Sing Himself to Death:

Historical Presentations of Robert Schumann’s Mental Illness

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May 10, 2007
Abstract

Robert Schumann, a nineteenth-century German composer, died in an insane asylum after a lifetime of extreme oscillating moods; in the years after his death, he has become an interesting diagnostic puzzle and the focus of a great deal of biographical material. In this thesis, I examine the different treatments of Schumann’s possible mental illness biographers put forth and the consequences of their interpretations for readers. I first examine Robert Schumann’s own opinions on his mental state, and the opinions of those who knew him; then, I conduct an overview of recurring themes in biographies’ treatments of Schumann’s mental state. I then examine how this ties into the perceived connections of mental illness and creativity, and how knowledge of Schumann’s mental state affects the reception of his music. Finally, I ask if there is a correct way to approach Schumann’s possible mental illness.
Acknowledgments

I would like to thank Jeanne Marecek, my thesis advisor, for many long conversations about every detail of Robert Schumann’s life and creativity and mental illness; my professor Barbara Milewski, for inspiring the original paper this was based on and helping me research; music librarian Donna Fournier, for helping me make a tremendous amount of research manageable; musicologists William Benjamin, Scott Burnham, Jon Finson, Harald Krebs, Ulrich Mahlert, and Laura Tunbridge for taking time out of a busy conference schedule to give enlightening interviews; and my family and friends, for bearing with my talking about this thesis for almost a year straight.
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Chapter 1: Introduction

Robert Schumann, a German composer from the Romantic period of the nineteenth century, is best known for two things: his well-loved piano pieces, composed while Schumann was relatively young, and his death in an insane asylum after he attempted suicide. The combination of musical popularity and a tragic end has led to a substantial amount of biographical material published about the composer, from the biography published by a friend soon after his death to the works that are in press as of the writing of this thesis. In addition to musicological interest, Schumann has attracted a good deal of interest in the field of psychology. Why? Most obviously, there is the challenge of diagnosing the mental illness of a long-dead historical figure; Schumann’s own detailed reports of lifelong depressions and his late-life psychosis presents an intriguing puzzle to a clinical psychologist armed with a copy of the DSM. Relatedly, there is the question of the connection between creativity and mental illness. The list of famous creative types, Romantic figures in particular, is extensive.

As a psychology major with a strong interest in classical music, my initial approach to Robert Schumann was conflicted—would focusing on his possible mental illness diminish his musical accomplishments? Would overlooking his illness lead to an incomplete understanding of his life and music? In the course of writing an earlier paper on the treatment of mental illness in biographies of Schumann, I realized that the historical treatment of Schumann’s mental illness was more complex than I had imagined and that my own questions must be present in the minds of everyone that wrote about Schumann. The biographies did not show a linear progression of less understanding of Schumann’s possible mental illness to greater understanding; instead, the struggle between music and mental illness was evident in every biography, and the choices biographers made in their presentation of Schumann’s illness had a massive effect on the final
picture of Schumann that emerged from their biographies. Schumann was as a brilliant artist who incidentally suffered from recurring depressions, a neurotic mess who channeled his illness into his music, a composer whose illness affected his thoughts and music but did not rule his life, and so on. I was fascinated by the variety of Robert Schumanns I encountered in these biographies. What caused the variation? Was the ‘real’ Robert Schumann present in any of them? These questions, I decided, warranted a more in-depth look—the thesis you are currently reading.

In the introduction, I will present a basic biography of Robert Schumann (with a strong focus on the events of his life, as opposed to his compositions) and a description of popular diagnoses of Schumann’s mental illness. The second chapter explores Schumann’s own perceptions of his possible mental illness, along with the perceptions of those who knew him; the many surviving diaries and letters of Schumann, written with considerable literary talent and frank descriptions of his experiences and feelings, allow for a thorough examination of his own thoughts on the matter. In the third chapter, I survey historical biographies of Schumann, written from 1871 to the present day, and look at the different themes that appear in their presentations of Schumann’s possible mental illness. The fourth chapter concerns historical and modern theories on the connection between creativity and mental illness, a topic that frequently arises in the consideration of a composer famous for going mad. In the fifth chapter, I look at the specific connections of Schumann’s possible mental illness to his music, which is especially relevant for music lovers deciding whether or not knowing Schumann’s biography is essential to knowing his music. Finally, in the conclusion, I draw on all that I’ve looked at and examine answers to the questions that everyone considering Schumann (whether the man, the musician, or the madman) must answer.
Biography

Robert Schumann was born in Zwickau, Germany, on June 8, 1810. His father August, an author, was frequently anxious and reportedly had a ‘nervous breakdown’ the year of Schumann’s birth; his mother Johanna experienced recurrent periods of depression. Robert was immersed in music by an early age, taking instrumental and compositional lessons throughout his childhood. In addition, he developed a keen interest in literature that would also last over the course of his life. Schumann’s childhood seemed happy until the summer of 1826, when he was deeply affected by the death of his father and the probable suicide of his sister Emilie. In March 1828, he left home to study law at the University of Leipzig at his mother’s urging. Once at Leipzig, Schumann didn’t bother attending lectures (according to the possibly exaggerated reports of his roommate) but instead immersed himself in music and literature, along with overindulgence in alcohol and other youthful indiscretions. In August, he met two people who were to be very important to him when he began piano lessons with Friedrich Wieck and befriended his nine-year-old daughter, Clara. He soon recognized that music was his forte and officially abandoned his law studies in the summer of 1830, persuading Wieck to train him for a career as a concert pianist and composer. In November 1831, Schumann published his op. 1, the “Abegg Variations”, thus beginning a productive career in composition.

However, Schumann’s professional aspirations were to change even further. In November 1832, a complaint of numbness in the middle finger of his right hand, worsened by a ‘finger-stretching’ machine meant to treat it, became bad enough that Schumann was forced to give up the idea of performing professionally and instead focus on composing. He took the

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1 This summary draws on the following sources: Daverio, 1997; Daverio, 2007; Jamison, 1993; Ostwald, 1985.
disappointment surprisingly well, remarking to his mother that he was “completely resigned” to his “incurable” finger (as cited in Daverio, 2007) while reassuring her that he was not “melancholy” (Schumann, 1907, p. 81). However, in the summer of 1833, after the deaths of his brother Julius and sister-in-law Rosalie, Schumann fell into a severe depression; he admitted a “fear of going mad” and may have attempted suicide (as cited in Daverio, 1997, p. 109). By November, he had recovered almost completely. In December, he formed the Davidsbündler, a group of musicians that styled themselves Davids in opposition to the conservative musical Philistines; the fanciful names Schumann gave members of the group fit in well with Florestan and Eusebius, two characters, meant to represent the two sides of his personality, that frequently appeared in his public and private writings. The writings of the Davidsbündler were given a distinguished home when Schumann founded the Neue Zeitschrift für Musik, the music journal in which he famously promoted the young Frédéric Chopin as “a genius” (as cited in Ostwald, 1985, p. 82). Schumann’s personal life was as eventful as his professional, and he became engaged to Ernestine von Fricken, a piano student of Friedrich Wieck’s, in September 1834. However, a budding romance with the now fifteen-year-old Clara Wieck, along with the news of Ernestine’s illegitimate birth, caused him to break off his engagement with Ernestine in late 1835.

Schumann’s romance with Clara was not to go smoothly, however. Despite his long association with Friedrich Wieck, Clara’s father brusquely rebuffed Schumann when he formally asked for his daughter’s hand in marriage. Wieck had discouraged their courtship since it began, keeping Clara away from Schumann and only allowing their association if Schumann met a series of increasingly intolerable conditions. Finally, in July 1839, Schumann took Wieck to court for the right to marry the now eighteen-year-old Clara. Wieck responded by repeatedly
missing court dates and drafting an 11-page “Declaration” detailing the many faults of Robert Schumann (from drunkenness to bad handwriting), which he then distributed to concert managers and critics. Wieck’s accusations were recognized as baseless by the court; after a prolonged legal battle, drawn out as long as possible by Wieck, Schumann and Clara were married on September 12, 1840.

The year of 1840 was one of the most productive of Schumann’s career; buoyed by his recent marriage and a prolonged elevated mood, he composed 168 songs over the course of the year. Over the next several years, he continued composing at a slower pace, generally focusing on one genre at a time: symphonic works in 1841, chamber music in 1842, oratorios (dramatic choral pieces) in 1843. Although Schumann was becoming more recognized, he was still less popular than Clara—after one concert of Clara’s, he was asked if he was a musician as well. On an extensive tour of Russia with Clara in 1844, Schumann fell into a deep depression, showing numerous mental and physical symptoms. For over a year, he fitfully worked on only a choral work based on Goethe’s Faust that would not be published until 1853; eventually, work on contrapuntal pieces, the genre he frequently visited during depressions, signaled his return to health and productivity. In December 1845 he would compose his Second Symphony, a work he singled out as reminding him “of a dark time” (as cited in Daverio, 1997, p. 321).

The Schumanns moved to Dresden, where they would stay for six years, in December 1844. Schumann experienced occasional bouts of depression and of elevated mood, and his productivity waxed and waned over the years. 1849 emerged as a particularly productive year in which Schumann composed over twenty works in almost all the genres he had explored throughout his life. In 1850, Schumann was appointed music director at Düsseldorf. Unfortunately, Schumann’s talent at conducting came nowhere near his talent at composing, and
neither his orchestra nor the public appreciated his lackluster conducting or his large-scale orchestral compositions. Also not helping were the cognitive impairments Schumann was beginning to show: trouble speaking, severe aural hallucinations, and “a certain apathy and dreaminess” (Slater & Meyer, 1959, p. 77). In addition to these difficulties, he was showing an array of health problems, including increasingly troublesome attacks of dizziness. One bright spot appeared in the form of the young Johannes Brahms, who the Schumanns almost immediately formed a deep friendship with upon meeting him in 1853. When Schumann’s symptoms finally became unbearable, on February 27, 1854, he attempted suicide by jumping into the Rhine. Upon his rescue, he asked to be taken to an asylum; on March 4, he was taken to Endenich, run by Dr. Franz Richarz. For over two years, he stayed in the institution, Richarz not permitting Clara to visit until July 1856. Schumann died on July 29, 1856, two days after Clara first visited.

Diagnoses

Beginning with Richarz’s autopsy of Schumann and his diagnosis of general paralysis, Robert Schumann has had a long history of post-mortem diagnoses of mental illness. From musicologists to psychiatrists, biographers to doctors, many have tried their hand at identifying exactly what plagued Schumann throughout his life and what sent him to Endenich at the end of it. The difference between the possible symptoms Schumann experienced throughout his life and the definitely pathological symptoms he displayed in his last few years mean that many have distinguished between a lifelong illness and a late illness. Although there have been numerous

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different diagnoses suggested over the years, three have remained popular due to evidence-based explanations: bipolar disorder, schizophrenia, and general paresis caused by syphilis.

Bipolar disorder, a mental illness involving the alternation of high (manic) and low (depressive) affective states, has probably been the most popular diagnosis of Schumann’s lifelong mental illness through history. Schumann was first diagnosed with the disorder by Hans Gruhle, who in 1906 diagnosed Schumann with “a cyclothymic form of manic-depressive madness” (as cited in Hayden, 2003, p. 110); the diagnosis has remained common throughout the years, and modern bipolar disorder researchers such as Kay Jamison (1995) use Schumann as a case study of a creative type with bipolar disorder. What is the evidence for the diagnosis? The depressive side of the disorder is easily seen in Schumann’s life, as he himself identified his severe depressions in detail. As he described them, the episodes included many of the DSM criteria for depression: feelings of sadness almost all the time, decrease of pleasure in activities, loss of energy, and a diminished ability to think, to name a few. In addition, he attempted suicide at least once and wrote that he had often thought about committing suicide. Schumann’s bouts of depression are impossible to ignore whether one is looking for a diagnosis or not, and a diagnosis of major depressive episodes fits neatly.

What about the flip side of bipolar disorder, the manic episodes? Mania is not so simple to understand as depression, nor is it as clearly diagnosable. Mania, a period of unusually elevated or irritable mood, encompasses many symptoms that seem positive, or at least non-pathological: talkativeness, less need for sleep, and increased activity, and so on. The destructive aspect lies in the possibility of risky behavior and the criterion that a manic episode must cause serious problems at home, work, or elsewhere. A diagnosis is made more difficult by the lesser severity of Schumann’s possible manic episodes. If Schumann had bipolar disorder, he certainly
had bipolar II; the difference between bipolar II and bipolar I is that bipolar II encompasses episodes of depression and of hypomania, a less severe version of mania that does not cause serious problems. Hypomania in and of itself, in fact, is not even a diagnosable disorder—it is only pathological when paired with episodes of depression. Did Schumann have episodes of hypomania? He certainly wrote about periods of elevated mood that contrast with his depressive and ‘normal’ periods. These periods were often paired with intense productivity: take, for example, the Year of Song, which Jamison (1995) calls “undoubtedly one of the most productive periods in the career of any composer in the history of music” (p. 203). That productivity was sometimes accompanied by a sense of compulsion, as Schumann told Clara in a letter: “I have been composing so much that I wonder at myself. But I cannot help it. I could sing myself to death, like a nightingale” (Schumann, 1907, p. 227). Schumann and Clara’s diaries also suggest that other symptoms of hypomania, such as racing thoughts and a decreased need for sleep, were present during these periods. The possibility that they would be diagnosed as hypomaniac episodes is not as certain as the diagnosis of Schumann’s depressive episodes, as Schumann did not specifically comment on some of the subjective criteria for a hypomaniac episode. However, considering Schumann’s high and low periods together, a pattern is apparent: periods of elevated mood and high productivity alternate with periods of depressed mood and low productivity and with ‘normal’ periods. This is, of course, an oversimplified view, but Slater and Meyer’s (1959) chart of Schumann’s moods and productivity (see Figure 1) suggests that a connection does exist. The diagnosis of bipolar II disorder fits well into this pattern and into Schumann’s own reports of his moods.

The diagnosis of Schumann with bipolar disorder has not been universally accepted, however; some have argued that he had schizophrenia throughout his entire life. Schizophrenia
was also first suggested for Schumann in 1906 with P. J. Möbius’s diagnosis of dementia praecox, the pre-1911 term for schizophrenia (Slater & Meyer, 1959). Unlike bipolar disorder, schizophrenia does not involve changes in mood; instead, it is commonly characterized by psychosis (delusions and hallucinations). The diagnosis of schizophrenia, as Slater and Meyer point out, “depends on a schizophrenic interpretation of the final psychosis of 1854-6, and a determination to regard earlier symptoms as caused in the same way” (1959, p. 88). Schumann’s psychotic symptoms in the last two years of his life are clear: he experienced aural hallucinations, was convinced that his food in Endenich was poisoned, and sometimes showed a loss of contact with reality. However, the diagnosis of schizophrenia does not fit nearly as well for the rest of Schumann’s life. The type of schizophrenia that best fits Schumann’s late symptoms is paranoid schizophrenia, which is marked by delusions and hallucinations with paranoid themes; none of these appear before Schumann’s late years. Combined with this lack of symptoms of schizophrenia is the fact that his lifelong symptoms are far better explained by an affective (mood) disorder. Schumann’s alternation between severe depressive periods and productive, ebullient periods point to an affective disorder, not a psychotic one; even if one doesn’t consider Schumann’s possibly hypomanic periods pathological, his depressions alone indicate an affective disorder. Outside of the affective symptoms, there is simply not enough evidence to consider a lifelong psychotic disorder.

Although there is a fair amount of evidence that Schumann had a mental illness throughout his life, it is undeniable that he was mentally ill during at least the final two years of his life, and probably for several years before that. In his years at Düsseldorf, he experienced such new symptoms as difficulty speaking and aural hallucinations, and in Endenich, he displayed paranoia and was at times unaware of his surroundings. Some hypothesize that
Schumann’s final illness was a continuation of a specific lifelong mental illness—particularly those that diagnose schizophrenia—but many separately diagnose Schumann’s final illness as general paresis caused by untreated syphilis. Richarz, in his autopsy of Schumann, reported that he died of general paralysis, an older term for general paresis. General paresis, a possible outcome of untreated syphilis, is an organic disorder that includes such symptoms as grandiosity, delusions, and dementia alternating with clarity—the latter two which Schumann certainly showed in his final years (Hayden, 2003). Most tellingly, Richarz recorded Schumann’s statement “In 1832 I contracted syphilis and was cured with arsenic” (as cited in Daverio, 2007).

In 1832, Schumann, not yet courting Clara, was involved with a woman named Christel; at the time, he wrote diary entries that suggest a sexual relationship and a possible venereal disease. Interestingly, the stage of syphilis preceding general paresis can convincingly mimic bipolar disorder, with an alternation between manic and depressive phases. Taking this into consideration, Deborah Hayden (2003) suggests that syphilis encompasses Schumann’s lifelong illness as well as his final illness. However, it seems unlikely that the long latency period of syphilis, which normally causes no affective symptoms, would be responsible for Schumann’s lifelong mood changes. With Schumann’s own admission of treatment for syphilis, and with the psychotic symptoms of his late years so different from the affective changes over the course of his life, general paresis seems a likely diagnosis for his final illness.

Although a combination of bipolar II disorder and general paresis seems to me the most likely diagnosis of Schumann’s condition, the diagnosis is by no means certain. Without being able to observe and question someone directly, it is extremely difficult to confirm or rule out all criteria for any disorder. What we know of Schumann’s life allows us to suggest possible mental illnesses—not officially diagnose him. In addition, the focus of this thesis is not on diagnosing
Schumann, but on others’ views of Schumann’s life and illness. Many diagnose Schumann, many don’t, and some suggest he had no mental illness at all. To encompass these views, I will be referring to Schumann’s “possible mental illness” throughout the thesis. There is no certainty in the diagnosis of Schumann, and even less when taking others’ opinions into account.
Chapter 2: “Madness in my Breast”: Robert Schumann and Mental Illness

No matter what specific diagnosis one gives Schumann, it’s clear that his mental condition had a large effect on him. Most obviously, his recurring, profound depressive states stunted his productivity for months at a time, and his final internment at Endenich utterly disrupted his life. Just as important as the direct effects of his illness, however, were the indirect ones: namely, those caused by what Schumann and those who knew him thought of his mental state. A mentally disturbed person clearly thinks and acts differently from a person who is well, but one can also see a difference between the man who thinks himself mad and the man who thinks himself sane—especially in a man with Schumann’s much remarked-upon ‘sensitive’ disposition and introspective nature. Similarly, his relationships with others will be greatly affected by what they think of his sanity. Even if a biographer doesn’t diagnose Schumann, or even believe he had a lifelong mental illness, it’s evident that thoughts and fears of madness often occupied Schumann’s thoughts; mental illness should at least be addressed concerning this aspect of Schumann’s life. And, of course, madness became a much more pressing concern to Schumann and his loved ones after he was admitted to Endenich, slightly over two years before his death.

In addition to this insight into Schumann himself, examining the historical views of Schumann’s mental illness helps us understand how and why so many different interpretations of Schumann’s possible illness have arisen in biographies. Although biographers rarely take these historical views at face value—attitudes towards mental illness have changed drastically since the nineteenth century—those attitudes contemporaneous with Schumann pervade the primary sources that later interpretations of Schumann’s life are based on. In examining Schumann’s illness through primary sources, it is necessary to view possible symptoms through the lens of
the past; different interpretations arise from deciding how much to revise those views. Does the insistence of Schumann’s friends that he was sane mean that he wasn’t mentally ill? Does Schumann’s internment at Endenich mean that he belonged in an asylum? Were Schumann’s own perceptions of his mental states accurate? Only by recognizing the different perspectives of these historical sources can biographers hope to interpret them and come to their own conclusions about Schumann’s mental illness.

