with which authors have been abnormally preoccupied with the state of their bodily health is surprising. Many have been convinced that they would

die young, others that their reason was in danger. Dean Swift was greatly haunted by this fear, as also was Dr. Johnson. This abnormal preoccupation has been more conspicuous among poets. As has been shown by both Nicholson and Brain, there is no statistical evidence to support the view that poets die young, and their expectation of life does not differ materially from that of the average citizen.

It is of considerable interest that two of those known to have suffered from definite psychotic illnesses should have lived within a short radius of this borough. I refer to William Cowper and John Clare. The form of their illnesses had much in common, as is apparent from an examination of their clinical condition. Several biographies of both men have been written, and to these I am indebted for most of the details of their lives.

William Cowper was born in 1731, and was the son of an Anglican clergyman. Though much sheltered in early life by his mother he had the advantage of a much better education than Clare. Cowper's mother died when he was six years of age and he was sent to a preparatory school. There he became solitary and much tormented by other boys. Subsequently he went to Westminster School, which he enjoyed, and he was a good scholar. To please his father he qualified as a solicitor, but hated this work. He developed a self-reproachful depressive illness, made three suicidal attempts, and was admitted to a private mental home under Dr. Cotton in St. Albans, where he remained about two years. On recovery he gave up law, became much interested in evangelism, and was absorbed with religious pre-occupations. We are told his life was a sort of ecstasy, and during this period he took to the writing of hymns. In all he wrote 67 hymns, his best known being "Oh, for a closer walk with God." His last hymn, "God moves in a mysterious way His wonders to perform," is said to have been written after the frustration of one of his several plans to commit suicide. The death of his brother caused another relapse, and he again became acutely depressed and agitated. This phase persisted for over two years and from it he made a slow recovery. Then followed his literary period when he produced, among numerous other works, *John Gilpin* and his great work *The Task*, which ensured his fame. However, as he describes it, "The heavens are only opened to shut again," and once more he became depressed. These phases recurred at intervals, and for the last six years of his life he was persistently depressed. Much of his writing at this time had a depressive content, as exemplified by a poem he wrote on his window shutter before leaving Weston for Norfolk.

"Farewell dear scenes forever closed to me :
Oh for what sorrows must I now exchange ye."

The award of a pension of £300 per annum in 1794 did not materially relieve his symptoms and they persisted till his death in 1800.

It is surprising that so talented an author as Harold Nicolson in his Lloyd Roberts lecture on "The Health of Authors" should show such a meagre and uninformed interpretation of mental illness as exemplified by his observations on Cowper's state of health. He writes, "It cannot be said that Cowper was ever a demented maniac; the worst that could be said of him was that he was sometimes sadly confused in the head." A more characteristic picture of a manic-depressive psychosis would be difficult to describe.

John Clare was born at Helpston, a village in this county, in 1793. He was one of twins born to parents of the farm labouring class. His parents, we are told, were anxious to see him rise in the social scale, and as he had a keen mind he was allowed to remain at school until about the age of 13, his schoolmaster showing a particular interest in him. In adolescence he developed a desire for solitude—considered to be the result of a passion for nature. He would sit for hours absorbed in the activities of birds and beasts. He was regarded by the locals as an oddity and an idler. He appears to have spent much time in phantasy formation, and it was not unusual for him to go through the village muttering to himself. At such times it is said he frequently imagined himself to be a hero in battle or a traveller in a foreign land. The strange glances of passers-by recalled him to reality and filled him with shame.

His first poem appears to have been written when he was about 14, though this is not certain. The villagers knew of his love of rhyming and this, together with his abstracted manner and the practice of talking to himself, led the more uncharitable to say he was mad. His reaction to alcohol, even in small amounts,