**Historical Perception of Mental Illness**

In order to understand how Schumann thought of his own mental illness, it’s necessary to know what the views of mental illness, both medical and lay, were in mid-nineteenth-century Germany. Unsurprisingly, the outlook for the severely mentally ill was frequently grim:

Like the retarded, the mentally ill were often perceived in the 19th century as in some way less than human. … It was not uncommon for the family to attempt to ignore what had happened, removing the mentally ill to be institutionalized until death as if attempting to create the illusion that the person had never existed. (Jensen, 1998, part 1, p. 10)

Despite this marginalization of the severely mentally ill, however, more modern ways of thinking were slowly arising. A number of medical breakthroughs, such as the advent of germ theory, led some doctors to consider the severely mentally ill as medically ill, and treatable as such (Drinka, 1984). Other doctors and laymen turned their attention to people with non-psychotic mental illnesses who would not be institutionalized. While the conditions in public asylums were frequently horrific, more humane private asylums, of which Endenich was one, were appearing. Unfortunately, this change for the better did not come along fast enough to help Robert Schumann; innovations in mental health came slower to Germany than to other European
countries, and even the improved conditions of Endenich were negated by the director’s ingrained views of the mentally ill (Drinka, 1984).

Even today, when most people think of mental illness, they think of insanity, of psychosis: the hallucinating schizophrenic, shut away in an asylum, is the picture of mental illness. The nineteenth century, however, brought about an increasing focus on those people who were mentally ill without being psychotic: the neurotic, as Freud would label them near the end of the century. Benedictin Augustin Morel and Jacques Joseph Moreau, two of the leading theorists on neurosis at the time, both extrapolated their work with the severely mentally ill to apply to the neurotic (Drinka, 1984). Moreau postulated that neurosis resulted from lesions in the brain that all races, as degenerate forms of a perfect race, displayed, while Morel focused on the “overexcitation” of the brain that led to both genius and neurosis. However, the burgeoning medical interest in mental illness did not extend to actually treating neurosis. Despite these theories of the biological bases of neurosis, the bulk of neurosis was still seen as purely psychological and, thus, not meant to be the focus of medical treatment. The artificial division between biological and psychological not only meant that neurotics received little attention from the field of medicine, but also that psychotics received medical treatment only. Today, even the most effective psychiatric medications are ideally supplemented with therapeutic treatments, and the medicine of the 19th century was nowhere near effective enough to stand on its own. The shunning of psychology by the medical field meant that “the introduction of psychological therapeutic agents was naturally left in nonscrupulous medical, or nonmedical, hands” (Zilboorg, 1941, p. 355).

What treatments, then, were left for the neurotic? A diverse list can be compiled simply by looking at the many treatments Robert Schumann sought out for his numerous depressive
episodes. A few doctors didn’t consider his illness serious enough for treatment, notably the one he visited after his first depressive episode in 1833: “the doctor, after comforting me kindly, told me that medicine was useless, and ended by advising marriage as the only cure” (Schumann, 1907, p. 184). Although he did soon take this doctor’s advice, he was later treated by other doctors with a dizzying array of remedies. Schumann seemed to find hydrotherapy, a popular nineteenth-century emotional disorder treatment involving a variety of applications of hot and cold water to the body, to be the most effective, as he received the treatment intermittently throughout his life (Ostwald, 1985). He also took several unidentified medications (some homeopathic) at different times, was bled by leeches, took Carlsbad salts, saw a phrenologist, and dabbled in hypnosis (which remained popular both among nineteenth-century doctors and laymen despite popular methods being found medically unsound at the beginning of the century). He also received some psychotherapy—not the therapy in its modern sense, but a “moral treatment” where undesirable behavior was criticized and healthy behavior encouraged (Ostwald, 1985, p. 29). At least one doctor advised him to “employ himself and distract his mind with something other than music,” only to give up when Schumann refused to do anything of the sort (Wasielewski, 1871, p. 146). Despite this plethora of treatments, both medical and psychological, the only one that Schumann received sporadically throughout his life was hydrotherapy; although his changes in location necessitated changes in doctors and treatments, if other treatments had worked for him, he probably would have sought them out repeatedly.

By February 1854, the one treatment Schumann was asking for was a stay in a mental institution. Despite the French psychiatrist Philippe Pinel’s “enlightened” reforms of patient care near the turn of the nineteenth century, a widespread improvement of psychiatric care in Germany was slow to follow (Ostwald, 1985, p. 273). Some specific mental institutions in
Germany, however, strived for better treatment of the mentally ill. Soon after Schumann’s suicide attempt, he was taken to Endenich—Germany’s first private mental hospital—which was known for its progressive policies. Endenich’s director, Dr. Franz Richarz, focused on the physical causes of mental illness and treated his patients medically, not morally (Ostwald, 1985). With beds limited to avoid overcrowding and such freedoms as walks both on and off the grounds accorded to patients, Endenich was a Shangri-La compared to the frequently abusive and neglectful public mental institutions of the day. As Schumann biographer John Daverio (1997) states, “By the standards of his time, and even of our own, Schumann was quite well treated” (p. 482). Musicologist Eric Frederick Jensen, however, disagrees. In his article “Schumann at Endenich: Buried Alive” (1998), Jensen examines how Endenich didn’t live up to its ‘progressive’ reputation at the time and certainly doesn’t compare to modern psychiatric treatment. Most egregiously, no visitors were allowed to see Schumann, and many letters sent to and from him were censored, for eight months (Jensen, 1998, Part 1). Friends (including frequent visitors Johannes Brahms and violinist Joseph Joachim) were allowed to see him after mid-September 1854, but Clara wasn’t permitted to see him until two nights before he died, almost two years later. This policy was unusual for Richarz, who generally encouraged patients’ connection with family; Jensen suggests this isolation was a misguided attempt to protect Schumann from disturbing thoughts of his former life and his suicide attempt that might drive him further to despair. In addition to this, Richarz took his medicine-oriented philosophy to the extreme, refusing to consider psychological issues at all in treating mental illness. He used a purely medical treatment for Schumann, including cold baths, medication, and strict regulation of diet. Concerning the consequences of this focus, Jensen states: “What is most striking [in Richarz’s diary] is the absence of compassion and sensitivity. Richarz’s
preoccupations are Schumann’s symptoms and not the cause of his illness. Not only was no attempt made to comprehend Schumann’s temperament, little interest was shown in it” (1998, Part 2, p. 23). This attitude could be overlooked if vastly inferior public asylums were the only alternative, but other progressive institutions of the time did show concern for patients’ psychological needs. For instance, Dr. Emile Blanche, who ran a private asylum in Paris, focused on the spiritual and psychological bases of mental illness and encouraged creative endeavors in patients to support recovery (Jensen, 1998, Part 2). Endenich may have been better than most institutions at the time, but Schumann’s care was certainly not ideal.

Schumann and Contemporaries’ View of His Illness: Before Endenich

In hindsight, an observer can look at Schumann’s life before Endenich and identify Schumann’s depressions and his frenetic periods of nonstop composition as possible symptoms of a mental illness. Could, and did, Schumann do the same? Judging from his diaries and letters, the answer is yes. The question of how Schumann thought of his mental state, however, can better be divided into two questions: “Did Schumann think himself to be mad?” and “Did Schumann think himself to be ill?”

Schumann was no stranger to mental illness, or its tragic consequences. Kay Jamison (1993) states that his mother was frequently depressed, perhaps clinically, and notes that his father allegedly had a nervous breakdown the year Schumann was born and never fully recovered. His sister Emilie, according to August Schumann’s biographer C. E. Richter, had “a relentlessly progressive emotional illness [that revealed] occasional traces of quiet madness” that eventually ended in her death, possibly by suicide (as cited in Ostwald, 1985, p. 20); people have diagnosed her with everything from schizophrenia (Möbius, 1906, as cited in Slater & Meyer,
1959) to a “depressive stupor” (Ostwald, 1985, p. 21). In addition to these familial connections, Schumann was introduced to insane asylums at an early age. As an adolescent, he had visited family friends Agnes and Dr. Ernst Carus at the asylum Dr. Carus directed (Ostwald, 1985, p. 29).

It may be that these early experiences, combined with Schumann’s perception of his own mental states, instilled in him a lifelong fixation on and fear of madness. In letters and diaries, he frequently mentioned madness in connection to himself. For just a few examples, he wrote to Gilbert Rosen that author Jean Paul “has often brought me to the verge of madness” (Schumann, 1907, p. 13); after a week of bingeing on alcohol, he wrote in his diary “Madness in my breast” (as cited in Ostwald, 1985, p. 52); and he wrote to Clara, referring to the period Wieck kept them apart, “But then the old pain broke out again—then I wrung my hands—then at night I often said to God—‘just let this thing pass by patiently, so that I do not go mad.’” (as cited in Ostwald, 1985, p. 124). Suicide is also a common theme in his diaries and letters. “Altogether, I am in such a desperate state of agitation and indecision that I almost feel like putting a bullet through my head,” he wrote to his brother Julius (Schumann, 1907, p. 69); he wrote to Clara after receiving a discouraging letter from her, “I confess I was ready to put an end to myself with all possible speed a few days ago, but I decided to wait for your next letter” (Schumann, 1907, p. 207); and so on. It is difficult to tell whether or not these references are offhanded or serious—certainly, Schumann did have suicidal thoughts at times, but many of his mentions seem flippant or darkly humorous. Even if he was exaggerating, the frequency with which these subjects came up in Schumann’s writings suggests that suicide and madness were often on his mind.

Schumann was always very aware of his own mental states, as his concern about madness and detailed writings on his moods show. This awareness led to the creation of two characters,
Florestan and Eusebius, who represented the two sides of his personality; although Schumann does not explicitly connect the two with his fear of madness, they are intimately intertwined with his fascination with his own moods—and of a certain interest to those diagnosing Schumann with bipolar disorder. Who were Florestan and Eusebius, exactly? Schumann first mentioned the characters in his diary in 1831, writing, “Completely new persons enter the diary from this day forward—two of my best friends, whom I’ve nonetheless never seen before—they are Florestan and Eusebius” (as cited in Daverio, 1997, p. 74). Their personalities became clear as Schumann wrote about them more often: Florestan was outgoing and wild, while Eusebius was mild and passive. Schumann’s fanciful use of the two was most apparent in the Neue Zeitschrift, where his articles were sometimes signed by one or the other (with a corresponding change in writing style or attitude) and sometimes featured the two as characters, leading to interesting literary dialogue livening up potentially staid music reviews. They also appeared frequently in his personal diaries and letters, often referred to in the third person and treated as actual people; he explained to a friend that “Florestan and Eusebius form my dual nature; I should like to melt them into one perfect man, Raro” (Schumann, 1907, p.58). By about 1838, however, this aspect of his dual nature seemed to be at peace, as Schumann only rarely mentioned Florestan and Eusebius in public or private writings.

Were Florestan and Eusebius a sign of psychosis, of imaginary friends who Schumann thought of as real? We cannot, of course, confirm Schumann’s actual thoughts, but all evidence points to the conclusion that Florestan and Eusebius were a mixture of literary conceit and personal significance—a metaphorical exploration of Schumann’s mental state. Daverio (1997) goes into detail about possible literary and historical sources for the names Florestan and

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3 “Raro,” interestingly, was a name used for three purposes: the combination of Florestan and Eusebius, the combination of Clara and Robert, and Frederick Wieck.
Eusebius, and he and Ostwald (1985) both point out that split personalities were a recurring theme in the works of Jean Paul, an author that the young Schumann idolized. There seems to be no evidence that Schumann actually believed Florestan and Eusebius were real, and they fit in with the poetic names Schumann used to refer to the Davidsbündler and his imaginative literary style. However, the two were certainly not absent of personal significance, as the similarity of their personalities to Schumann’s while in his depressive and possibly hypomanic states cannot be ignored. Schumann was well aware of the differences in his personality while in his different affective states, and he wanted to “meld them into one perfect man.” Did he consider this an aspect of madness? There is no direct statement to the effect by Schumann, but Daverio does describe Florestan as displaying “half-mad trappings” (p. 75). Perhaps the awareness and personification of his mental states Schumann displays in Florestan and Eusebius contributed to both his fascination with own duality and his fear of going mad.

In addition to his writings, Schumann’s fascination with madness was also evident in his music. The most obvious example is *Kreisleriana*, op. 16, a piano piece based on the character Johannes Kreisler from the novels of E. T. A. Hoffmann. Hoffmann’s Kreisler, a musician who Schumann described as “eccentric, wild, and ingenious” (as cited in Daverio, 1997, p. 167), experienced depressive and exuberant phases very similar to Schumann’s own and was popularly known as mad. Schumann dedicated the piece to Clara, who responded, “sometimes your music actually frightens me” (as cited in Daverio, 1997, p. 168). However, one must keep in mind that a fascination with madness was fairly common in nineteenth-century Europe, as the widespread popularity of Hoffmann suggests. Rosen (1995) states, “It would be cruel to say that madness had then become fashionable, as it was always the subject of profound anguish, but there is a
grain of truth” (p. 647). Schumann’s artistic interest in madness and duality both seem to draw on a mix of personal significance and artistic popularity.

More personal indications of Schumann’s fixation on madness were his unconcealed fear of going mad and his strong antipathy towards insane asylums. Initially, Schumann mentioned both in a joking fashion: he wrote to his mother in 1829, “in my present lodging I have got the Catholic Church on my right hand, and a lunatic asylum on my left, so that I am really in doubt whether to turn Catholic or go mad!” (Schumann, 1888, p. 45). However, the idea of going mad became far more frightening in October of 1833, when he experienced his first depressive episode. As he wrote in his diary:

The night of 17-18 October—the most frightful of my life—

Rosalie’s death just before

At this point, a crucial segment of my life begins.

The tortures of the most dreadful melancholy from October until December—

I was siezed [sic] by an idée fixe: the fear of going mad. (as cited in Daverio, 1997, p. 109)

After this experience, Schumann was greatly affected by mentions of insanity; Daverio (1997) recounts how he relapsed into a depressive state after reading a newspaper account of two poets who were confined to an asylum. The feelings Schumann reported about living near an asylum were decidedly less witty than they had been in 1829, as his 1849 letter to Ferdinand Hiller concerning his move to Düsseldorf shows:

One thing more: I was looking up Düsseldorf in an old geography the other day, and found, amongst the attractions, three convents and an asylum. I might put up with the convents, but it made me uncomfortable to read of the other. I must explain to you: some
years ago, when, as you remember, we lived at Maxen, I discovered that I had from my
window a full view of Sonnenstein [an asylum]. This outlook came latterly to affect me
seriously—indeed, it spoilt my whole stay, and I now fear that it might be the same at
Düsseldorf. (1907, p. 267)

It is not enough, however, to note that Schumann feared madness without considering
how he defined ‘madness.’ In describing his 1833 attack in a letter to Clara, he wrote, “In the
night between the 17th and 18th of October I was seized with the worst fear a man can have, the
worst punishment Heaven can inflict—the fear of losing one’s reason” (1907, p. 183). His fear
seems to be centered on psychosis: a fear of ‘losing his mind,’ of becoming insane enough to be
locked away in an asylum. How, then, did he consider his lifelong struggle with extreme
moods? His many mentions of fearing madness suggest that he didn’t actually consider himself
mad. Did he nonetheless consider his extreme moods to be signs of an illness or portents of an
impending illness? He certainly recognized his depressive periods as such, as his 1834 letter to
Captain Ignaz Ferdinand von Fricken (Ernestine’s father) shows: “I have hardly got the better of
my own illness, a very depressing form of melancholia. The word is easily written, but the thing
itself is sometimes beyond human endurance” (Schumann, 1907, p. 99). While courting Clara,
he told her that he suffered from “mental illness [Seelenkrankheit]” and revealed to her “the dark
side of my life … the deep secret of a severe psychological illness” (as cited in Ostwald, 1985, p.
142; p. 135). After returning from Russia in 1844, Schumann almost always used the term
“illness” to refer to his mental problems, replacing the references to “madness” (Ostwald, 1985,
p. 192). And, of course, there were Schumann’s many visits to doctors for his depression,
starting from his first episode in 1833. It is clear that Schumann viewed himself as suffering
from a psychological illness, and feared that it would become so severe that he would lose his reason and go mad.

Did those who knew Schumann recognize him as suffering from a mental illness before his internment in Endenich? Today, few examples exist of Schumann’s contemporaries suggesting he had mental problems before the last several years of his life. Joseph Wilhelm von Wasielewski, a friend of Schumann’s and his first biographer, did diagnose him with a lifelong “organic disease” in his 1871 biography (p. 148); however, as a biographer attempting objectivity, Wasielewski’s diagnosis cannot be taken as typical of Schumann’s contemporaries. Considering that the pattern of Schumann’s oscillating moods and their extremity could easily be missed by those who didn’t know him well, it seems likely that the only ones who might have considered Schumann mentally ill (or ‘mad’, or ‘abnormal’) would be those he was close to, particularly those he communicated with concerning his mental states. He frequently mentioned feeling “melancholy” and “depressed” in his letters, particularly to family members, along with mentions of madness and suicide. He also explicitly admitted a mental illness to, at the least, his doctors, Captain von Fricken, and Clara. If his friends and family did address this in return, no record exists.

It is interesting that Clara, who knew him best of all, never wrote of him as being mentally ill, even after Schumann stated outright that he suffered from a mental illness. She did pay a great deal of attention to his moods in her own diary and in their joint marriage diary, as did Schumann; however, she didn’t seem to connect them to an ongoing illness. She wrote of his melancholy moods along with the physical symptoms of his depressions as they occurred, offering no comment beyond sympathy and hope that he would soon recover. Concerning his possible hypomanic states, Clara seemed awed:
How often have I actually discovered in myself that enthusiasm raises the artist above himself; how in an ordinary mood one would not have been able to accomplish many of the things for which enthusiasm lends one everything, energy, fire. (Schumann & Schumann, 1993, p. 52)

These states were in no way pathological to her, although she did sometimes chidingly note that he paid little attention to her or their marriage diary when lost in composition. To Clara, Schumann’s moods were just another aspect of the man, not signs of a mental illness.

Another interesting question is why Friedrich Wieck didn’t use Schumann’s mental instability to block his marriage to Clara. The list of character traits, whether simply exaggerated or utterly false, that Wieck did use to publicly shame Schumann in an attempt to prevent his marriage to Clara borders on the absurd: according to his “Declaration,” Schumann was “lazy, unreliable, and conceited”; “incompetent, childish, unmanly, in short totally lost for any social adjustment, and cannot speak coherently or write legibly”; had “paralyzed one of his fingers and made it useless through stupidity, defiance, and senseless conflict”; was an alcoholic; had a “mystical and dreamy personality”; wanted only to exploit Clara; lied about his income; and was a mediocre musician and journalist (as cited in Ostwald, 1985, p. 153-154; Daverio, 1997, p. 188). In short, Wieck took every bad trait that Schumann possessed (and some that he didn’t) and used them against him, to the extent of sending libelous information about Schumann and his relationship with Clara to musicians, music critics, and concert managers throughout Germany. In order to find evidence against Schumann, he had broken into Clara’s locked box of letters and copied her private correspondence with Schumann. In his letters to Clara, Schumann had revealed much about his mental states: labeling his depressions a mental illness, admitting he had seen doctors for his condition, and describing his deep depressions and suicidal urges. Even if
Clara had kept the most damning letters elsewhere, Schumann mentioned his depressions enough that the letters held heavy ammunition for Wieck to prove Schumann unfit to marry his daughter. Why, then, didn’t he use it? According to Ostwald, Wieck warned Clara that Schumann was “emotionally disturbed” (1985, p. 176); if he believed this, what stopped him from publicly using it against Schumann?

It would be a possibility that he didn’t want to ruin Clara’s reputation through association, but for his occasional public attacks against Clara herself. One possibility is that since madness was such a serious allegation, it would be much harder to prove, especially since Schumann’s behavior at the time wasn’t psychotic and his difficulties weren’t readily apparent to those who didn’t know him well. Another is that Schumann’s melancholia, even his thoughts of suicide, were considered part of the artistic temperament and thus to be expected. As Wieck expected Clara to marry a musician or composer, the artistic temperament presumably was to be expected in her suitors. Still, it seems strange that Wieck didn’t find a way to use Schumann’s illness against him, whether he believed him actually mad or not. With little published speculation on this oddity, it would make an intriguing direction for further research.

Schumann and Contemporaries’ View of His Illness: Endenich

For most of Schumann’s life, those who knew him could brush off abnormal mental states as eccentric, but not pathological; he might have been frequently depressed, but he wasn’t psychotic. All that changed on the night of February 27, 1854, when he attempted suicide and then was taken away to an insane asylum a few days later. The possibility of Schumann having a mental illness could no longer be ignored. The act of being taken to an asylum said that Schumann was mad, and everyone who knew him had to take sides. Was Schumann mad or
misunderstood? Did he belong in an asylum? These questions can also be addressed to the doctors who treated him, and it may be their answers that are the most important of all. They were, after all, the ones that had the authority to keep Schumann in Endenich, they were the ones who dictated when others could see Schumann, and it were their opinions of Schumann’s mental state that those who knew Schumann reacted to. The question, for Schumann’s family, and friends, was less “Is he mad?” than “Are the doctors right?”

The doctors, according to Eric Fredrick Jensen, were certainly not. Regardless of whether or not Schumann needed to be put in an asylum in the first place (and the suicide attempt showed a need for some type of action to be taken), Jensen argues that Richarz’s dismissal of any sort of psychological treatment meant he could give Schumann only the most cursory help and cause far more harm. Unfortunately, Richarz’s interpretations of Schumann’s behavior left little room for any diagnosis but madness. As Jensen says, “Richarz’s observations of Schumann tended to emphasize and, at times, distort those aspects of Schumann’s behavior which confirmed his own pessimistic diagnosis” (1998, Part 2, p. 23). In Endenich, Schumann did, according to Richarz’s journals, engage in behavior that suggested a loss of contact with reality and paranoid delusions, such as not knowing where he was and believing his wine was poisoned (Jensen, 1998, Part 1, p. 11). However, not all of Schumann’s actions were so pathological; it is astonishing to realize how little attempt was made to separate potentially pathological behavior connected with his late illness from Schumann’s lifelong habits. Brahms’ experience during an Endenich visit, which he wrote of to Clara, provides a telling example:

Remember, too, how much of his behavior strikes the doctors as unnatural. When I saw him he put his hand to his mouth as usual, and the doctor said portentously to me, “Look,
he often does that!” I replied, “He has always done that.” “Yes,” he said, very gravely, “many people have told me that already.” (Brahms & Schumann, 1927, Vol. 1, p. 17)

However “enlightened” contemporaries considered Endenich, Richarz’s records suggest that once Schumann was admitted, the doctors made little effort to discover what exactly his ‘madness’ entailed, or why it had occurred. Instead, Schumann was simply regarded as a confirmed madman.

Schumann’s experience shows a striking similarity to D. L. Rosenhan’s famous study, “On Being Sane in Insane Places” (1973). The study followed several experimenters (or ‘pseudopatients’) who checked themselves into mental hospitals, claiming they heard voices, and then acted no differently than normal while in the hospital. A nurse noted that a pseudopatient from Rosenhan’s study “engages in writing behavior” without asking him about it and finding out that he was taking notes for the study (p. 253); similarly, upon hearing Schumann play piano in Endenich, “Richarz dismissed it as ‘very wild and incoherent’—perhaps it was, but then hostile critics had been describing Schumann’s music in similar terms for decades” (Jensen, 1998, Part 2, p. 23). Like Rosenhan’s pseudopatients, once Schumann went to Endenich, everything he did was interpreted as a further sign of his madness. Of course, unlike the pseudopatients, Schumann demonstrated clearly abnormal symptoms while in Endenich. The problem lay in not separating new and abnormal symptoms from traits and habits Schumann displayed his entire life. Without a separation, the patient becomes a madman without any existence outside the asylum; it becomes impossible to identify and treat the actual illness, assuring that future existence outside the asylum is unlikely.

How did this experience change Schumann’s views of his own mental illness? Even before he was admitted to Endenich, he realized that his condition had worsened enough that he
needed to take extreme measures. Schumann, who had feared the loss of his reason all his life, who had seen many doctors for his mental condition, and who had always methodically observed his own states of mind, was convinced that he was losing his mind. As Clara wrote in her diary, the night before his suicide attempt, Schumann

“suddenly … stood up and said he must have his clothes, he must go into the asylum as he no longer had his mind under control and did not know what he might not end by doing in the night. … when I said to him: ‘Robert, will you leave your wife and children?’ he answered, ‘It will not be for long. I shall soon come back, cured.’” (as cited in Litzmann, 1972, Vol. 2, p. 57)

After the suicide attempt, Schumann continued to insist upon being taken to an asylum. Given his established aversion to asylums, this was no small step for him. However, this aversion was mitigated by his mistaken belief that his stay would be a brief one and that he would return cured. Since he had always cycled out of his harshest periods of melancholy, this was a not unreasonable belief.

Schumann was never to leave the asylum, however. After seven months at Endenich, he became convinced that his doctors “completely misunderstood” him, as he told Joachim—understandably, considering the pathological lens his doctors viewed his actions through (as cited in Jensen, 1998, Part 1, p. 15). He began to repeatedly express his desire to get “completely away from here!” to everyone he was in communication with (as cited in Jensen, 1998, Part 1, p. 16). Interestingly, when writing Brahms of his wish to leave Endenich, he suggested other clinics he could be transferred to, not mentioning the possibility that he return home; this, despite Jensen’s observations that Schumann’s condition greatly improved during the fall of 1854 and spring of 1855. It seems that although Schumann did not view himself as
pathologically as Richarz did, he also did not see himself as completely well. Additionally, Schumann’s antipathy to asylums was almost certainly compounded by his experience living in one. To request to live in another asylum after his experience at Endenich suggests that he truly thought his condition required it.

What about the perceptions of other people? For those who didn’t personally know Schumann well, ideas of his mental illness were easily shaped by the image of the madman, locked in an asylum after jumping off a bridge. Schumann’s suicide attempt and internment in Endenich were a well-publicized event that scandalized Schumann’s colleagues, acquaintances, and the general public (Jensen, 1998, Part 1, p. 10). Schumann’s reputation as a composer shrank despite the continued publication of works composed before the suicide attempt (Jensen, 2001). With only rumors and speculation to go on, it was obvious Schumann had gone mad. For Schumann’s close friends and family—particularly Clara, Brahms, and Joachim—judgments of Schumann’s mental state were much more complex. They were certainly aware of the all-pervasive opinion of the general public that Schumann was mad; in addition to that, Jensen points out that “added to their concern was an element of shame and humiliation—as if those who had established intimacy with Schumann were now somehow tainted by his mental illness” (1998, Part 1, p. 10). Combined with this were any previous concerns about his mental state that hindsight magnified. For example, Clara had long experience with Schumann’s oscillating moods and his actual confession to her that he was ill. Moreover, she had witnessed his increasingly erratic behavior during the past several years. What did those who knew Schumann think?

Johannes Brahms’s beliefs about Schumann’s actual illness were complicated, as a statement to Clara shows: “I cannot stir from my conviction that your dear one’s illness is cured
but that his mind, unlike his body, is not yet fully restored” (Brahms & Schumann, 1927, Vol. 1, p. 17). Did Brahms consider Schumann’s ‘illness’ to be a purely bodily concern? What did he consider Schumann’s ‘unrestored’ mind, if not part of the illness that brought him to Endenich? Regardless of how Brahms construed Schumann’s mental illness, he and Joseph Joachim, the other man who became a close friend of Schumann only a few years before he was committed, initially shared Schumann’s opinion toward his institutionalization: they believed that it was necessary, but that Schumann would soon be well enough to leave. As more time passed, however, like Schumann, they became wary of the doctors. Brahms’s letters to Clara shows this, as does Joachim’s statement to Clara that he won’t “accept the doctor’s words as those of an absolute oracle” (as cited in Jensen, 1998, Part 1, p. 17).

Although Brahms had, like Schumann, lost trust in Endenich’s doctors, he did not act on Schumann’s repeated requests to get him out of Endenich. He did eventually look into other asylums for Schumann to be transferred to in March 1855, but Jensen asserts that he and Clara acknowledged “not … the gravity of the situation, but at least … Schumann’s wishes” (1998, Part 1, p. 16); this effort, and a later contemplation in February 1856 of alternative treatments, went no farther than speculation (Jensen, 1998, Part 2, p. 18). It is difficult to tell whether Brahms thought it best for Schumann to stay in Endenich, or whether he was intimidated by the doctors. As he wrote to Clara, “My head was filled with what I wanted to tell and ask the doctor, but when I looked into his cold face, not a word came to me” (as cited in Jensen, 1998, part 2, p. 13). Whatever the case, it is clear that he shared Schumann’s opinion that Schumann was ill enough to need more treatment. Joachim, on the other hand, openly stated in 1855 that he thought it unwise to move Schumann from Endenich, as his condition had improved while he had been there—no record is available of his reaction upon Schumann’s decline before his death
(Jensen, 1998, Part 1, p. 16). Neither of Schumann’s closest friends, then, thought that Schumann should live outside an asylum, and neither, although they were wary of the doctors’ interpretations of Schumann’s condition, placed enough stock in Schumann’s requests to leave to actually help him do so.

Ironically, it was a casual friend of Schumann who made the most concentrated effort to remove him from Endenich: Bettina von Arnim, a poet who had had a good amount of experience with the mentally ill, including several personal friends. After visiting Schumann in Endenich, she wrote Clara and told her that he was the “only rational human being” there, and that she would do all she could “to free poor Schumann as soon as possible from his imprisonment” (as cited in Jensen, 1998, Part 1, p. 18). She stated that the doctors had made no attempt to understand Schumann’s “inner nature”, that Richarz was a “hypochondriac”, and that he had interpreted Schumann’s “nobility of soul” as symptoms of an illness (as cited in Jensen, 1998, Part 2, p. 14). Although Arnim was perhaps naïve in implying that Schumann was not at all mentally ill, it is unfortunate that her sympathetic understanding of the situation was ignored by Clara, who replied only by telling her that her interpretation was inaccurate (Jensen, 1998, Part 2).

What of Clara? Her own feelings and motives are difficult to ascertain in light of her avoidance of Schumann for almost his entire stay at Endenich. She was very concerned about protecting his public image, as Jensen states:

After Schumann’s confinement, Clara became resolutely determined to maintain what she perceived as Schumann’s unsullied and lofty reputation. She did not want it tarnished by any association with insanity, as it would have been with a public that had little understanding of mental illness and certainly little sympathy of it. (1998, Part 1, p. 14)
She took this protection as far as to destroy some of his late works, believing that Schumann’s insanity was apparent in them. Did she think Schumann mad, or was she simply concerned that the public thought him so? At first glance, it seems that she believed Schumann was ill, but on the way to recovery. She took the words and orders of Schumann’s doctors as gospel, which she presumably would not have done had she believed Schumann not ill. However, upon reading a letter from Schumann, she wrote in her diary, “I continually tell myself that such a letter could not come from one who is ill” (as cited in Jensen, 1998, Part 1, p. 14); this seems to be an over-optimistic interpretation, and one that she later backs away from by admitting his illness. At other times, she described herself as “very cautious in my hopes,” displaying a natural fluctuation of hope in a trying situation (as cited in Jensen, 1998, Part 1, p. 15).

Clara’s opinion of Schumann’s mental health in Endenich, however, is more complicated than it at first seems. It is wrapped up in the question of why she didn’t visit him in Endenich for over two years, only seeing him the day before he died. One possible answer is that Schumann’s doctors forbade her from doing so, and she obeyed their orders as part of the treatment regimen. But, as musicologist William Benjamin points out, Clara had a very strong personality and was probably famous enough to have the clout to visit Schumann, had she wanted to (personal communication, October 22, 2006). Additionally, Clara had heard many accounts, from both Schumann and those who visited him, that the doctors misunderstood him; presumably, those accounts would have eroded her confidence in their prescriptions. Why, then, did she not visit? Jensen postulates:

Clara knew nothing of mental illness and may have feared that Schumann might harm her or their children. But it seems clear that by this stage of Schumann’s confinement she had no desire to see him, even if she refused to admit it to herself. Since Schumann’s
move to Endenich, Clara had established a new life for herself. … Schumann’s return, particularly in a state of only partial recovery, would have brought it all to an end. (1998, Part 2, p. 14)

Although this explanation can be taken too far, as did some “renowned journals” in stating that “Clara Schumann had shoved her husband into the asylum to carry on a love affair with Johannes Brahms,” the idea that Clara wanted to start a new life for herself seems a reasonable one (Hayden, 2003, p. 99). She was a successful concert pianist, well in demand for tours, and she and Brahms were, by all accounts, in love with each other. It is not unlikely that she felt the desire to leave her mentally ill husband behind, whether consciously or unconsciously.

Fear of madness, and of seeing her beloved husband mad, may have also played a role in Clara’s absence. Her rejection of Schumann’s works that may have been tainted by his illness seems a reaction made out of fear, not rational thought. In addition, the fact that she kept up a loving correspondence with Schumann suggests that it was being in his physical presence that she avoided. Clara had weathered Schumann’s darkest states of mind, but his condition in Endenich was worse; she had seen his terror of going mad, and now it had come true. If it was fear that stopped her from seeing Schumann, it was a fear that led her to ensure his care to the doctors and go on with her life. Do these two possibilities adequately explain Clara’s reasons for staying away? Probably not. To portray her actions as purely selfish (Schumann held her back from her new life) or purely sympathetic (she was frightened of seeing Schumann gone mad) is reductionistic and surely doesn’t capture the full complexity of her thought. One can only speculate as to some of the possible factors in Clara’s decision to avoid Schumann in Endenich.

Schumann’s interpretations of his own mental state, and the interpretations of his family, friends, and contemporaries, were quite complex. Schumann’s fascination with madness and his
own mental states appears in a good deal of his writing throughout his life; after he was admitted to Endenich, that same fascination was shared by everyone who knew him. Their reactions and motives raise some interesting questions, particularly Clara’s avoidance of Schumann in Endenich. What, precisely did they feel Schumann suffered from? Did they believe his late illness was connected to the lifelong illness Schumann said he had? Did the feelings they revealed in letters and diary entries really capture their full views on Schumann’s mental state? One can only speculate on the answers to these questions—and the answers Schumann’s biographers report depend on their own interpretations of Schumann’s possible mental illness, which partially depend on the interpretations of Schumann and those who knew him. Biographers of Schumann have extensive material to work with, as Schumann certainly did not skimp on reporting his feelings on his own mental states and possible mental illness. The fact that those writing about Schumann don’t have to start from scratch in examining a possible mental illness is both a blessing and a curse. Schumann, of course, gives the most accurate report of his feelings, but he is not detached enough, and does not have the modern knowledge, to provide an impassive look at the overall picture of his possible mental illness. The final picture must come from an interpretation of an interpretation; it is no wonder that those pictures turn out to be so different.
Chapter 3: “Completely Misunderstood”: Biographies and Mental Illness

In the over 150 years since Robert Schumann’s death, there has been a great deal of biographical material written about the composer. Starting with the 1871 biography written by Joseph Wasielewski, a friend of Schumann’s during his years in Düsseldorf, there have been a plethora of book-length biographies about Schumann, along with encyclopedia articles, book chapters, the liner notes of LPs and CDs, and more. One might, at first, think that most differences among biographies would be purely stylistic, besides the variation easily explained by later publication of certain personal documents of Schumann and contemporaries. On the contrary, the portraits of Schumann these different biographers paint can be wildly different. Biographers’ own interpretations of Schumann’s life are inextricable from the ‘facts’ they present; after all, all the reader can take from a biography is what the author chooses to report. Although the general outline of the events of Schumann’s life must be present in every biography, the details an author chooses to focus on, the quotes an author chooses to include, and the amount of space an author chooses to devote to an aspect of Schumann’s life have a large effect on the biography’s ultimate presentation of Schumann.

The interpretative power of biographers is nowhere more apparent than in their treatments of Schumann’s possible mental illness. That Schumann suffered from a lifelong mental illness is unclear, and what exact illness that might be is even less so. Some biographers deny that he was mentally ill, some admit illness without diagnosing him, and some offer their own diagnoses (varying from bipolar disorder to schizophrenia to a brain tumor). However, diagnosis is not the entirety of a biographer’s treatment of Schumann’s possible mental illness; in fact, it’s almost unimportant. Some biographers diagnose Schumann and yet show no insight into what that mental illness entails, while others refrain from diagnosing him and still present a
well-thought-out view of his mental state. There are many other factors that influence the final portrait biographies present of Schumann’s mental state: how much space they give to possible symptoms, whether they present their facts from a Romantic or sensationalist or skeptical viewpoint, whether or not Schumann’s final illness permeates the entire biography, and more. None of these traits guarantee a ‘correct’ or ‘incorrect’ interpretation of Schumann’s possible mental illness, and neither does the time period the biography was written in or the academic focus of the biographer. Instead, each biography must be taken as a whole, with the many factors that combine to form their presentation of Schumann’s possible illness compared with the reader’s own opinion of it; after all, the ultimate arbiter is what the reader wants from the biography. For this section, I first will take an in-depth look at two recent biographies by Peter Ostwald (1985) and John Daverio (1997). I will then look at common themes concerning biographies’ presentations of Schumann’s possible mental illness by examining those and four other book-length biographies, along with numerous shorter biographies.

Daverio and Ostwald

The very different presentations of Schumann’s life that can result from different interpretations of his mental condition are sharply seen in two fairly recent biographies of Schumann: Peter Ostwald’s Schumann: The Inner Voices of a Musical Genius (1985) and John Daverio’s Robert Schumann: Herald of a “New Poetic Age” (1997). The biographies are both meticulously researched and both defend the quality of Schumann’s later music, but in practically all other aspects, they are at opposite poles. Daverio is a musicologist, and focuses heavily on Schumann’s music. Ostwald, on the other hand, is writing a psychobiography, built off of Freud’s theory of psychoanalysis and its insistence of the importance of the unconscious
and sexuality. While Ostwald’s biography focuses on the sensational and on delving into Schumann’s inner thoughts and motives, Daverio relies heavily on primary sources and strives for a thorough and objective report of Schumann’s life and music. Ostwald frequently explores the possible effects Schumann’s mental state had on his life and music, while Daverio dismisses others’ theories of the connection. The two authors emphasize different aspects of Schumann’s life, each using quotes from Schumann and describing events the other does not. These differences are more than simple stylistic choices; a reader could come away with a very different impression of Schumann depending on whether he or she reads Daverio or Ostwald’s biography.

Peter Ostwald, the author of *Schumann: The Inner Voices of a Musical Genius* (1985), was a professor of psychiatry and a classical violinist, long interested in the mental health of musicians. In 1986, he founded the Health Program for Performing Artists, a program for research and treatment of mental problems of musicians, at the Langley Porter Psychiatric Institute in San Francisco (Tommasini, 1996). Unsurprisingly, his biography of Schumann focuses heavily on the composer’s mental status, giving detailed diagnoses of mental illnesses and viewing his actions through a psychoanalytic lens. Ostwald draws heavily from primary sources, particularly the then newly-published *Haushaltbücher* (Schumann’s personal diaries), making his own translations from the original German. His aim, however, is not simply to summarize Schumann’s life through primary sources; instead, as a psychobiographer, he endeavors to explain it. There is no separation of the pathology of his mental illness and the difficulties of his everyday life, and the very nature of psychoanalysis necessitates a focus on the sensational aspects of Schumann’s life. This means that Ostwald’s presentation of Schumann’s
illness is inextricably linked with his psychoanalytic analysis—which may cause readers who reject Ostwald’s psychoanalysis to also reject his diagnosis of bipolar disorder.

This heavily psychoanalytic interpretation means that the focus of the biography is Ostwald’s interpretation of Schumann’s life, not Schumann’s life itself. If a reader does not believe in the universal truth of psychoanalytic ideas, the value of the book as a pure biography is lessened. One particularly jarring example of the pitfalls of psychoanalysis is Ostwald’s account of a treatment Schumann received for his lamed finger, that of inserting his finger into the belly of a recently slaughtered animal:

The symbolic meaning of an “animal bath” must also be considered. Schumann could not have been unaware of the warm, moist feel of the entrails on his outstretched hand during the treatment—a mingling of sensuality with death. Nor could he have been oblivious to the phallic appearance of his “stiff” middle finger. Kuhl was in effect asking him to participate in a kind of necrophilia. Considering Schumann’s recent anguish over the “wound” on his penis, together with the guilt he had been experiencing over his inability to abstain from sexual activity, we can assume that the animal baths afforded not only punishment for his “sins” but also a substitute form of physical gratification. (p. 92)

Ostwald fails to consider that, in a pre-Freudian era, Schumann certainly could have been oblivious to an ambiguously phallic symbol. Additionally, his assertion that Schumann viewed the animal bath as “punishment for his ‘sins’” seems to have no basis in fact, as Schumann’s only reference to the bath in writing was a joking description in a letter to his mother. He may well have had a deeper, perhaps unconscious, reaction to the bath, but without the support of primary sources, Ostwald’s conclusions are educated guesses. These interpretations are easy enough to separate from seemingly objective aspects of the biography, such as Schumann’s own
words—but even these may be tinged by Ostwald’s psychoanalytic viewpoint. One reviewer suggests that other sexual exploits Ostwald reports on are simply far-fetched translations of the German, such as translating *lächelnde Dirnen* as ‘smiling whores’ instead of ‘smiling maidens’ (Taylor 1986, p. 208). And, of course, Ostwald’s selection of facts to report is determined by his own viewpoint. The most basic facts of a biography will always be reported, but the inclusion or overlooking of certain details, such as Schumann’s sexual encounters with Christel (which are not mentioned in many biographies), will have an influence on how the reader sees Schumann’s life.