was excessive, and under its influence he became noisy and excited. At the age of 17 he developed epileptiform attacks. Little is known of the nature of these and we are told that after a year or two they cleared up. He was then obsessed with great fears which he referred to as "the blue devils." His more definite depressive phases troubled him in his early twenties and persisted on and off for the rest of his life. In these phases he drank excessively. His symptoms were typically depressive; in one letter he wrote, "I keep getting a little better and a little worse, remaining at last just as I was. I was very bad this morning but have recovered this evening as I generally do." These phases were followed by those of mild elation. In one of his subsequent letters he boasts that he has had no alcohol for two years, that he feels hale and hearty and quite recovered from his last ailments. In such periods he wrote furiously and made schemes for greater success. Alas, they were only to be followed by further depression, various phobias and the thought of everlasting damnation. So it continued until 1837—when he was admitted to a private home in Epping Forest in a state of acute depression, with self-reproachful depressive ideas. He is said to have improved under treatment, and it was thought that if only a pension could be obtained for him, giving him that added security, all would be well. This never materialized. He had phases of over-activity and developed further delusional ideas. He imagined himself to be a prize fighter, associated himself with Byron and called himself Boxer Byron, suggestive of a mild manic episode. In July, 1841, he escaped and walked to his home—a distance of 80 miles in three days. He remained there only six months. Much of that time he was mute and catatonic and certification was inevitable. He was admitted to Northampton General Lunatic Asylum, now St. Andrew's Hospital, in December, 1841.

Unfortunately his earlier medical notes are missing, and such as I have seen are scanty and lacking in clinical details. For prolonged periods he was depressed followed by more rational episodes; later he became excitable and considered himself to be a prize fighter, but no one would take him on. He was Shakespeare and Byron all in one. For long periods he was able to go into the town and sat in the alcove of All Saints' Church writing but saying little; he was considered very taciturn. His illness was progressive. He became more deluded and expressed delusional ideas of the involuntional type—"they have cut off my head and picked out all the letters of the alphabet—all the vowels and consonants—and brought them out through my ears." Dementia was progressive, and apoplexy was the cause of death in May, 1864.

I have dealt in greater detail with this form of illness than might appear to have been necessary. This, however, was deliberate, as there are conflicting views regarding his type of illness. In my opinion this was a cyclothymic disorder, and not a schizophrenic one as suggested by one of his most recent biographers. Apart from the actual symptomatology, the excellence of much of his poetry written in hospital and the slow development of deterioration support this diagnosis. In my experience a prolonged schizophrenic illness in a talented person produces such deterioration as to interfere markedly with any subsequent creative work. This has been observed frequently, and was brought home a few years ago in the case of a young musician of tremendous promise who had already thrilled his audiences and was said to have the world at his feet. Modern therapeutic measures did not abort his schizophrenic illness and he has done nothing of value since.

Miss Wilson points out in her biography *Green Shadows* that Clare provides one of the clearest examples of how inescapable is the destiny of a poet. She points out that he had not, when he began to write, any knowledge of the poetry that had gone before, he inherited no tradition and knew no stimulus from the company of intellectuals. He did not choose to be a poet—he wrote because he had to. His first volume, *Poems Descriptive of Rural Life and Scenery*, was published in January, 1820. It had a very favourable reception, and four editions, each of 1,000 copies, were printed before the end of that year. His second volume, *The Village Minstrel*, appeared in the September of 1821 and was less successful. It is interesting, in passing, to note the wealth of poets alive about this time, including Wordsworth, Coleridge, Southey, Byron, Shelley, Keats, and Scott, and the galaxy of talent to command the attention of readers contributed to Clare's lack of success. His third volume, *Shepherd's Calendar*, appeared in April, 1826, and was a failure—only 425 copies were sold in two years. Poetry was said to have gone out of fashion and the book trade was at a low ebb. A fourth volume, *The Rural Muse*, was pub-

lished in July, 1835, and did not materially relieve his economic plight. Having married in 1820 he had by now 7 children and poverty accompanied him throughout his life. Economic difficulties were great, and his type of personality was not such as to cope adequately with his problems.

Dr. Wing in his annual report of 1864 refers to some verses Clare wrote long after his admission to the Asylum, which show the degree of intellectual preservation, together with the deep melancholy under which he must have laboured at the time they were written. They are :

“ I am : yet what I am none cares or knows,
 My friends forsake me like a memory lost,
 I am the self-consumer of my woes—
 They rise and vanish in oblivious host,
 Like shadows in love’s frenzied, stifled throes :-
 And yet I am, and live—like vapours tost

“ Into the nothingness of scorn and noise,
 Into the living sea of waking dreams,
 Where there is neither sense of life or joys,
 But the vast shipwreck of my life’s esteems ;
 Even the dearest, that I love the best,
 Are strange—nay, rather stranger than the rest.