At first glance, it seems that this interpretation need not influence readers who disagree with psychoanalysis; after all, they can just accept the psychoanalyses as opinion and concentrate on the facts presented by the biography. However, aspects of Schumann’s biography that seem factual are still colored by the biographer’s point of view—even the facts may not be objective. A large problem, particularly for readers’ acceptance of Ostwald’s diagnosis of bipolar disorder, is his tendency towards sensationalism. Ostwald provides in-depth reports of the more scandalous aspects of Schumann’s life: sexual partners, alcoholic overindulgence, suicide attempts, madness, and so on. For example, the biography begins with a dramatic depiction of Schumann’s 1854 suicide attempt. Although I believe Ostwald generally does a good job at looking at Schumann’s lifelong mental troubles on their own terms, as opposed to a prelude to his final illness, this immediate introduction of the suicide attempt led one reviewer to complain that Ostwald “leads us through Schumann’s life in order to draw attention to every trait that might foreshadow the final catastrophe” (Lenneberg, 1986, p. 81). The very nature of psychoanalysis means that sexuality is brought to the forefront, another approach that feels overly sensationalistic. The sensationalism should be taken in context, however. It seems to be,
at least in part, a reaction to the sometimes absurd romanticization and sanitization of Schumann’s life by earlier biographers, and also because of the new primary sources available to Ostwald; for instance, Schumann’s private diaries obviously contain more salacious details than his letters to his mother.

More problematic than the sensational presentation of established facts, however, is Ostwald’s tendency to present extreme interpretations of primary sources as fact, often without strong evidence. The most glaring example of this is Ostwald’s assertion “that [Schumann] had one and possibly several homosexual encounters seems clear” (p. 54); this is backed up by dubious evidence, such as Schumann describing his male friends in very affectionate terms and having attractive male roommates. Another example, this directly concerning Schumann’s mental state, is Ostwald’s multiple references to Schumann’s “violent aggression” (p. 107) and “malignant hostility” (p. 178):

It was consistent with Schumann’s personality that he would repeatedly try to reduce his inner anguish by projecting his self-reproaches onto various external figures, mainly women. … Hence Schumann’s violent anger toward the women he loved, and his attempt to repudiate them. When news came that Ernestine’s father had approved her marriage plans, Schumann bluntly rejected the girl. “In my tormented condition,” he wrote Frau Voigt, “I am afraid to accept the precious jewel into my accursed hand.” (p. 113)

It seems far more reasonable to interpret Schumann’s statement as a reference to his depression, certainly a “tormented condition,” than to read a hidden “violent anger” beneath the surface of his polite words. This type of sensational analysis, reported as fact, can affect others’ impressions of Ostwald’s presentation of Schumann’s mental illness. Ostwald’s portrayal of a lifelong mental illness that deeply affected Schumann’s personality and productivity can seem
sensationalistic to people unfamiliar with mental illness, particularly when comparing his biography to others biographies of Schumann that didn’t even diagnose a mental illness. A detailed account of Schumann’s oscillating moods, including accurate but potentially scandalous details on his heavy drinking and suicide attempts, seem much less plausible when surrounded by sensationalistic speculations.

Despite these problems, much of Ostwald’s presentation of Schumann’s mental condition is well done. As befits the psychological focus of the biography, Ostwald includes a chapter on diagnosis at the end of the book with an overview of historical diagnoses on Schumann along with his own opinions. His diagnosis of “a ‘bipolar’ type of affective disorder” is preceded by a concise paragraph identifying the symptoms that point towards the diagnosis (p. 303); the summary succinctly encapsulates why Schumann has so frequently been diagnosed with bipolar disorder. Ostwald does not believe Schumann’s final illness was syphilitic in nature and makes an in-depth refutation of previous arguments for syphilis; Richarz’s journals, which more definitively indicate syphilis, were not available to Ostwald, but his arguments are reasonable and well-researched considering what information was available to him. Perhaps because Ostwald does not believe Schumann had syphilis, he avoids the trap of attributing everything in Schumann’s late life to his final illness. He avoids identifying every late-life idiosyncrasy as a portent of insanity and, as Daverio would later do, he makes a case for the quality of Schumann’s late works, long thought marred by his mental illness. Additionally, Ostwald emphasizes a point that others diagnosing Schumann tend to skim over: the effect of the “tortured artist” stereotype on Schumann. After making his diagnosis, he notes that “Schumann’s affective disorder took shape within the context of the romantic era. Emotional exuberance, moodiness, heightened creativity, and suicidal despair were fashionable if not actively cultivated attributes” (p. 304).
This point is often made to reject the possibility of a mental illness; it’s unusual to find a biographer who diagnoses Schumann placing so much emphasis on it.

Strangely, though, Ostwald’s treatment of Schumann’s mental states throughout the biography does not mesh with his diagnosis in the last chapter. In the body of the biography, he diagnoses individual episodes as separate illnesses: in 1828 Schumann suffered from a “dissociative disorder” (p. 36), in 1833 a “panic disorder” (p. 101), in 1844 and 1845 a “major depressive disorder, with some paranoid thinking … plus alternating agitation and apathy” (p. 201). Although these episodes may have included symptoms found in these disorders, it is misleading to suggest that he suffered from all these disorders for only one discrete episode apiece. Additionally, Ostwald shies from identifying Schumann’s possible hypomanias in the text, only once mentioning a “terrifying exaltation that was threatening to escalate into manic psychosis” (p. 138). Ostwald’s particular phrasing does not allow for the existence of hypomania, implying that the “terrifying exaltation” is only a warning sign for full-blown mania. This somewhat inaccurate representation of bipolar disorder is strange for a psychologist, especially considering his admirable summary of its symptoms in the final chapter. More problematic are the other disorders Ostwald diagnoses Schumann with: he presents psychoanalytic speculation side by side with clinical diagnoses in the final chapter. Directly after the “Mental Disorder” section, with its diagnosis of bipolar disorder, he presents a “Personality Disorder” section, which includes a psychoanalytic interpretation of Schumann’s personality and diagnoses of “narcissistic” or ‘borderline’ personality disorder” (p. 305). These diagnoses, offered without clinical descriptions or symptoms that can be distinguished from Ostwald’s psychoanalytic conclusions, greatly lessen the credibility of his diagnosis of bipolar
disorder. With so many diagnoses assigned to Schumann, the diagnosis of bipolar disorder has no more cachet than the group of diagnoses not supported by evidence.

It’s difficult to judge Ostwald’s biography simply as a good or bad treatment of Schumann’s life and mental state. The psychoanalytic and sensationalist angles permeate the biography, even his clinical diagnoses, and he presents far-fetched interpretations as fact; on the other hand, some of these ‘sensational’ facts were simply unknown to or unreported by earlier biographers. In addition, his diagnosis of bipolar disorder in the final chapter is well-written and doesn’t discount the effect the Romantic ‘tortured artist’ stereotype had on Schumann himself. Unfortunately, in this case, readers might dismiss the good because of its association with the bad. Just as Ostwald reacts to overly discreet earlier biographers by going to the opposite extreme, so John Daverio, writing thirteen years later, reacts to Ostwald.

Unlike many other biographies of Schumann, John Daverio’s Robert Schumann: Herald of a “New Poetic Age” (1998) is meant to provide a comprehensive look at both Schumann’s life and his music. Daverio, a professor of musicology, gives considerable space to musical analyses of almost all of Schumann’s major pieces and some minor ones; instead of separating the musical analyses from the biography, he looks at the music within the biographical narrative, naturally leading to an examination of the interplay between life and art. The biographical information does not suffer in the slightest from this increased emphasis on music, however. Daverio draws on extensive research of primary sources, as opposed to taking his information from previous biographies. Daverio’s access to newly-released material, such as Dr. Richarz’s journals from Endenich, makes his data even more extensive than Ostwald’s. As Daverio states, besides writing a comprehensive life and works, he had several specific goals in writing the biography:
I decided to write this biography in part to set aside some old myths—that Schumann knew how to write short pieces but not long ones, that we can hear traces of his final illness in his later music—but also, and apart from any polemical intent, to draw a portrait of a composer who was perhaps the first in Western musical history to view the art of composition as a kind of literary activity. (p. vii)

The focus on Schumann’s connection to literature is one not frequently found in other biographies, and provides a valuable examination of a frequently overlooked aspect of Schumann’s life.

However, Daverio’s goal to defend Schumann’s later works hints of an unusual quality that mars his otherwise excellent biography: his treatment of Schumann’s mental condition. He writes a thorough account of Schumann’s final illness, describing Schumann’s stay in Endenich and making a strong, well-supported case that his final illness was general paresis caused by syphilis. However, he identifies Schumann’s earlier emotional difficulties only as “the depressive disorder that plagued him throughout his adult life” (p. 391), without conducting the kind of research he did to make a diagnosis of general paresis. Daverio never mentions any specific mental illnesses, even to refute their diagnosis. Considering that he has no problem refuting other claims of various biographers, and that Jamison’s *Touched With Fire*, which diagnoses Schumann with bipolar disorder, is in his bibliography, this refusal to touch on the subject is puzzling. His only engagement with previous diagnoses and Jamison’s book is through oblique references, derisively dismissing the diagnosis of bipolar disorder without mentioning it by name:

And although the references to a “miserable” or “horrid life” (and to over-indulgence in alcohol) abated after his reunion with Clara in April, the *Haushaltbücher* indicate that
Schumann’s mood had darkened again in late May (“a sinful life”) and June (“turbid melancholy”), by which time he was already at work on his second string quartet. Thus the notion that Schumann alternated depressive, inactive phases with more ebullient, productive phases is an oversimplification. (p. 244)

The intense work on the Peri obviously took its toll. Indeed, the Haushaltbücher contain many references to Schumann’s “exhaustion” and “melancholy,” references that belie the popularly held (and simplistic) notion that the composer teetered back and forth from inactive and gloomy to hyperactive and high-spirited phases. (p. 273)

Why is Daverio so reluctant to diagnose Schumann’s persistent difficulties (or mention the diagnoses advanced by others, even to refute them), and why does he treat the notion that Schumann’s moods were affected by mental illness with such derision? One cause is suggested by his statement “I decided to write this biography in part to set aside some old myths” (p. vii): Daverio is, at least in part, writing directly in response to the ideas of other biographers and musicologists, and much of his attitude towards Schumann’s possible mental illness seems a reaction to theirs. In the introduction to the biography, Daverio makes a detailed refutation of Ostwald’s description of Schumann’s homosexual experiences. In doing so, he rejects the sensationalistic approach of Ostwald. Daverio’s avoidance of sensationalism, however, doesn’t lead to avoidance of unpleasant details of Schumann’s life; he makes a point to draw attention to Schumann’s anti-Semitic statements, for instance. It is possible that Daverio confounded Ostwald’s treatment of Schumann’s mental illness with his more unfounded psychoanalysis of Schumann. As both are presented from a psychological viewpoint, the connection could have caused Daverio to dismiss the diagnosis of bipolar disorder as no more credible than the sensationalistic psychoanalysis.
Even more than his dislike of sensationalism, Daverio’s vehement objections to the idea that Schumann’s mental states might have affected his music seem to be connected with his reluctance to diagnose him. While Daverio doesn’t hesitate to explore the negative aspects of Schumann’s character and behavior, he does not do the same for Schumann’s music. He praises every work that he covers, especially Schumann’s much-maligned later works, in which many musicologists have seen the negative influence of Schumann’s mental decline. He says of the later works: “These works [of the last four years of his career] are remarkably varied in style and content, and consistently high in quality. … Whoever hears signs of decay in the late music simply does not know it very well” (p. 459). Whether or not the music is actually inferior, the opinion that it is is more pervasive among Schumann scholars and musicologists than Daverio’s quote would have one believe. The otherwise universally positive reviews of Daverio’s biography single out this attitude as a weak point. For example, Plantinga criticizes his “overtly partisan approach” that “lessens the force of the more legitimate arguments” (1998, p. 388).

Daverio’s defensiveness seems to stem specifically from the purported connection between the quality of Schumann’s music and his mental condition; as quoted earlier, he also discounts the connection between Schumann’s productivity and moods in unusually condescending terms. In contrast, he details the effects of other aspects of Schumann’s life and personality on his works, even stating that his life and art “commingle more thoroughly here than with any other nineteenth-century composer” (p. 10).

Why does Daverio refuse even to consider that Schumann’s mental states may have affected his music, whether in quality, quantity, or both? It may be that a lack of understanding of mental illness, particularly bipolar disorder, is to blame. Although Daverio discusses Schumann’s depressive phases in depth, quoting Schumann’s many written descriptions of his
mental state, he frequently describes them in technically meaningless terms: “neurotic spell” (p. 109), “near breakdown” (p. 111), “acute neurotic episodes” (p. 155) “nervous irritation” (p. 247), “severe nervous attack” (p. 449). More importantly, he never portrays Schumann’s possible hypomanic states as pathological, quoting revealing statements such as “I could sing myself to death, like a nightingale” (p. 203) without elaborating or suggesting that these states are abnormal and could be indications of a mental illness. His minimizing references to manic states as “hyperactive and high-spirited phases” (p. 273) and “ebullient, productive phases” (p. 244) gloss over the negative aspects of manic states—the irritation, the inability to stop. Additionally, Daverio points to the imperfectness of the connection between productivity and mood as evidence that it doesn’t exist. Yes, “the notion that Schumann alternated depressive, inactive phases with more ebullient, productive phases is an oversimplification” (p. 244), but Daverio himself repeatedly describes Schumann’s depressive, unproductive states and high, extremely productive states. The correlation is not, and never is, exact (even ignoring the existence of ‘normal’ states between the manic and depressive), but to mention the connection only to deny it is to ignore the overall trend of moods influencing productivity in favor of the exceptions.

Unlike Ostwald, Daverio is not a psychologist, so it is unsurprising that he doesn’t explore the possibility of Schumann’s mental illness as much as Ostwald did. However, he is presumably not an expert on general paresis, but he researched that topic well enough to offer a diagnosis of Schumann and give a detailed justification for it. With this in mind, it is odd that he only refutes the diagnosis of bipolar disorder through snide oblique comments. Moreover, he takes pains to refute Ostwald’s claim that Schumann was homosexual, a claim that Daverio considered absurd. Why doesn’t he do the same for the diagnosis of bipolar disorder? The clue to this, I suggest, lies in Schumann’s late music. As a champion of the late music, Daverio must
have been frustrated by judgments that the late music suffered because of mental illness, which, until recently, were almost universal even in Schumann scholars. With the link between late music and madness so inextricable, to argue for the quality of the late music necessitated arguing against the possibility of madness; without a career in psychology, and with Ostwald’s diagnosis of bipolar disorder occurring alongside a host of unsupported diagnoses and psychoanalysis, Daverio might have felt it was best to leave Schumann’s lifelong difficulties unexplained.

Daverio and Ostwald’s biographies of are two of the most comprehensive biographies of Robert Schumann, and also two of the most recent. Both conducted extensive research on the same primary sources (excepting Richarz’s journals, which were published after Ostwald’s biography was written), and yet each presents a profoundly different view of Schumann and his possible mental illness. Ostwald’s presentation of Schumann is of a man whose life is a prelude to his final illness and attempted suicide, and he examines the sordid details of his life that earlier biographers didn’t know about or wouldn’t report. Daverio’s presentation of Schumann is of a complex man who happened to experience lifelong depressive episodes that did not affect the quality or quantity of his music. However, although these two biographies provide very different interpretations of Schumann’s life, there is even more variation to be found in older biographies. If two biographies written in the late twentieth century are so different, what of biographies written in 1871, or in 1903, or 1931? By examining a number of biographies of Schumann published through history, one can see many recurring themes in the presentation of Schumann’s possible mental illness.

Diagnosis
The most obvious indicator of how a biographer considers Schumann’s possible mental illness is his or her diagnosis, or lack of one. A diagnosis allows one to look at a sufferer’s symptoms through the lens of a specific disease, to recognize patterns and how someone’s actions and feelings may relate to those of others who have that disease; it is also a label that, by itself, can oversimplify a range of experiences. In clinical practice, although the specifics of DSM diagnoses are debated, diagnoses are made in order to better treat and compare the mental illnesses of many people. For a long-dead historical figure, the need for a diagnosis of a possible mental illness is less obvious. Although all of Schumann’s biographers must consider his possible symptoms as aspects of his life, not all integrate these symptoms into a diagnosis. Some don’t consider him mentally ill, some describe an illness but don’t give a diagnosis, and some specifically diagnose him. What leads biographers to consider Schumann’s mental state in these ways? Is a psychology-based diagnosis necessarily the best way to approach a biographical account?

The first step in any sort of diagnosis is identifying the symptoms; in the case of a historical figure, those symptoms can be unclear. Schumann left behind an ample amount of autobiographical material for biographers to study, including diaries with almost daily reports of his mood and letters containing admissions of “a severe psychological illness” (as cited in Ostwald, 1985 p. 142); in addition, biographers can draw on the written opinions of Schumann’s contemporaries and the diagnosis of Dr. Richarz. Unfortunately, there is no way to delve further into possible symptoms, and translating personal writings into clinical diagnosis is not easy. In the case of bipolar disorder, this is especially problematic. Depression is widely recognized as a disorder, and it’s easy to see the negative effects it has on a sufferer. But what about mania and hypomania? Hypomanic episodes in particular are hard enough to recognize when one is asking
diagnostic questions of a patient, never mind when one is looking through letters and diaries for symptoms that overlap with normal moods. In addition, if a biographer is not familiar with mental illness, he or she may only know of mania as the opposite of depression—just a very good mood, often without knowledge of the negative and pathological side of mania.

It is unsurprising, then, that most biographers tend to identify only Schumann’s depressions, not hypomanias, as pathological. Joan Chissell (1948), like many other biographers, portrays Schumann’s mood and productivity during his ‘Year of Song’ only as a result of his marriage:

The years immediately following Schumann’s marriage were the happiest he had ever known, or was to know, for the fulfillment of his love brought with it the fulfillment of his artistic powers. It was as if all his pent-up emotion, now transmuted into sheer gladness and delight, surged up within him and broke loose in a flood of musical images which he could hardly collect and fasten down on paper before they dissolved into feeling again. (p. 49)

If one is not specifically looking for hypomanic periods, it is difficult to connect Schumann’s possibly hypomanic periods with a mental illness. For Schumann, these states brought immense productivity—a positive outcome, particularly when read in the biography of a composer. Some biographers, however, do see Schumann’s very productive periods as possibly pathological, or at least somewhat abnormal. The liner notes of one CD describe Schumann composing new works “as if possessed”—a phrase that can be read as hyperbole, describing a natural mood, but which hints that his productivity may be something abnormal (Tircuit, 1991, p.8). Wasielewski (1871), Schumann’s first biographer, even specifically identifies his productivity as a consequence of his illness.
The natural results of his illness were: occasional intervals of rest from toil, and an astonishing and unnatural productivity, beginning in 1847, and reaching its height in 1849, during which year he composed thirty works of greater or less extent. (p. 148)

Although there exist some assertions that Schumann’s productivity was an aspect of his mental condition, along with direct identification as symptomatic by those diagnosing him with bipolar disorder, this stands in sharp contrast to the biographers’ treatment of his depression. Depression is far easier to identify as pathological, as it is an unmistakably negative state that requires treatment. Schumann himself considered his depressions, not his possibly hypomanic states, an illness; with Schumann’s copious writings about his depressions and the easy recognition of depression as pathological, almost all biographers treat his depression as a disorder. In book-length biographies, even authors who downplay Schumann’s illness, such as Annie Patterson (1903), at least mention his “trying breakdown[s] of nerve and health” (p. 70).

When a specific psychiatric diagnosis is given, bipolar disorder is probably the most popular. The historical diagnoses of bipolar disorder, starting with Gruhle’s 1906 diagnosis, and Kay Jamison’s (1995) Touched With Fire, which features Schumann’s biography as one of a creative person with bipolar disorder, presented the evidence for a diagnosis of bipolar disorder to a relatively wide audience. In addition to this, various papers in psychology journals, such as “Contributions to a Pathography of the Musicians: 1. Robert Schumann” (Slater & Mayer, 1959) and “Genius and Madness? A Quasi-Experimental Test of the Hypothesis That Manic-Depression Increases Creativity” (Weisberg, 1994), have examined Schumann’s life through the lens of bipolar disorder. Despite the prominence of this diagnosis, only Ostwald’s biography, of the six I read, specifically diagnoses Schumann with bipolar disorder, and he also diagnoses many other mental illnesses. Several shorter biographies also diagnose Schumann’s lifelong
illness as a “manic-depressive syndrome” or “manic-depressive condition” (Lyons, 1965, p.1; Cummings, 1997, p. 596).

More ambiguous is a diagnosis of unipolar depression; it can be difficult to determine whether biographers who identify Schumann’s depressive episodes are diagnosing him with depression as a mental illness. Is Daverio’s “depressive disorder” a DSM diagnosis of major depressive disorder or a phrase used to avoid a specific diagnosis (1997, p. 391)? Besides these instances, diagnoses of unipolar depression are rare. Specific diagnoses of anything besides mood disorders are present, but also rare. Schumann’s in-depth descriptions of his depressions predispose diagnoses of unipolar and bipolar depression, if there is a diagnosis at all.

Schizophrenia, a once-popular diagnosis of Schumann that has fallen out of favor, is diagnosed in Chissell’s biography as a “congenital schizophrenic-type mental disease [that] might today be diagnosed as dementia praecox” (1948, p. 76). Interestingly, shorter biographies that diagnose schizophrenia tend to do so in regards to Florestan and Eusebius: the characters are described of as “personifying the introvert and extrovert sides of his own schizophrenic nature” (“Concertos,” 1970, p.1), and “fictional personalities created by the schizophrenic composer to represent two sides of his character” (Burkat, 1988, p.4). The duality of Florestan and Eusebius, which could be seen to suggest the two poles of bipolar disorder, are instead used as evidence for the psychosis of schizophrenia. Other diagnoses, such as Ostwald’s profusion of disorders and one CD’s bizarre diagnosis of an “undetected brain tumor,” tend to appear in only one source without being backed up by evidence (Tircuit, 1991, p.2).

The diagnosis of Schumann’s lifelong illness, however, must be considered separately from the diagnosis of his final illness. Whether or not he suffered from a different illness near the end of his life, it is undeniable that he suffered from different, psychotic symptoms that sent
him into a mental institution. While there is still a question whether or not Schumann suffered from a lifelong illness, his late psychotic symptoms and his behavior in Endenich definitively point towards an illness of some sort. Here, unlike the debate over Schumann’s lifelong illness, biographers are arguing for or against a single diagnosis: general paresis caused by syphilis. Interestingly, in diagnosing Schumann’s final illness, Daverio and Ostwald both look at the evidence for syphilis in depth and craft arguments for or against general paresis, rather than simply presenting their diagnosis as apparent. In shorter biographies, Schumann’s final illness is more often given a diagnosis than his lifelong illness, and that diagnosis is almost always syphilis. This is, presumably, both because Schumann’s final illness is too overt to pass over, even considering space limitations, and because the diagnosis of syphilis is well-established and uncontroversial enough to be listed as fact.

Many biographies of Schumann, particularly older ones, do not specifically diagnose Schumann’s lifelong mental condition or final illness at all. This does not, however, mean that they do not recognize Schumann as having had a mental illness. Schumann’s internment in Endenich and oft-discussed depressions are difficult to ignore, and a biography that goes into any sort of detail about Schumann’s life must focus on them to some extent. How, then, do biographers describe Schumann’s possible lifelong and final illnesses without labeling them with diagnoses? In a majority of biographies, the authors use vague, pseudo-psychological terms such as “neurotic spell” or “nervous breakdown” to define discrete episodes of mental illness (Daverio, 1997, p. 109; Stone, 1979, p.1). Others simply refer to an unelaborated “mental illness” (Mason, 1975, p. 2013). If an official diagnosis of a disorder is not something a biographer feels is important to focus on, simply recognizing a disorder or identifying important episodes can still portray Schumann as having had a mental illness. Pseudo-psychological terms
in and of themselves may not offer insight into his condition, but the descriptions of what he experienced allows readers to draw their own conclusions about the effects his episodes had on him.

Victor Basch’s 1931 biography is a good example of how biographies can satisfactorily describe Schumann’s mental condition without narrowing it down into a diagnosis. Basch presents a thoroughly Romantic view of Schumann and his mental state at first, describing his mental condition as a “jealous fairy” (p. 3) and “evil genius” (p. 66). From this, one might expect only the vaguest treatment of Schumann’s possible mental illness, avoiding any stark details in favor of portraying a Romantic tortured artist. In contrast, Basch paints a picture of Schumann’s mental condition that sounds very much like bipolar disorder: he describes “one of those periods of happy excitement which so abruptly succeeded his moments of depression” (p. 48), “violent alternations of good spirits and depression” (p. 163), and “the almost mathematically regular alternation between his moods of creative exaltation and of relaxed energies” (p. 170). Despite these suggestive observations, he specifically states that he does not want to “attempt a hypothetical diagnosis of Schumann’s malady,” or discuss Richarz’s autopsy or the diagnoses of others (p. 231). Why? In the conclusion, Basch emphasizes that he has “left Schumann to speak” and does not want to interject with others’ opinions of Schumann’s mental state (p. 231). Would a specific diagnosis have added anything to Basch’s presentation of Schumann’s moods and mental state? Perhaps—but his description stands on its own. A diagnosis of mental illness does not require a great understanding of Schumann’s mental state, and a lack of diagnosis does not confirm ignorance.

Importance of Illness
The presence or absence of a formal diagnosis in a biography is not, as we have seen, the summation of how a biographer treats Schumann’s mental state. A biographer can offhandedly throw in a diagnosis taken from an earlier biography or show a competent understanding of Schumann’s moods without diagnosing them. Another factor in analyzing a biographer’s treatment of Schumann’s mental state is how much importance they assign to it. Are Schumann’s possible symptoms described in depth every time they appear in his biography? Are actions that are not obviously symptomatic connected to illness? In shorter biographies, is Schumann’s possible mental illness mentioned at all? The absolute amount of space dedicated to Schumann’s mental state cannot be directly compared across biographies, as newer, extremely comprehensive biographies such as Daverio’s will necessarily have more information than an biography with fewer sources to draw on or a brief encyclopedia article. However, one can compare how much attention Schumann’s mental state is given compared to coverage of other aspects of his life.

In most book-length biographies of Schumann, his illness is delved into at the expected times: during the depressive and psychotic episodes that he wrote about in detail. Almost all of the longer biographies directly quote Schumann’s own words about these episodes, adding their own interpretations just as they do for other aspects of his life. A more telling question, perhaps, is whether or not these biographies bring up his possible illness at other points of his life. One example is whether or not biographers delve into potential mental illnesses of Schumann’s family when describing his childhood. Wasielewski mentions that Emile’s “incurable melancholy” had “unmistakable signs of quiet madness” (1871, p. 15); of course, Emile’s probable suicide invites analysis of her mental health. Less common are psychiatric explorations of Schumann’s parents. Jamison states that August Schumann “reputedly had a nervous
breakdown” and Johanna Schumann “had recurrent attacks of depression” (1995, p. 202), while an encyclopedia article suggests that August died of a “nervous disease” (Kuhn, 1999, p. 1608).

For shorter biographies, the question is simpler: whether or not they portray Schumann’s possible mental illness at all. Out of the CD and LP liner notes I looked at, over half at least mentioned a possible mental illness. This is without accounting for the liner notes that only included biographical information directly pertaining to the recorded work; unsurprisingly, recordings of works that Schumann specifically connected to his mental health (particularly his Second Symphony) are more likely to discuss his mental state. Shorter biographies, in addition are far more likely to unquestioningly report previous diagnoses as fact, a trend that masks the innate uncertainty of historical diagnosis. Despite their obviously less comprehensive view of Schumann’s possible mental illness, shorter biographies are important to consider, as they may be the only exposure to Schumann’s biography many casual listeners get.

In bringing up Schumann’s mental condition frequently, biographers can weave it into a narrative of lifelong illness. Ostwald’s biography of Schumann begins with an account of Schumann’s suicide attempt, priming readers to focus on his final illness from the very beginning of his biography; the story of Schumann’s life is told as a flashback, a tale inexorably leading to a tragic ending. From this viewpoint, Schumann’s illness is all-important from the beginning of his life and all throughout it. Basch also demonstrates this narrative by explicitly calling Schumann’s life “so intensely tragic if we consider its concluding scenes, for which all the preceding ones are a preparation” (1931, p. v). In discussing Schumann’s lifelong mental illness, Basch refers to the end of his life:

But this first attack of the disorder which was to carry him off twenty-three years later did not last. … The crisis, then, was a violent but passing one, which would not have cast a
shadow over Schumann’s life had it not been the symptom of a curiously delicate nervous constitution, and the forerunner of longer and graver crises, foreshadowing the one in which, after a slow disintegration of his psychical existence, this fine genius was in the end to sink into the darkness and despair of madness. (1931, p. 68)

This type of narrative serves two different purposes: spinning a romantic tale of a doomed artist, like Basch, or defining Schumann’s life through his pathology, like Ostwald. In either case, Schumann’s possible illness is presented as lurking throughout his life, an unavoidable and tragic fate.

A similar effect is apparent in biographies’ treatment of behavior that may or may not be symptomatic. One of the most divisive is Schumann’s late-life fascination with table tapping, a kind of séance where a ‘spirit’ communicated through tapping on a table. Was his fascination with this paranormal phenomenon a result of a descent into madness, or simply a popular fad at the time? Several biographers think the former: table tapping is “far from health for one of his intensely imaginative and somewhat superstitious nature” (Patterson, 1903, p. 78) and “ominous” (Chissell, 1948, p. 72). Wasielewski notes that table tapping “troubled many prudent people at that time” and reports being “struck … with terror” after seeing Schumann’s fascination with table tapping in person (1871, p. 182). However, as Ostwald notes, “none of the musicians who participated in these ‘magnetic experiments,’ as Schumann called them, seemed to find anything unusual about his craze for table [tapping], nor did Clara. … interest in mediums was then rather fashionable” (1975, p. 256). In hindsight, an activity that seemed normal at the time can be interpreted as either a tragically overlooked sign of illness or a harmless historical oddity. Even Wasielewski, a contemporary of Schumann, did not describe his “terror” until after Schumann’s death in an asylum; if table tapping was a sign of madness, Clara and many others of the time
would be implicated. Another related example is a possible attempted suicide in 1833. Wasielewski writes that he heard from one source that Schumann did attempt suicide by defenestrating himself during his depressive episode, and by others that he didn’t. Based on this statement, Basch reports the suicide as a fact, stating that Schumann “tried to throw himself out of the window” (1931, p. 67) while Chissell reports only that he “fear[ed] that he might fling himself out of the window” (1948, p. 35). The distinction may seem slight, but it makes a difference in how pathological Schumann seems—after all, a man who attempted suicide twice, years apart, sounds worse off than a man who attempted suicide once.

Another prominent possible symptom is Schumann’s creation of Florestan and Eusebius. The dual characters can be seen as literary creations with a symbolic personal meaning for Schumann, or as imaginary characters that became too real and herald Schumann’s eventual psychosis. Once again, Daverio and Ostwald provide examples of two different approaches. Daverio, with his focus on Schumann’s literary influences, immediately identifies the literary roots of the two characters, describing the literary and historical sources of their names in detail. He also, however, recognizes the personal significance Florestan, Eusebius, and Raro had for Schumann: “Therefore Florestan and Eusebius, who constitute the flipsides of the double nature that Schumann hoped to resolve through a character like Raro, function as spokesmen for the diverse voices competing for attention within the critic himself” (1997, p. 127). Ostwald, in contrast, makes the assertion that Florestan and Eusebius were psychotic delusions:

When Schumann turned twenty-one in 1831, he invented two companions, Florestan and Eusebius, who—in his imagination—spoke to him, gave him ideas for literary as well as musical projects, and supported him at times of emotional distress. It is not unusual for children or even adolescents to create imaginary creatures who provide solace and
companionship—but when an adult does so, it is a sign of either a very vivid imagination or a psychotic tendency. In Schumann’s case it indicated both. (1985, p. 74)

Chissell, similarly, identifies the characters as “no mere romantic extravagance but rather a downright recognition of a very real form of schizophrenia” (1948, p. 33). Schumann’s own words and popular artistic interests of the Romantic period point strongly imply mostly literary roots for Florestan and Eusebius. Deciding whether they are signs of psychosis, however, requires further interpretation; for many biographers, their interpretations—which match their overall view of Schumann’s possible mental illness—are as good as fact.

**Presentation of Illness**

The diagnosis of Schumann’s illness and its importance in a biography are valuable indicators of how a biographer means to present Schumann’s mental state; the final indicator I will discuss is exactly how biographers describe it. While two biographers may devote the same proportion of the biography to reports of Schumann’s illness, there is a difference between one who uses that space to focus on scandalous details and one who uses that space to simply list Schumann’s specific symptoms. Although most biographers report on the same episodes, many illustrating them with the same quotes from Schumann’s letters and diaries, their methods of describing his mental state lead to very different impressions from different biographies.

Ostwald’s biography, focused as it is on sensationalist details of Schumann’s life and illness, exemplifies biographies that focus on the deviant nature of Schumann’s possible mental illness. According to these biographies, Schumann was a brilliant composer who went mad, and it is that madness and other sensationalist details which are the most interesting aspect of his life. Why? One reason, surely, is titillation; another, iconoclasm. It is exciting to read about the
forbidden facts of a historical figure’s life, and when those facts include suicide and madness,
it’s natural to emphasize other sensationalist details throughout the biography. This tendency is
helped along by the discretion of earlier biographies. Historically, it would have been unheard of
to publicly diagnose Schumann with syphilis or speculate on homosexual encounters.
Sensationalist biographies are, in some sense, making up for a whitewashed past. In fact, the line
between sensationalist and frank is so blurred as to be nonexistent; one set of liner notes calls
historians simply suggesting a diagnosis of syphilis “iconoclastic” (Brown, 1976, p.1). Another
reason to emphasize the sensational is in order to take a moralistic stance. According to one
encyclopedia article, Schumann’s death in Endenich is a “release, his redemption” (Steen, 2003,
p. 396); with his death, “Maybe Schumann had finally settled the account for the excesses of a
wild and uncontrollable youth” (p. 422). This moralistic approach implies his final illness was a
punishment for such transgressions as youthful “roisterous drinking bouts and orgies” (p. 399),
which the author solemnly reports on. A sensationalist view of Schumann’s mental condition,
then, can be used for its own sake or in order to pass judgment on Schumann, or simply an
attempt to report details others find discreet to leave out.

Another way to look at Schumann’s possible mental illness is its connection with
creativity—specifically, seeing Schumann as a Romantic ‘mad genius’. In many biographies,
the link between Schumann’s mental states and his music is brought up when discussing specific
works, and in biographies written specifically to explore Schumann’s illness, the link between
creativity and mental illness is necessarily covered extensively. For some biographers, however,
the Romantic view of Schumann as a mad genius permeates their telling of his entire life.
Basch’s 1931 Schumann: A Life of Suffering demonstrates this approach from its very title. The
text provides a somewhat extreme example:
Here is a human creature upon whom beneficent fairies had showered in profusion their rarest gifts: beauty, candour, a quivering sensibility, enthusiasm for all that is great and noble, communion with the marvels of nature and the mystery of men’s souls, and genius to express them in language hitherto unheard; but whom a single jealous fairy crushed by her curse, which, at first comparatively ineffectual, ended by annulling all the virtues of this privileged being, and changing him into a lamentable and pitiful spectacle. (p. 3)

This Romantic, flowery language is generally seen in biographies written before the mid-twentieth century; in later biographies, one is far more likely to see sensationalism than romanticism. The two, however, are not opposites, and neither precludes a valid understanding of Schumann’s mental state. Basch, for example, shows an insightful view of Schumann’s possible illness despite describing it in slightly ridiculous terms. Sensationalist and Romantic descriptions of Schumann’s mental state will, however, effect how readers interpret it outside of the actual content of the description.

All biographies of Schumann don’t fit so neatly into categories; many don’t treat his mental state in an obviously sensationalistic or Romanticized fashion. Instead, they simply treat Schumann’s possible mental illness as a part of his life. Daverio, despite his avoidance of diagnosis, is a good example of this: he reports Schumann’s depressive episodes in as much detail as he does other aspects of his life. The other side of this coin is downplaying Schumann’s possible pathology. The pathology of possibly hypomanic states is frequently downplayed, but, more unusually, less emphasis is sometimes given to his severe depressions and/or his final years in Endenich. An unusually overt example of this is Patterson, who covers Schumann’s years in Endenich with only “It is not for biographer or reader to linger long over the contemplation of such a sad and trying period” (1931, p. 89). Other instances are more subtle, such as the liner
notes that refer to “that innate indecision which lay at the root of many of Schumann's ‘problems’” (James, 1973, p.1) or those that flippantly describe Schumann deciding to become a composer “typically, only after arduous soul-searching and a few nervous breakdowns” (Robinson, 1968, p.1). These normalizing and disavowing interpretations of Schumann’s mental state are far less noticeable than sensationalistic or romantic interpretations, but they also can have a large influence on readers’ conclusions about his possible illness.

The Final Picture

All biographies could be criticized for a flawed presentation of Schumann’s mental state. Daverio doesn’t focus enough on Schumann’s possible illness as a whole, Ostwald muddles his diagnosis with psychoanalytic sensationalism, Basch over-romanticizes Schumann’s mental state, Patterson ignores any possibility of illness as best she can, and so on. These are all valid concerns, but this begs the question: what would a perfect presentation of Schumann’s mental state look like? There is no one portrayal that would please everyone. To consider extremes, musicologists who believe that focusing on Schumann’s possible illness detracts from his music and psychiatrists who use Schumann as an example of a creative genius with bipolar disorder will presumably never agree on one interpretation of Schumann’s mental state. How are these different interpretations justified?

As these examples have shown, authors that draw from the same sources can write intensely different biographies. Later biographies do have access to more sources, such as the recently released journal of Dr. Richarz and popularly disseminated information on mental illness, but the basic sources, Schumann’s own writings, remain constant. Biographers, however, interpret ambiguities in primary sources, respond to other biographers, and add their own
analysis of their subjects’ words and actions. The fact that Schumann’s biographers must interpret history is apparent in their reports of all aspects of his life, but especially in the extremely subjective question of his mental health. Why do biographers interpret Schumann’s mental condition in the ways they do? One very important factor is the purpose of the biography as a whole; that purpose is never as simple as just reporting the facts of Schumann’s life. Many authors directly state their reasons for writing the biography, and it’s often easy to see the connections between these reasons and their presentation of Schumann’s mental condition. Daverio wants “to set aside some old myths … that we can hear traces of [Schumann’s] final illness in his later music,” and his negative reactions to others who emphasize Schumann’s illness and its effects on his music are readily apparent (1997, p. vii). Wasielewski set out to write “an impartial statement, founded on carefully-sifted oral and documental accounts” (1871, p.7), which is reflected in his matter-of-fact reporting of Schumann’s own descriptions of his mental states. Patterson writes her biography with the blessing of Schumann’s daughter Eugenie, who hoped that “a just and sympathetic estimate of her distinguished father—both as artist and man—might be laid before the reader,” and her biography downplays all negative aspects of Schumann, including his possible mental illness (1903, p. x).