“ I long for scenes where man hath never trod,
 A place where woman never smiled or wept—
 There to abide with my Creator, God,
 And sleep as I in childhood sweetly slept,
 Untroubling and untroubled where I lie,
 The grass below—above the vaulted sky.”

Where has this now led us, and what can be said of the view that genius is allied to mental illness? That certain men of genius have been mentally afflicted is undoubted, but such statistical data as are available shows that the relationship has been over-stated. Havelock Ellis found an incidence of insanity including senile disorders of 4.2 per cent. among 1,030 British men of genius, and less than 2 per cent. were reported to have insane parents or children. Brain refers to the high incidence among poets. He found that 15 per cent. of 150 poets born since 1700 were known to have been either insane or grossly psychopathic. More recently Juda has published the results of an investigation into the relationship between highest mental capacity and psychic abnormalities among 294 of the leading German artists and scientists of the 18th and 19th centuries. There was a much higher incidence of psychoses and psychoneuroses in geniuses and their families. Schizophrenia was found to be more common in artists, and manic-depressive psychosis in scientists in a frequency ten times the incidence of the general population. The eccentrics were correspondingly more prevalent among the artists, and the emotionally unstable psychopaths more frequent among the scientists.

We have discussed briefly the nervous organization of a person of genius. As Scarlett puts it—it presupposes a special nervous sensibility which reacting to experience manifests itself not only in receptivity to inspiration but also creates great mental conflicts. From that conflict emerge reactions and conduct which may be labelled neurotic or psychopathic, and also a drive which linked with unusual ability finds avenues of original expression. Geniuses in all spheres have acknowledged their debt to this process of inspiration, maintaining that their work has originated in ideas that have developed in the mind without conscious effort. Scarlett quotes Shelley on this point : “ The mind in creation is as a fading coal which some invisible influence like an inconstant mind awakens to transitory brightness. Could this influence be durable in its original beauty and force, it is impossible to predict the greatness of the results, but when composition begins inspiration is already on the wane.”

Various techniques have been developed by various writers to encourage the elaboration of such ideas. It seems to be accompanied by a sense of supernatural vitality, and the extent of the experience may result in some dissociation from reality and even hallucinations. Clare was alarmed at times to find how completely it controlled him and drove him on to write for days on end, scarcely stopping to eat or sleep until everything was drained from him. There is little doubt that the cyclothymic temperament with its phase of over activity, flight of ideas and

ability to transcribe clearly can add to the productivity of the genius. It may be that when the creative mood passes or inspiration is lacking there develops a consequent sense of depression and failure.

While there is little evidence to support the view of any direct correlation between genius and insanity such as would require care and treatment in a hospital for nervous diseases, there is no doubt about the frequency with which neurotic or psychopathic symptoms are seen in this group. I have already referred to the possible mechanism, but no direct explanation can yet be offered. It has been said that when the wife of a famous scientist was received by the King of Sweden, she responded to a sympathetic inquiry about her late husband with the remark, "Your Majesty, he was intolerable." If biographers had the honesty of this woman I am sure that this assessment would be frequently repeated.

Would the removal of such symptoms of psychopathy—assuming that one day we may know how—be of material gain? This, I fear, must remain a hypothetical question—one on which none of us would like to express an opinion. Are we not in much the same position as when Sir Edmund Gosse in his essay on Swinburne wrote these words: "It is impossible not to see that the absolutely normal man or woman, as we describe normality, is very rarely indeed an inventor, or a seer, or even a person of remarkable mental energy. The bulk of what are called entirely 'healthy' people add nothing to the sum of human achievement, and it is not the average navvy who makes a Darwin, nor the typical daughter of the plough who develops into an Elizabeth Barrett Browning. There are probably few professional men who offer a more insidious attack upon all that in the past has made life variegated and interesting than the school of robust and old-fashioned physicians who theorize on eccentricity, on variations of the type, as necessarily evil and obviously to be stamped out, if possible by the State. The more closely we study, with extremely slender resources of evidence, the lives of great men of imagination and action since the beginning of the world, the more clearly we ought to recognize that a reduction of all the types to one stolid uniformity of what is called 'health' would have the effect of depriving humanity of precisely those individuals who have added most to the beauty and variety of human existence."