However, the question still remains: why did these biographers decide to craft their biographies in these fashions? Were they influenced by their academic areas of interest, or the time periods in which they wrote? The answer to both questions is yes, but the distinctions are not so neat and clear as they might seem at first. Looking at Daverio and Ostwald’s biographies, a division seems obvious: Daverio, writing from a musicologist’s perspective, downplays the importance of Schumann’s mental states, while Ostwald, with a background in psychoanalysis, emphasizes the influence of illness. However, this doesn’t explain why some psychologists
argue against diagnosing historical figures, or why music theorists writing about Schumann’s music consider the effect his mental state had on certain pieces. There are far fewer authors with a background in psychology than a background in music writing about Schumann, and interest in his possible mental illness is by no means limited to the former. The one distinction that does hold is that authors with a psychology background—such as Ostwald, Jamison, and Hayden—are more likely to diagnose Schumann with DSM mental illnesses. Some others, such as Chissell, make diagnoses, but psychological laymen are far more likely to use pseudo-psychological terms to refer to his condition or to not attempt diagnosis at all.

Like field of interest, the time period a biographer is writing helps determine how Schumann’s possible mental illness is presented, but again, the divisions aren’t as clear as one would think. As mentioned before, one of the most obvious divisions by time are sensationalism and romanticism: in general, unapologetically romanticized prose and ideas are found before or during the early twentieth century, while biographies focusing on sensational or potentially scandalous details are found only starting in the late twentieth century. This, however, is less true for shorter biographies than for book-length. Liner notes for CDs and LPs often offhandedly mention Schumann’s mental condition in purely Romantic terms, or focus on Schumann as a mad genius in the limited amount of space for to his biography in relation to the recorded pieces. With liner notes written by authors who presumably spent less time researching Schumann than authors who wrote an entire book on him, it’s easier to latch on to older stereotypic interpretations of Schumann’s life than to present a complicated description of the man in a very limited amount of space.

Another division that seems obvious is the amount of knowledge about mental illness: since psychiatry has discovered a great deal about mental illness since Schumann’s death, and
since the public also understands more, later biographies should diagnose a mental illness more and indicate a better, more detailed understanding of their diagnoses. It is true that later biographers are more willing to diagnose Schumann’s illness, and they have a long history of previous diagnoses to work with. However, although the opportunity to make DSM diagnoses is present, later biographers don’t necessarily show a greater understanding of Schumann’s mental states. For example, both Wasielewski (1871) and Basch (1931) recognize Schumann’s possibly hypomaniac periods as a factor in a illness, as Jamison and others authors who diagnose Schumann with bipolar disorder do. Daverio (1997), however, doesn’t consider the possibility in his very extensive biography. The question of why this is so is a third, very important factor the time period of a biography plays: reaction to previous ideas. Every biographer after Wasielewski has other biographies and interpretations of Schumann’s life and works to read. If biographers read a previous theories they don’t believe in, they are likely to react to it, whether indirectly or directly. Ostwald’s sensationalism is a swing of the pendulum away from historical whitewashing, and Daverio’s caution in analyzing Schumann’s mental state is a reaction to Ostwald’s psychoanalysis. Biographies don’t exist in a vacuum: they build off each other, with each new biographer influenced with ideas he or she has agreed with and disagreed with.

Can one say that Ostwald spends too much time on Schumann’s possible mental illness, or that Daverio spends too little time? It all depends on the purpose of the biography and the expectations of the readers. Should an examination of Schumann’s possible mental illness be a part of his biographies? Some worry that focusing too much on that possible illness could take away from Schumann’s music. To psychological laymen, the concept of a hypomaniac state facilitating Schumann’s productivity may be reduced to Schumann’s creativity existing because of a psychotic mental illness. Does identifying Schumann’s possible hypomaniac states as aspects
of a mental illness add to the accuracy of his biography, or does it diminish the presentation of Schumann’s creativity? Misrepresentation of mental illness by biographers may set back public knowledge of mental illness, but does not specifically diagnosing Schumann with an illness or considering it as a unified whole detract from an examination of Schumann’s life? There are no easy answers to these questions, as the answers depend on who is asking. As a psychologist, I can point out factual misrepresentation of mental illness with authority; as a music appreciator, I can only give my opinion as to whether or not I like a biography’s treatment of Schumann’s possible mental illness.
Chapter 4: “Raises the Artist Above Himself”: Creativity and Mental Illness

Robert Schumann is not the only composer who biographers have posthumously diagnosed with a mental illness. Various biographers have diagnosed Beethoven, Tchaikovsky, Mahler, and more with bipolar disorder, perhaps the most common diagnosis of creative types. If one expands the one’s consideration to include all types of creative artists, such as poets like Byron and artists like Van Gogh, the proportion of those with a mental illness seems far above that of the general population. A plethora of books and articles focusing on artists in the context of mental illness have recently been published. For example, Kay Jamison’s *Touched With Fire* (1995) presents case studies of Schumann and others as artists suffering from bipolar disorder, while many different papers published in journals of psychology or the arts focus on diagnosing the mental illnesses of famous creative people. The question of whether or not Schumann was mentally ill, and whether or not that illness affected his music, should be examined in light of the long tradition of connecting creativity and mental illness.

Is there, in fact, a link between creativity and mental illness? Or, to pose the question another way, is the Romantic ideal of the ‘mad genius’ a reality? The question has been debated for thousands of years, with different authorities producing different definitive answers. In Classical times, the poet was inspired by his madness; in the eighteenth century, those who prided themselves on their rationality held that the connection was a myth; and in the nineteenth century, the Romantic view of the tortured genius captured the public’s hearts and scientists’ minds. Although the prevalent views of the eras were never uncontested, the controversy of the issue could never be seen more clearly than in modern times. Even leaving laymen’s view aside, the psychological community is divided into those who believe there is a link between creativity and mental illness and those who believe there is not, with psychologists on both sides of the
issue citing theories and experiments that prove their points. Now, and throughout history, the
debate has been shaped by the definitions the debaters use: what is meant by creativity? by
genius? by madness? What sort of link is there between any or all of those three terms? The
terms have been defined in many different ways, leading to many answers to the question of the
connection—but none definitive. Not only is it impossible to compare the unscientific
‘evidence’ of the mad genius with the empirical (or semi-empirical) evidence of the link between
creativity and mental illness, the varied interpretations of these terms even prevent comparison of
empirical studies with each other. Before we find an answer, we must properly define the
question.

The Mad Genius

Although the concept of the ‘mad genius’ is strongly associated with the Romantics of
Schumann’s time, it had been a popular idea for far longer. In ancient Greece and Rome, genius
was considered a product of madness inspired by the gods. As Socrates stated:

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. (as
cited in Jamison, 1993, p. 51)

This ‘madness,’ however, was distinct from harmful psychosis, instead referring to “a
profoundly altered state of consciousness and feeling” (Jamison, 1993, p. 51)—a purely positive,
artistic force. Aristotle, in contrast, asked why all men of distinction were melancholic, linking
genius with a purely negative state. Despite the fact that melancholia and mania had been
considered different aspects of a single condition since at least 1 B.C., both creativity theories focus on only one as linked with genius.

Interest in the genius/madness connection waned for some time before reviving during the Renaissance. Again, geniuses were commonly described as “melancholic” or “mad,” but madness here had another connotation: the term could refer to insanity, but also to “eccentricity, sensitivity, moodiness, and solitariness” (Becker, 1978, p. 24). These qualities, not entirely negative in the average person, were considered hallmarks of a genius. Not surprisingly, it became a fad to emulate them in sixteenth-century Europe. This particular conception lasted until the eighteenth century, which brought the Enlightenment and its focus on reason. George Becker, in his *The Mad Genius Controversy*, asserts that “the semireligious quality surrounding the notion of genius constitutes a cornerstone in the association of genius with madness” (1978, p. 21); however, while the popular infatuation with genius as a creative force and geniuses as people continued in the eighteenth century, the century also introduced the first widespread refutation of the link between madness and genius. In the popular conception, genius could not be achieved by just anyone, as it was qualitatively different than mere talent. While a talented man thought in generally the same manner as the average man, a genius was infused with a mysterious “creative energy” (Becker, 1978, p. 24). Although this mystification of genius certainly seems to fit with the idea of the mad genius—and indeed, the two conceptualizations would frequently be paired in the future—the Enlightenment idea of genius emphasized rationality. Alexander Gerard, in his 1774 *An Essay On Genius*, explains that genius necessitated four different “powers”: imagination, judgment, sense, and memory (as cited in Becker, 1978, p. 25). A genius was, by definition, possessed of a mystical creative energy, but,
by necessity, eminently sane. Without rationality, the creative power of genius could not be productively channeled.

It was not until the nineteenth century that the well-known interpretation of the ‘mad genius’ truly came into vogue. For the nineteenth-century Romantics, imagination was praised over reason, and the unconscious (in its pre-Freudian sense) and ‘natural’ impulses of the individual were praised over all (Becker, 1978). The eighteenth-century view of geniuses possessed of a qualitatively different ‘creative force’ was adopted wholeheartedly, this time without the caveat that creativity had to be tempered by reason. Cesare Lombroso, in his 1898 book *The Man of Genius*, describes the unique output of geniuses:

> These morbid geniuses have a style peculiar to themselves—passionate, palpitating, vividly coloured—which distinguishes them from all other writers, perhaps because it could only arise under maniacal influences. So much so that all of them confess their inability to compose, or even to think, outside the moments of inspiration. (p. 318)

This example also shows a new aspect of the conception of a genius’ mental state. The madness of the genius is truly insanity, not just the eccentricity of the sixteenth century or the creative inspiration of Classical times. However, as Lombroso details, this madness is not the madness of ordinary men:

> Yet the temper of these men is so different from that of average people that it gives a special character to the different psychoses (melancholia, monomania, &c.) from which they suffer, so as to constitute a special psychosis, which might be called the psychosis of genius. (1898, p. 329)

Genius, according to Lombroso, is more than simply correlated with madness; it causes madness. Why? Geniuses are filled with a dangerous “irresistible impulse” to create, and although
creation “may appear to be the result of a voluntary effort,” genius creates “not because it wishes to, but because it must create” (Lombroso, 1898, p. 19). This madness, intimately twined with a genius’s creativity, was accompanied in the Romantic mad genius trope by melancholia—a combination of the manic- and depressive-type madesses that had separately been linked to genius since Classical times.

The ideal of the mad genius could not have become such a ubiquitous trope without the support of the ‘geniuses’ themselves. The Romanic conception of the mad genius was inextricably linked with the idea of genius being on an entire different level than talent, unobtainable by mere mortals; it is unsurprising that eminent ‘geniuses’ supported this conception by emphasizing their own qualities that fit the stereotype. Becker further suggests that ‘geniuses’ emphasized the division in order to overcome the hierarchy of society, as many did not have riches or a high class status to separate themselves from the average man. In particular, the nineteenth century heralded the loss of the “traditional ‘sponsor’ class,” the rich nobility and aristocracy who commissioned works from creative geniuses and kept their status high through association (Becker, 1978). The creative types of the nineteenth century, then, emulated the mad genius stereotype in order to play up their unique status that was lost with their sponsors. In addition, the specific idea of the dissociated genius as mad was presumably helped along by the widespread Romantic fascination with madness. Unlike the Enlightenment, Romanticism valued imagination over reason; with the downplaying of reason held as one of the main tenets of Romanticism, it is not difficult to see why a fear of, and fascination with, fully losing that reason became prevalent. These factors are, additionally, clear in Schumann’s biography. Schumann’s fear of madness is well-documented, and Ostwald suggests that Schumann consciously played into the mad genius stereotype:
Many artists of the romantic era confidently engaged in “mad” behavior—debauchery, drinking, drug use, irrational thinking—hoping thus to stimulate their creativity. When Schumann was younger and unmarried he tried to do some of this too, despite his fear of losing self-control and committing suicide in the process. (1975, p. 191)

Just as Romanticism arose as a reaction to the Enlightenment’s advocation of reason, so Romantic ideals were eventually abandoned. By the mid-twentieth century, Romantic excesses and the worship of emotion and imagination were passé; the “mad genius,” inextricably linked with a Romantic mindset, was seen by both the public and scientists as a relic of the past. Indeed, the “mad genius” was rejected strongly enough that Becker confidently states that the stereotype of the mad genius “has been largely discredited during the post-World War II period—at least in academic circles—and ceases to generate much contemporary interest” (1978, p. 29). Despite this assertion, however, the ‘mad genius’ debate—now the ‘creativity and mental illness’ debate—lives on in numerous empirical studies.

Creativity & Mental Illness

The empirical study of creativity and mental illness by the scientific community began in the midst of Romanticism; psychologists were as fascinated by the “mad genius” as was the general public, and they set out to test the idea. In fact, the first major psychiatric treatise in the United States, written in 1812 by Benjamin Rush, centered on the connection between mania and artistic talent (Jamison, 1993). By the mid-nineteenth century, many more psychologists and scholars were researching and writing on the subject, and most argued for a connection between pathology and genius. Becker (1978) examined 54 monographs on creativity and mental illness published from 1836 to 1950; in total, the ratio of authors arguing for the connection of genius
and pathology to those arguing against was 2.6:1, with a high of 7:1 in papers published from 1836 to 1879. He also notes that “[a]n examination of standard biographical reference materials reveals, most strikingly, that a majority of participants in the genius controversy were members of the medical profession” (p. 48). This was, perhaps, striking because many of the nineteenth-century treatises were thoroughly steeped in the Romantic idea of the mad genius and depended on flawed, scientifically unsound methods. For example, at the turn of the twentieth century, recognized genius Emile Zola submitted himself to examination by fifteen psychiatrists; they concluded that “his genius had its source in the neurotic elements of his temperament” (Trilling, 1950, as cited in Becker, 1979). This type of examination is hardly a controlled study, and one wonders if the psychiatrists chosen had no biases about the link between genius and madness and how exactly they determined the causality of the link. As experimental methodology improved and the “mad genius” became a relic of Romanticism, however, studies on both sides of the debate became far more empirically sound. In theory, that means that the question of whether or not creativity is connected with mental illness should be answerable. At the very least, there should exist distinct sides of the argument, with evidence for and against the connection to examine. In practice, the question of whether or not creativity is connected with mental illness depends entirely on how one asks the question, and empirical studies ask it in many different ways. The answer depends on the answers to four other questions: what is genius? What is creativity? What is madness? How are the three linked?

The Romantic genius was qualitatively different from mere talent, something superhuman. By the mid-nineteenth century, however, even the pro-pathology scientists who endorsed a qualitative separation avoided the mystification of genius that often went along with it (Becker, 1979). Anti-pathology scientists, in contrast, opposed the qualitative separation in
and of itself. This raises an obvious question: if there is no qualitative separation, how does one identify geniuses to test them? Even if there is a qualitative separation, how does one measure it? These difficult questions were, however, superseded by another: how does one get geniuses to agree to testing? Some nineteenth-century scientists realized that to achieve any sort of scientific data, it was necessary to “dismiss the genius as an authority of his own condition” and submit geniuses to psychiatrists for testing (Becker, 1979, p. 72). When only a handful of geniuses agreed, “gifted children,” identified by their performance on intelligence tests, were used instead (Becker, 1979, p. 72). There is, of course, a large difference between an established creative ‘genius’ and an intelligent child, and any conclusion depending on their similarity is questionable. In more modern studies of creativity and mental illness, the loaded category of ‘genius’ has been dropped, replaced by the ‘creative person.’ However, there are still two distinct categories of ‘creative person’ being tested First is the ‘eminent creative,’ chosen by such methods as looking up 20th-century figures with the most biographical material (Goertzel & Goertzel, 1962, as cited in Richards, 1981) or examining the staff of the a writer’s workshop (Andreasen & Carter, 1974, as cited in Richards, 1981). The second involves subjects, whether from creative fields or not, demonstrating creativity in laboratory tasks. Barron (1955) gives some examples: listing six novel uses of a common object, creating titles for given plots, and generating ‘original’ responses to Rorschach blots. This naturally brings up another question. What exactly is creativity?

Even a glance at the psychological literature on ‘creativity’ will indicate just how controversial any definition of the term is. “I know it if I see it,” while enough of a distinction to suffice in everyday life, makes gathering data a bit difficult. Is creativity synonymous with intelligence? Several experimenters have concluded that intelligence is necessary, but not
sufficient, for creativity. Is creativity synonymous with eminence in a creative field? It stands to reason that most people famous for their work in a creative field are, in fact, creative, but what about people who are very accomplished in a creative field but aren’t, for whatever reason, famous? Ruth Richards (1981) lists some of the pitfalls in the identification of creativity by eminence:

False positives may result from extraneous factors associated with professional eminence—for example, notoriety, luck, influence, or sheer productivity of output. False negatives may occur from contemporary lack of recognition of work which will later show historical importance; some of the most revolutionary achievements have been the slowest to gain acceptance. (p. 267-8)

In addition, there is the question of whether or not all types of creativity are the same. Is the creativity demonstrated in a laboratory task the same as the creativity used in one’s profession or hobby? Is the creativity of a scientist the same as the creativity of an artist? Is the creativity of a composer the same as the creativity of a poet, or a painter? Is the structured, rule-bound creativity of a Baroque composer the same as the creativity of a highly experimental twentieth-century composer? The question of whether there is a link between creativity and madness presupposes that there is a unified definition of creativity; on the contrary, ‘creativity’ as it stands today is a nebulous mass of different definitions forced into one mold.

There is more of a consensus on what constitutes ‘mental illness’ than on what constitutes ‘creativity,’ but the definition of mental illness in the question “What is the link between creativity and mental illness?” varies greatly. Basing that definition on the madness found in the historical concept of the “mad genius” is of no use; the portrayal of that madness has changed dramatically throughout the centuries, and the vague, oft-changing idea of “artistic temperament”
is difficult to pin down and test. In addition, the popularity of the idea of “artistic temperament” among creators themselves makes self-report measures suspect, as emulation and exaggeration of traits matching the current stereotype of genius has been in vogue for as long as those stereotypes have existed. A diagnosable mental illness makes for a more uniform measure of “madness,” but this raises the question of what mental illnesses facilitate creativity. Is the mental illness connected to creativity a psychotic one or not? Although much attention has been given to a link between schizophrenia and creativity, the non-psychotic hypomanias of bipolar disorder allow for both altered thoughts and, unlike in schizophrenia, the capacity for reason. Researchers such as Kay Jamison and Ruth Richards have focused on the link between bipolar disorder and creativity; as Jamison says, the same traits “form the common view of the artistic temperament and … also form the basis of the manic-depressive temperament” (1993, p.2). Additionally, there’s also the possibility that mental illness is more common among relatives of creative people, or vice versa: Karlsson (1970), for instance, finds that the relatives of patients in an Icelandic mental hospital were listed at a doubled frequency in Who Is Who In Iceland (as cited in Richards, 1981).

After one has chosen definitions of genius, creativity, and mental illness to base one’s research on, there only remains the final question: is there a link between creativity and mental illness? As this chapter has shown, there are many different theories on the nature of the link, both historical and modern, all depending on the varied definitions of the terms involved. Even a superficial look at the multitude of theories is beyond the scope of this thesis. Instead, I will focus on two researchers who have used Schumann as an example: Kay Jamison (1993), an expert on the connection between bipolar disorder and creativity, and Robert Weisberg (1994),
who takes a semi-empirical look at Schumann’s works in the light of theories of bipolar disorder and creativity.

Kay Jamison, in her book *Touched With Fire* (1993), postulates that the madness of the historical “mad genius” is bipolar disorder; she supports her theory with case studies of Schumann and others as creative artists with bipolar disorder. According to Jamison, hypomania can facilitate already-present creative ability:

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 grandisoity of spirit and vision so characteristic of mania, coupled with manic drive and intensity, can add an expansiveness and boldness as well. Under unusual circumstances—and circumstances under which genius is bred are by definition unusual—this can result in a formidable combination of imagination, adventurousness, and a restless, quick, and vastly associative mind. (1993, p. 108-9)

In addition to this direct influence, Jamison postulates that the extreme emotional states bipolar disorder brings have an influence on a bipolar creator:

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 the resilience of the human spirit. Many writers, artists, and composers have described the impact of their long periods of depression, how they have struggled or dealt with them, and how they have used them in their work. (1993, p. 117)

It is difficult to dispute this particular point, as there is no question that other extreme emotional experiences affect the life, thoughts, and works of creators. However, it is questionable whether
or not the changes a hypomanic state brings to thought processes are beneficial to creativity. Depending on their definitions of creativity, empirical studies have produced conflicting results on whether or not hypomanic states facilitate creativity. In addition, Jamison’s theory is supported in *Touched with Fire* by biographical case studies. Although her approach allows for the consideration of creative artists whose works have stood the test of time, Jamison herself admits the unreliability of diagnosing bipolar disorder and specific affective episodes through historical reports. The conclusions Jamison comes to do make sense, but, this does not necessarily mean that rigorous empirical testing would find that these conclusions are true. Jamison has conducted studies that support her conclusions, as have others; however, other studies have produced results that contradict them. As we have seen, empirical studies on creativity and mental illness are extremely difficult to compare and summarize into a comprehensive theory.

It’s relatively easy to determine whether Schumann’s possibly hypomanic and depressive states correlate with his productivity. Outside of the difficult of measuring the exact time periods of his affective states, it’s a matter of analyzing empirical data. But how does one measure whether or not Schumann’s possible mental illness affected the content of his music? Robert Weisberg (1994) conducted as experimental a study as possible on one of the more pressing questions of the effects of Schumann’s mental illness: did Schumann’s mental illness directly affect the creativity of his composing, causing him to write better compositions on average while in specific affective episodes? In his study, Weisberg looked for correlations between the quality of Schumann’s works and the affective states he was in when he composed them. For the his measure of affective states, he only considered the years that Slater and Meyer’s 1959 analysis of Schumann’s illness identified as predominantly depressive or predominantly hypomanic. His
measure of quality was based on listings in two catalogs of recordings, with the *Schwann Guide* listing a wide range of recordings and the *Penguin Guide*, compiled when CDs were relatively new, listing the more selective group of recordings made in the early years of CDs. To control for productivity, Weisberg considered relative quality: the average number of recordings for every composition of a year listed in the *Schwann Guide* or the proportion of works in a year that were listed at least once in the *Penguin Guide*. What did he find? Quality was not significantly correlated with hypomania while composing pieces, or with depression while composing, or depression one or two years before composing. The only significant correlation was between the number of compositions in a year and the number of high-quality compositions in that year. Weisberg concluded that Schumann’s hypomaniac states increased his productivity, but had no effect on his creativity and the quality of his works.

The study’s title labels it “Quasi-Experimental,” and it is true that it does not provide an experimental test of the link between bipolar disorder and mental illness. However, his study is as experimental as is possible for a deceased subject, and provides a valuable look at real-life measures of creativity that laboratory tests can miss. Weisberg is careful to control for compositions from the last five years of Schumann’s life due to the possibility of another illness and the long-standing controversy over their quality; interestingly, there was no significant difference between analyses with and without the last five years included. Can Weisberg’s study be looked at as a definitive answer to the creativity-mental illness question, at least for Schumann? Again, it all depends on how one defines the terms in question. First of all, the study depends on Slater and Meyer’s analysis of Schumann’s moods, which is simplified by necessity. In addition, Weisberg’s conclusion is somewhat circular—Slater and Meyer took Schumann’s productivity into account when diagnosing hypomaniac states. And, of course, the
same questions that plague other theories remain unanswered: is popularity really a proper measure of creativity? Could a correlation between popularity and hypomania be more complex, such as his most popular or creative works having been composed during hypomanic states?

Weisberg’s study can’t capture all the complexities of a possible connection between Schumann’s moods and creativity, but it suggests some answers and paves the way for future research.

Can the Question Be Answered?

There is no single answer to the question “is there a link between creativity and mental illness?”, and comparing the attempts to find answers is often impossible. The historical trope of the “mad genius” has taken many different forms through history, with the most popular conception based off the Romantic ideals of the nineteenth century. These stereotypes were not necessarily completely inaccurate, but they were not based on rigorous empirical testing. The more recent spate of studies scientifically considering the relationship between creativity and mental illness are based off a wide variety of conceptualizations of creativity, genius, and mental illness, making it extremely difficult to compare studies’ results. However, it is easy to see where the public and scientific fascination with the idea comes from. Simply looking at the high proportion of creative artists, particularly from the Romantic period, that are considered ‘mad,’ ‘mentally ill,’ or even just ‘eccentric,’ a connection of some sort seems obvious to many. Is it possible to empirically study the connection between creativity and mental illness at all?

Perhaps the largest problem in the study of creativity and mental illness is the perception of a unified front where none exists. When the overtly Romantic “mad genius” idea fell out of favor in the twentieth century, the backlash against Romanticism extended to the idea of the mad
genius. The mystification of genius, supported by ‘geniuses’ themselves, was recognized as unscientific and pushed aside as a relic of an unenlightened past. To many who rejected the mystical genius, the idea that genius and mental illness might be connected was seen as just another aspect of the mad genius mythology, a poetic theory that creative types heavily played into. Much of this backlash against the mad genius seems to have carried over to rejection of the link between creativity and mental illness; even empirical studies of the topic may be thought of as just playing into an antiquated stereotype. Although empirical research of creativity and mental illness began in the midst of the craze over the mad genius, and though much of the earliest ‘research’ was influenced more by Romanticism than science, the study of creativity and mental illness is not based on the mad genius stereotype. In assuming that it is, detractors are doing psychologists seriously studying the connection a disservice.

However, many of those studying the connection between creativity and mental illness make a similar mistake: they assume that different studies can be compared. In most fields of psychology, this is true, and the basis by which lasting theories are formed. However, as we have seen, the different definitions used by researchers make comparison very difficult. The controversy over which mental illnesses facilitate, or are otherwise connected with, creativity, is a question that could, in theory, be answered by future research—if not for the different definitions of creativity being used in these studies. Instead of studying the difference between these different types of ‘creativity,’ researchers treat them as a single variable that can be plugged into studies. The study of creativity and mental illness is not inherently flawed, but the assumption that everything called ‘creativity’ is measuring the same thing is. Without strictly defined measures of creativity treated as separate concepts, the question of whether mental illness is in any way connected with any type of creativity will remain a mystery.
Chapter 5: “It Reminds Me of a Dark Time”: Music and Mental Illness

The connection between Schumann’s mental illness and his music has been hotly contested, even in a domain seemingly as easy to measure as the relationship between his moods and his productivity. When the connections that can be examined in a quasi-experimental fashion cause so much controversy, it’s unsurprising that more subjective connections cause even more. Did Schumann’s oscillating moods affect his composition in ways that can’t be easily categorized? Was the character of his work, his compositional style, even the quality of his music affected by his mental states? His moods and the deep emotional states he experienced surely had some effect on his music, just as other important experiences or states of mind will affect an artist’s life, thoughts, and work. The controversy begins when listeners try to link specific aspects of the artist’s life to specific works: proclaiming, for instance, that certain works are surely autobiographical. This tendency is particularly strong—and particularly contentious—where the possibility of mental illness is brought up.

The temptation to look at an artist’s works in a new light after learning of his possible mental illness is often irresistible; that ‘new light’ could mean anything from seeing works as a reflection on his experiences of illness to seeing works as irrevocably tainted by an addled mental state. The reception of Robert Schumann’s music has often included both of these reactions. His fixation on madness, frank descriptions of his depressions in his many writings, and adoption of two effectively manic and depressive compositional characters have led to a plethora of interpretations of his work centered on his mental state. One particularly popular case is his Second Symphony, which he wrote reminded him “of a dark time” (as cited in Daverio, 1997, p. 321). His psychotic final illness and apparent degeneration of his mental powers in the years before his internment have led to the persistent opinion that his late works
are inferior—but also the modern avid defense of them. With these pervasive interpretations in mind, the question must be asked: should mental condition, and biography in general, be taken into consideration when listening to and evaluating Schumann’s works, or should they be taken solely on their own terms?

Schumann’s Second Symphony and the Correlation of Moods and Music

One would think the question of whether or not an artist’s work is in some way autobiographical would be answered by an artist’s direct statement that it is. On the contrary, this only raises more questions: is the connection to the artist’s life actually perceptible in the work? Would it be noticeable without knowledge of the artist’s statement and biography? Is the artist the only authority on how his work should be interpreted, or is he too close to the work and too aware of its place in his life to realize the actual extent to which his emotional associations come through in the music? Although much of Schumann’s oeuvre has been seen as a direct mirror of his mental states by different sources, his Second Symphony in C-major (op. 61) in particular is notorious due to a letter Schumann wrote to D. G. Otten in 1849:

I wrote the [C-major] symphony in December 1845 [while] still half sick; it seems to me that one must hear this. Only in the last movement did I begin to feel like myself; I became really well again [only] after completing the entire work. But otherwise … it reminds me of a dark time. (as cited in Daverio, 1997, p. 321)

The symphony consists of four movements, as did most symphonies at the time. First came the troubled Allegro, which Schumann stated was “full of [his] struggle” (as cited in Williams, 1949, p.182); second, the light and leisurely Scherzo; third, the somber Adagio, where Schumann composed a “melancholy bassoon” line with “special affection” (as cited in Ostwald, 1985, p.
and the triumphant final *Allegro*. The symphony was generally traditional, “Schumann’s nearest approach to strict classical form,” but Schumann did take the unusual step of placing the slow *Adagio* as the third movement, whereas the slow movement traditional came second (Harrison, 1966, p. 253). This, presumably, was to allow the lighter *Scherzo* to offset the uncommonly troubled mood of the first movement.

The interpretation of Schumann’s Second Symphony is particularly important because the symphony is absolute music, which is music not meant to represent anything—music for its own sake. Its opposite is programmatic music, which has a distinct meaning; the meaning can be explicit (vocal music with lyrics) or subtle (instrumental music with an evocative title). There is a long tradition, however, of listeners looking for meaning, even a distinct program, in absolute music. The Second Symphony, for instance, is often interpreted in a very programmatic fashion, with the first three movements representing facets of Schumann’s battle against illness and the last proclaiming his triumph. It is clear that knowledge of Schumann’s own thoughts about the symphony has encouraged this interpretation and influenced many of the piece’s analyses and performances. Practically every published work about the symphony, whether analysis, overview, or liner notes for a recording, mentions at least a portion of Schumann’s “dark time” quote, and many link his mental state to specific sections and the work as a whole. The first movement, for instance, “is full of this struggle [to become well] and is very capricious and refractory” (Williams, 1949, p. 179), while the strings of the second movement play “insistent, maddening music” (Williams, 1949, p. 181); on the whole, the music “is in part at least the record of a soul in torment” (James, 1973, p. 2) and “[gives] the impression of a prophetic vision of Schumann's tragic end” (Kramer, 1974, p. 1). Casual listeners reading liner notes or brief articles are likely to accept these interpretations as the proper way to listen to the work.
This strong connection to illness is not necessarily paired with the assumption that the quality of the work was adversely affected, which is often not the case for Schumann’s much-maligned late works. Although the Second Symphony is the least popular of Schumann’s symphonies today, it is not the case that the movements composed when Schumann was sickest are considered inferior. In fact, the third movement, the melancholy Adagio strongly connected to his illness, is frequently cited as the best movement of the symphony and is lauded even by those who consider the symphony as a whole substandard. It is instead the fourth movement, where Schumann began to “feel well again,” that is often seen as the worst movement. Musicologist Stephen Williams warns of the dangers of using Schumann’s statement to reflect on the quality of the work:

It may be that the sickness of body and soul had made the eyes of his mind unusually bright. On the other hand, it might just as easily have made them unnaturally dim. Until science has more lucidly explained the creative process—if it ever does—we must beware of ‘the vanity of dogmatizing’. (1949, p. 180)

It seems, then, that Schumann’s admission of illness is frequently taken at face value: the work itself shows signs of Schumann’s “dark time” and his struggle to overcome it, but his illness didn’t necessarily undermine his usual composing skill. We must remember, though, that these statements are from people who cared enough to analyze and/or perform the symphony. It could very well be the case that the general unpopularity of the Second Symphony arises from the belief that it was a lesser work because of Schumann’s illness while composing it.

There are musicologists, however—particularly those who enjoy the Second Symphony—who contest the idea that Schumann’s biography maps so clearly onto the symphony. As musicologist Laura Tunbridge asks, would we recognize the symphony as a
narrative of struggle leading to triumph had Schumann’s letter to Otten not survived (personal communication, September 23, 2006)? With some effort and creative interpretation, one can often map an artist’s biography onto his work; this is even easier when the artist himself does the same. But did Schumann’s own experience really map onto the Second Symphony as overtly as he thought it did? John Daverio points out:

Taking their cue from Schumann’s account, many critics interpret the [Second] symphony as a steady progression from pain to triumph, sorrow to joy, suffering to health. These hypothetical narratives may speak to the affective trajectory of the Adagio and Finale, but they have little to do with the Jean-Paulian high jinks of the Scherzo, let alone the overwhelmingly affirmative tone of the first movement. … As tempting as it may be to read Schumann’s depressive tendencies into his music, the exercise, in this case, simply will not square with aural reality. (1997, p. 322)

The question of whether or not the Second Symphony reflects Schumann’s life, then, seems to hinge mostly on how one interprets the first two movements and whether or not they fit into an overall narrative. While the third and fourth movements support a programmatic narrative on their own, those trying to fit all movements into a narrative of illness and recovery are surely influenced by Schumann’s explanation of his own biographical experiences

Looking solely at the modern reception and number of performances of the Second Symphony as compared to his other symphonies, one would get the impression that the Second Symphony was the worst of the four. However, during the nineteenth century, especially during Schumann’s lifetime, the reception was very different: it “became the greatest of his symphonies, a judgment about which most mid-nineteenth-century listeners, professional and lay, found themselves in ready agreement” (Steinberg, 1995, p. 510-511). What caused the public’s
opinion to change? One possibility is that the knowledge of Schumann’s death in an insane asylum tainted a work so strongly connected with his illness. Judging from the negative reception of Schumann’s late works, inextricably connected with his imminent stay in Endenich, it seems likely that this plays some role in the modern reception of the symphony. However, this doesn’t explain why the Adagio, the movement most connected with his illness, is almost universally praised.

The reason for the change in opinion, according to Anthony Newcomb in “Once More ‘Between Absolute and Program Music’: Schumann’s Second Symphony” (1984), is that modern listeners don’t interpret absolute music in the way that nineteenth-century listeners did. The nineteenth-century symphony, as a matter of fact, existed somewhere between absolute and programmatic music: the very structure and musical form of the symphony itself linked it with certain plot archetypes, which nineteenth-century audiences would be sure to recognize. When Schumann’s contemporaries heard his Second Symphony, then, they automatically identified a plot of struggle leading to victory—as kind of Bildungsroman of music. Beethoven’s Fifth, which audiences of Schumann’s time would surely be familiar with, used the same plot archetype. In this case, Schumann’s own experience in composing it happened to follow that archetype:

Schumann’s often-quoted letter to D.G. Otten of April 1849 offers another specific and personal exemplification of the same plot archetype, as he talks of his struggle through to mental and physical health during his actual work on the symphony. Thus, although the plot archetype of a particular work may have no connection with the life of the composer, that of op. 61 has an autobiographical dimension. The struggle in the symphony from
suffering to healing and redemption seems also to have been Schumann’s own.

(Newcomb, 1984, p. 237)

According to Newcomb, knowledge of these nineteenth-century programmatic themes is necessary to experience music as the composer intended. Lack of knowledge of the theme at the center of the Second Symphony explains why the first and fourth movements, which depend heavily on the programmatic narrative, are the least liked by modern listeners. That the theme of struggle to health is autobiographical in Schumann’s case is incidental to understanding the symphony. Knowledge of Schumann’s biography can lead to deeper understanding of the symphony, such as recognizing a contrapuntal section as a reference to the music he often composed while recovering from depressions. However, it is knowledge of the plot archetype that is the most important: lack of that “may … keep us from penetrating beneath the surface at all” (Newcomb, 1984, p. 248).

Listeners frequently make autobiographical inferences about composers when listening to their music, and rarely are they so easily handed to us as in the case of Schumann’s Second Symphony. Is the music as autobiographical as Schumann indicated it was? Perhaps. Does it need to be interpreted that way for a listener to enjoy the piece? Probably not. As Daverio points out, not all the movements necessarily fit into that narrative, and trying to fit music to interpretation instead of interpretation to music can only lead to misunderstanding. However, one should also keep in mind the historical context of the pieces, especially Newcomb’s description of nineteenth-century plot archetypes. Schumann’s autobiographical narrative may not be necessary for the narrative of struggle to victory to apply, but that doesn’t mean his own struggle for health had no effect at all. Schumann’s experiences, after all, were quite possibly the reason he used that trope in the first place. This connection between Schumann’s struggle for
health while composing the Second Symphony and the symphony’s content may not be overt, but that does not mean that Schumann’s experiences didn’t influence the symphony at all. Attempting to pick out exactly what aspects of the music were influenced by Schumann’s biography is mostly impossible, but one can still form an opinion on whether or not Schumann’s struggle for health is truly reflected in the Second Symphony.

Late Works and Final Illness: Is There a Connection?

In 1849, five years before Schumann was taken to a mental institution and stopped composing music for publication, his popularity was “on the upswing” (Ostwald, 1985, p. 226). He was only a middling conductor, perhaps, and his large-scale orchestral works were not appreciated as much as his earlier works, but he was still an important musical figure. And then, on February 27, 1854, Schumann attempted suicide and was taken to a mental institution a few days later. Suddenly, hindsight showed Schumann’s actions over the last five years to be symptoms of an encroaching madness—his hallucinations, surely, but also things that seemed normal at the time. Did his madness explain his failure as a conductor? Had it affected his late music?

Clara Schumann certainly thought so, destroying or suppressing publication of several of Schumann’s latest 1853 works: the Five Romances for cello and piano, the Violin Concerto, and his Sonata No. 3 (Daverio, 1997). With Robert’s own wife pronouncing these works irrevocably flawed, it is unsurprising that, for decades, the public’s opinion of them mirrored Clara’s. The public, however, went even further: not only did they consider Schumann’s very latest works tainted by mental illness, but also most of his works from around 1849 on—or even since 1844, according to some. Victor Basch was expressing a popular opinion when he wrote that the late
works showed an “undoubted decline in the composer’s creative power” (Basch, 1931, p. 199). By the late twentieth century, however, this began to change. Schumann scholars and musicologists, instead of accepting his late works as inferior, made special effort to champion the late works and challenge their long-assumed inferiority. Recently, there has been a biography published with the specific intention of “setting aside [the] old myth” that Schumann’s later works were marred by his mental illness (Daverio, 1997, p. vii), a conference devoted to the music of Schumann’s “generally ill-understood” late period (“About the Conference,” 2006), and many more efforts to counter the entrenched negative view of Schumann’s late works. These works are finally getting a fair chance—but are they actually equal to Schumann’s earlier works?

The 1975 International Cyclopedia of Music and Musicians pulls no punches in stating its opinion of Schumann’s late works. According to its article on Schumann, “Pathetic is the gradual failure of powers once so inexhaustible. … for the most part Schumann is but going by habit through the motions of a process once full of zest” (Mason, p. 2014). Although most didn’t state it so bluntly, the sentiment was once almost universally accepted: Schumann’s late works were inferior, the products of a “tired mind” (Chissell, 1948, p. 168). It is, however, understandable that many evaluated Schumann’s late works with his illness in mind. As John Daverio aptly puts it, “the events surrounding the creation or reception of some of these works have all the trappings of a ghost story by E.T.A. Hoffmann” (1997, p. 16). After reading of stories such as Schumann writing his *Nachtstücke* (op. 23) while having premonitions about his sick brother’s death (and claiming he heard a chorale of trombones at the moment he died), it’s difficult not to view Schumann’s works in light of this. However, even music theorists and composers, who would presumably be more likely to judge music by an in-depth look at the content, agreed that the late works were marred by illness. Daverio gives a list of examples:
it is precisely in the compositions stemming from the second major depressive phase in Schumann’s life (1844-46) that many commentators have heard the first signs of a fatal condition. Dieter Schnebel, for instance, senses something peculiarly “out of control” in the “meandering,” “contourless” lines of the Opus 72 fugues. Likewise, George Daedelsen points to Schumann’s failure to find his own voice and his lapse into an “alarming monotony” in the Opus 60 fugues on B-A-C-H. Stephen Walsh detects in the same works an oddly “impersonal quality” marking them as the products of a “sick man,” prefigurations of the “declining powers” of Schumann’s last decade as a composer. Not even a generally acknowledged masterpiece such as the Second Symphony is exempt from this sort of dubious conflation of life and artwork. (1997, p. 302)

There is more to criticism of Schumann’s late works than a “dubious conflation of life and artwork,” however. Although much of that criticism does point to Schumann’s mental illness as the culprit in the declining quality of his works, there are two third variables that confound the question: the categorization of Schumann’s compositions and the general phenomenon of ‘late styles’. Schumann had a tendency to exhaustively explore one genre of music during one time period, and then abandon it to explore the next. The divisions aren’t exact, of course—in the productive phases of his late years, he revisited genres that he had composed in in his youth—but there are distinct patterns. The bulk of his songs were composed in 1840 (known as the Year of Song), most of his solo piano pieces were concentrated in the 1830s, and he first turned to orchestral works in 1841. However muddy the divisions are, he did not primarily concentrate on large-scale orchestral works until later in his career. Is it a coincidence that probably the most common criticism of Robert Schumann is that his
orchestrations are lacking? Schumann is known as a composer of small-scale works by musical laymen, and even some biographers encourage this perception:

But the most lovable Schumann is the Schumann of the piano music, the Schumann of the songs, the Schumann of the piano Quintet and Concerto—all composed before he was thirty-five. So it can safely be said that the young Schumann is the essential Schumann.

(Chissell, 1948, p. 79)

Hindsight may have lessened the appeal of Schumann’s late works, but that hindsight could have been based on judgments made from the comprehensive view of all his works, not just knowledge of his death in an asylum.

In addition to this, there is the matter of Schumann’s changing style. As Schumann wrote in his diary around July 1846, he had composed his earlier works “with unbelievable swiftness,” but “from the year 1845 on, when I began to invent and work out everything in my head, … a completely new manner of composing [began] to develop” (as cited in Daverio, 1997, p. 305).

Did this change refer only to a change in style of composition, to his turn to large-scale works, or to a general change in the content of his works? It seems unlikely that a composer would go through his life without growing or changing as an artist—the question lies in whether listeners appreciate that change. According to Dr. Scott Burnham, a Beethoven scholar, one of the reasons Schumann’s late style is seen as inferior is because people tend to compare it to Beethoven’s famous late style, as exemplified in his Ninth Symphony. Beethoven’s Ninth Symphony strongly influenced the direction of nineteenth-century German music, and his extreme popularity then and now made it inevitable that nineteenth-century composers, especially symphonic composers, would be compared to him. While Beethoven was seen as moving forwards in his late style, Schumann was seen as moving backwards: “It’s almost as if
the alleged mental illness had stunted him in some way, wasn’t allowing him to explore fully” (personal communication, September 24, 2006). Because almost all those who listen to classical music are accustomed to Beethoven’s late style, they see Schumann’s different kind of complexity as unfamiliar and inferior.

These two aspects of Schumann’s late music, confounding factors when considering whether or not these works were tainted with madness, are also points of pride to those that champion Schumann’s late works. All musicologists, whether they like Schumann's late music or not, recognize that his late music differs from his earlier music; the difference is that those who champion the late works don’t believe that different means inferior, no matter how good the earlier works were. One of their main complaints is the belief that that difference is caused by a disintegrating mind, a belief that necessitates the inferiority of the late pieces. Musicologist Jon Finson says of Schumann’s late style:

There are too many other good explanations of that to say there’s a kind of incapacity.

He was perfectly capable, when he wanted, of going back to his earlier stock [by composing pieces in genres and styles similar to those of his earlier works]. I think the explanation is, if he was perfectly capable, that chose not to. He was looking to do something else. (personal communication, September 23, 2006)

Many of the people supporting the late works are, unsurprisingly, directly reacting to the historical plethora of people who dismissed those works due to the possible influence of his final illness. The historical reception of Schumann’s late works, they feel, comprises a vicious cycle. After his internment, Schumann’s late works were deemed tainted by his illness; consequently, they were infrequently performed and, later, recorded; consequently, in forming opinions of Schumann’s late works, people only had others’ opinions to go by; consequently, the bad
reputation of the late works meant they weren’t performed or recorded; and so on. Although their reasoning is sound, in responding directly to critics, supporters of the late works can come off as overly defensive, as Daverio does in saying “whoever hears signs of decay in the late music simply does not know it very well” (1997, p. 459). Despite this defensiveness, the modern view of Schumann’s late works is, on the whole, far more positive than the historical view. If nothing else, authors and analysts don’t automatically assume Schumann’s mental illness must have affected the quality of his music.

The quality of Schumann’s late music is controversial, and both supporters and detractors make good and bad points. For modern critics, the vicious cycle of thinking Schumann’s late works inferior is indefensible, as recordings of his late works are now readily available. The belief that Schumann’s late works were negatively affected by his final illness seems, in many cases, to be driven less by objective analysis than by expectations of a link between life and works. As pianist Harris Goldsmith says, “One hears a lot of equivocation and fault-finding; with hindsight knowledge of his dismal end in an insane asylum it is all too easy to imagine in the music a diffuseness and ineptitude that isn’t there” (as cited in Ostwald, 1985, p.246).

Without knowledge of Schumann’s final illness, would people see madness in his late works, or would they see works that are inferior due to other factors? Would they see these works as inferior at all? It’s difficult to answer this; for anyone studying Schumann’s music, or even idly checking liner notes, it’s next to impossible to avoid knowledge of Schumann’s mental illness and the historically negative reception of his late works. It is possible that even those who give other reasons for disliking Schumann’s late works, such as substandard orchestration, might be rationalizing, explaining a negative opinion that was formed by negative expectations for the late works. This speculation, however, also highlight the main pitfall of supporters of Schumann’s
late works: many lump together all criticisms of the late works as simply playing into their historical stigma. There are possibly modern critics that unquestioningly accept the historical view, but there are surely modern critics that have found the music lacking on its own terms. The assumption that no critics fall into the second category leads to overreactions such as Daverio’s. In accusing all critics of not knowing the music well enough and giving blanket praise to all the late works, he displays bias as strong as the one he’s challenging.

What conclusion should be taken from all this? The best advice to those studying Schumann’s music, or just listening to it for pleasure, is to listen to Schumann’s late music on its own terms. If a listener feels the late music is generally inferior, he or she should clarify as to why. Was Schumann’s late music negatively affected by his final illness? It’s possible. The only invalid opinion is the unthinking, knee-jerk acceptance that Schumann’s music was affected by his illness simply because that’s what is expected. Of course, the music does not require a black and white opinion—as Charles Rosen writes, “Recent attempts to reevaluate the late works and the more orthodox judgment that there was a falling off in the last decade seem to me both correct” (1995, p. 689). It is certainly possible that some late works are inferior (whether because of mental illness, or a change in style, or simply chance) and some are equal or superior to his earlier works. Whatever the case, Schumann’s late style is different from his earlier style; whether or not his late mental illness was a factor in that, it is still but one factor of many.

**Does Knowledge of Illness and Biography Enhance Appreciation of Music?**

Although some of Schumann’s works are linked with his possible mental illness more than others, Schumann’s entire oeuvre can be examined through the lens of his illness. Some works have a more explicit connection to his illness: the Second Symphony, written “in a dark
time;” “Florestan” and “Eusebius” of *Carnaval* (op. 9), due to their connection to Schumann’s mental state; *Kreisleriana* (op. 16), based on E. T. A. Hoffman’s mad character Johannes Kreisler; and others. However, as Schumann’s oscillating moods affected him throughout his life, one could argue that they also affected all of his works. That could simply mean that his mental states were an aspect of his biography that influenced his artistic choices, on par with other biographical influences such as his marriage to Clara, or that every hint of the unusual or melancholy in his works can be pointed to as foreshadowing insanity. Different views of this subject can obviously lead to wildly different interpretations of his works—and sometimes wildly different judgments of quality.

Whether or not they consider Schumann’s music in conjunction with his biography, Schumann’s biographers, by definition, feel that there is value in knowing the facts of Schumann’s life. What about those music scholars whose emphasis is not on music history, but music theory? Here, the focus on Schumann’s music comes for granted, but a focus on his possible illness—or even his biography in general—does not. I interviewed six musicologists who gave lectures at “*New Paths*: Robert Schumann 1848-1856,” a conference taking an analytical look at Schumann’s late music. All were familiar with Schumann’s biography, but their lectures, for the most part, focused on analysis of the music itself. I asked each of them whether knowledge of Schumann's biography, especially his illness, enhances understanding of his music, whether for serious analyses of his music or for simple enjoyment.

Many of these musicologists, at a convention for the appreciation for Robert Schumann’s late works, were wary of the influence of biography on the reception of music—understandably, considering how long Schumann’s late works were dismissed as inferior because of their
perceived connection with his final psychosis. One repeated emphasis was that Schumann’s music should be considered on its own terms. As William Benjamin states,

I think the music speaks for itself. The more you know about the background of anything, it’s bound to have an influence on how you regard it. It’s certainly not necessary, to have a very good understanding of Schumann’s music, to have knowledge of his life, of his circumstances. (personal communication, September 22, 2006)

Why? The late works, as we have seen, have long been considered inferior; at least some of that opinion seems to have come from the widespread infamy of Schumann’s mental decline and final years in an asylum. Knowledge of the biographical details surrounding the late works’ composition led to the assumption that they must have negatively affected the works, and first impressions can be hard to overcome. Laura Tunbridge and Ulrich Malert both caution against using biographical details to decide whether or not one likes a work (personal communication, September 22-23, 2006). In this highly subjective domain, extramusical knowledge (especially if learned before hearing the work) can easily change opinions. When that knowledge is about a stigmatizing condition like possible mental illness, the change is likely to be for the worse. After seeing this in effect for the late music, it’s understandable that some musicologists would want the works to be considered separately from the biography.

Even those musicologists who recommended learning about Schumann’s biography to enhance understanding of his music warned against specific pitfalls in making connections. One of the biggest problems, Benjamin says, is taking incomplete information as the whole story; if a listener reads just some liner notes, or even only a single biography, they’re getting a “superficial knowledge of the facts” (personal communication, September 22, 2006). Again, this seems to be based on the reception of Schumann’s late works. Benjamin says of them, “I don’t think that
understanding madness, or thinking of him as mad, helps you to understand his music very well. I don’t think his mind’s unraveling in front of your eyes in those late works at all.” This objection becomes clear when looking at liner notes, where the brevity of the source often leads to oversimplified mentions of Schumann’s illness. *Music for Piano and Violin* confidently states that “pathological traits together with illness and fatigue were apparent in his [late] work,” (1979, p.1), and by 1850, according to another recording, “Robert was passing his creative peak and was slowly being incapacitated by mental illness” (Hall, 1975 p. 1). Casual listeners especially would be unlikely to read more on Schumann, leaving this as their only impression of his mental state and its connection with his music; indeed, thinking of Schumann as “mad” while knowing no other specifics about his life or illness is unlikely to promote a better understanding of his music.

Oversimplification and misunderstanding aren’t limited to the salacious subject of Schumann’s possible mental illness. Jon Finson takes issue with the way biographers connect Schumann’s biography to his works, saying, “I think that’s … a very popular way to explain to laypeople how composers come up with things—they project their life into their art” (personal communication, September 23, 2006). Due to Schumann’s extreme, and well-documented, moods, biographers frequently connect his moods while composing and the moods of his pieces. Although this is logically compelling, and certainly true for some pieces, it is an oversimplification. As Finson says, “The notion that people having a very good day go home and write happy tunes is just plain old simpleminded. … Just because someone writes a funeral march doesn’t mean he’s sad.” The song cycles *Dichterliebe* (op. 48) and *Liederkreis* (op. 24) are good examples: they include cynical and bitter love songs written by a newlywed Schumann who was, by all accounts, very much in love with his wife. Schumann probably wrote them
because they expressed a “nifty sentiment,” according to Finson, not because they expressed his true feelings about Clara.

Connecting Schumann’s life and art, or mental illness and art, is easy to do in simplistic ways: because Schumann was depressed, he wrote sad music, or because Schumann was going mad, he wrote bad music. Unfortunately, this type of biographical connection can have negative effects, from not further interpreting a piece of music because Schumann’s biography seems to explain it to the dismissal of music from an entire period because Schumann was showing signs of going mad. With this risk in mind, is it worth it to encourage listeners to learn about the lifetime behind the music? Most of the musicologists said ‘yes,’ whether cautiously or wholeheartedly. Scott Burnham, firmly in favor of exploring the links between biography and music, says that knowing Schumann’s biography “augments the experience” of listening to his music (personal communication, September 24, 2006). As a music historian, he obviously supports learning about the history behind the music, and composers’ biographies are part of that history: “the more you know about a composer’s context, whether it’s biographical or cultural or intellectual or social, the more handles you have on the thing you’re trying to understand and appreciate.”

Harald Krebs, a music theorist, doesn’t believe that consideration that of biography need be restricted to music historians:

I think it’s important for all of us. Music theorists have this reputation—they just look at the music, they don’t care about anything else … we really do try to be aware of the context. … interesting analyses often arise from the kind of awareness of what’s going on in the composer’s life, in the composer’s mind. (personal communication, September 23, 2006)
For Krebs, those “interesting analyses” sometimes come from going out on a limb and exploring less obvious connections, such as the possibility that there might be a connection between Schumann’s mental state and the unusual meter found in his late works. Connections such as these are certainly not simplistic links of mental state to music; even if a hypothesis like this turns out to be unsupported, it encourages others to look more deeply at how Schumann’s mental state affected his life and compositions.

How does one avoid the perils of connecting Schumann’s biography to his music? Even musicologists who strongly cautioned against making connections allowed that there were ways of doing it wisely. Benjamin, for instance, is very well-versed in Schumann’s biography; he doesn’t have a problem with biographical connections per se, only the superficial knowledge that a casual listener would pick up. If listeners make a more in-depth study of Schumann’s biography, with a focus on primary sources such as Schumann’s diaries and letters, “of course that will change how [they] look at the music” (personal communication, September 22, 2006). Finson, similarly, does not dismiss the possibility that Schumann’s biography and music were connected, just cautions that they probably weren’t connected in such “obvious ways” as a perfect correlation between mood while composing and mood of piece (personal communication, September 23, 2006). Burnham points out that discouraging the connection of Schumann’s biography to his music wouldn’t eliminate bad analysis:

Some will just reductively think that the music is this way because of the illness, but those people who do that would be reductive in some other way if it weren’t for the illness. He’s male, of course he’s writing like this. He’s after Beethoven, of course he’s writing like this. (personal communication, September 24, 2006)
One must be cautious in exploring the connection of Schumann’s life to his works, certainly. The blanket negative reception of his late music clearly illustrates the consequences of making assumptions about that connection. However, by making an effort to look deeper than obvious links, one could find fascinating relationships between the two and get more out of Schumann’s music than one otherwise would. Musicologists’ advice on the matter varies, but in the end, the decision is left of whether or not knowing more about Schumann enhances appreciation of his music is left to the listener.
Chapter 6: Conclusion

The average person who listens to Robert Schumann’s music will, in all likelihood, never be exposed to a wide variety of biographies of the composer. They will, perhaps, read the liner notes of the recording they are listening to; maybe a variety of liner notes for different recordings, or the program at a concert. Perhaps those notes will go into Schumann’s biography, maybe even mention his death in Endenich, or diagnose him with a mental illness. If that person is very interested in Schumann, maybe they’ll pick up a biography of him—perhaps Daverio, perhaps Ostwald, perhaps something that has just been published. And maybe, if that biography only whets their interest, maybe they’ll seek out further biographies, or a book of Schumann’s own writings. But that level of interest will be probably never be reached by the casual listener, or even many people who appreciate Robert Schumann’s music. Every bit of biographical material written about Schumann could be the only one that a listener encounters, and as we’ve seen, even the smallest bits of biographical material can portray hugely different portraits of Schumann and of his possible mental illness.

Schumann’s possible mental illness, after all, cannot be neatly compartmentalized and not affect what people think about other aspects of him. What we think of Schumann’s biography, of course, is strongly affected by what we think of his illness—even thinking he wasn’t mentally ill, or his illness didn’t affect him before Endenich, is in and of itself a consequence of our opinions about his mental illness. Even more importantly for music lovers, what we know of his possible illness affects what we think of his music. For decades, Schumann’s late works were overwhelmingly considered inferior, in all likelihood largely because of their connection with his late illness; even listeners who didn’t seek out his biography couldn’t escape that judgment. Even to state that Schumann’s possible illness did not affect his
music, whether in quality or in content, requires knowledge of his biography in order to reject that connection. And, to take a more generalized view, what we think of Schumann’s illness may affect what we think of the connection between creativity and mental illness, from taking him as one more datum in the list of mentally ill creative types to rejecting the connection because it’s facile and steeped in Romanticism.

A little knowledge of Schumann’s possible mental illness, then, goes a long way in one’s understanding of the man, the musician, the genius. Madness is a fascinating subject to many—Schumann himself included—and that, combined with the obvious importance Schumann’s mental states had in his life, makes his possible mental illness a salient topic. Throughout this thesis, I’ve explored many different opinions of Schumann’s mental illness and the many different presentations of the topic, from Schumann’s heartfelt writings on depression to biographies’ long explanations to offhanded references made in liner notes. Each of these presentations, as I’ve demonstrated, paints a different picture for the reader, of Schumann’s possible mental illness, of Schumann’s music, and of Schumann himself. One question remains: in general, should Schumann’s possible mental illness be diagnosed and/or examined in detail?

The pros and cons where Schumann’s music is concerned were covered in the previous chapter: the reception of Schumann’s late works shows the dangers of connecting Schumann’s possible mental illness to his music, but examining possible connections to Schumann’s biography in his compositions could lead to a deeper understanding of his works. What about his biography? Completely ignoring Schumann’s mental condition is impossible in any kind of comprehensive biography; Schumann’s moods were a very important part of his life, as his own writings aptly demonstrate. Here, the question concerns the extent of the focus on mental illness and the need for diagnosis. Too little focus can end up whitewashing his life, downplaying his
intensely negative depressions and time in Endenich, while too much focus can lead to sensationalizing, latching on to his madness because it’s tantalizing to read about in a famous composer. Diagnosis, as we’ve seen, is not necessary for understanding Schumann’s mental state, and the accuracy of historical diagnoses is always less sure than in-person diagnoses; however, diagnosis allows us to compare Schumann to others with the same condition (including other creative types) and raises awareness about that condition. As the many works I’ve examined demonstrate, any treatment of Schumann’s possible mental illness can be used poorly, or used well. These works’ presentations of Schumann’s illness cannot be reduced into a simple ‘yes, they diagnose him’ or ‘no, they ignore his illness.’ Their presentations must be examined on their own.

There is no one right answer to the question of how to present Schumann’s possible mental illness; the answers, instead, are individual for each author and each reader. Authors’ facts on mental illness may be incorrect, or their presentations of Schumann’s life may be so strangely interpreted as to be factually misleading—but otherwise, there is no objectively right or wrong way to present Schumann’s possible mental illness. Just as much as authors’ opinions, however, the opinions of the readers matter. If a reader wants to know the details of possible diagnoses of Schumann’s mental illness, then a biography that focuses on his illness will be best-suited; if another reader wants to focus on Schumann’s music, then perhaps a biography that mentions Schumann’s moods as they apply to his music would be best. As for me, a psychologist and lover of music—I say that music lovers should definitely learn about Schumann’s biography. At first, I knew Schumann as a composer of enjoyable piano pieces. Then, I knew him as a composer that died in an insane asylum, and as an interesting diagnostic puzzle. Then, I knew him as a fascinating man who suffered from a mental illness, one that
affected many aspects of his life but was not the sum total of his existence. After reading massive amounts of material written about Schumann, I have to say that the most enlightening was that written by Schumann and those who knew him. As valuable I found the interpretations of biographies, it was the writings of Schumann himself that gave me the most insight into his mental states; my support of the diagnosis of bipolar disorder aside, Robert Schumann, to me, is Florestan and Eusebius combined into the single Raro.
References


Vienna House.


Schumann, R. (?). *Early letters of Robert Schumann* (Schumann, C., Ed.). (Herbert, M., Trans.).


