

“Stained Glass”: Robert Schumann and the Lens of Mental Illness

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“No great mind has existed without a touch of madness.”¹ Aristotle’s words reflect the long-standing belief that creativity and psychopathology are intrinsically linked. When reviewing prominent artists throughout history, there appears to be some superficial foundation for these claims; many of the greatest creators were reported to have had complications with their mental health. However, immediately drawing these parallels leads to a dangerous mindset. This paper seeks neither to diagnose nor condemn those who diagnose: rather, to highlight the hazards of fixating upon such diagnoses. In her essay “Illness as Metaphor,”² Susan Sontag examines the redefinition of illness through metaphor, and the direct implications it holds for those living with illness. While there is no denying Robert Schumann struggled with his mental health, there are pitfalls when only viewing Schumann’s music through the coloured lens of mental illness; sensationalizing the “tortured artist,” and steering interpretations that are not necessarily supported by musical evidence. Schumann is reduced to his illness.

Over the last hundred and fifty years, musicologists and psychologists alike have been preoccupied with providing diagnoses to explain Schumann’s mental state. However, when reviewing the countless theories proposed, we must bear in mind that we cannot provide any diagnosis with any degree of certainty. Apart from historical recollections, the only sources available on which diagnoses can be made are the diary entries of Robert, Clara and several individuals close to the family—none of whom were medical experts themselves. As well, attitudes towards mental wellness during the 19th century were much different than our current understanding of mental illness; we are forced to analyze the sources that are available through a filter of historical inaccuracies and biases. When making such posthumous diagnoses, extreme caution must be exercised. Historically, mental illness was often viewed as shameful: medicating patients with bizarre and useless remedies and often tucking them neatly out of sight. When reading through the young Schumann’s diary entries we see a recurrent theme: he addresses an intense

¹Reddy, I. R., Ukrani, J., Indla, V., & Ukrani, V. “Creativity and psychopathology: Two sides of the same coin?” *Indian Journal of Psychiatry* 60, no. 2 (2018): 168.

²Sontag, Susan. “Illness as Metaphor.” New York: Farrar, Straus and Giroux, 1978; 3.

fear of ‘going mad,’ as is exemplified in his confession—“It seems to me that I’ll go mad one day, my heart pounds sickeningly and I feel as if I were dead... on the way back to Leipzig I seemed to be losing my mind: I did have my mind, yet I thought I had lost it.”³ It is not without reason that this was a concern to him as he lost both his oldest sister Emilie and cousin to suicide while he was still young, and his father was reported on numerous accounts to suffer from “melancholia.”⁴ His statement serves as a sort of grim foreshadowing of what would come, as he would later be faced with a multitude of diagnoses including syphilis, schizophrenia, and bipolar disorder.

Unlike the other illnesses that were assigned to Schumann, syphilis bears little mystery in its origins; it is contracted by a distinct and tangible means, namely, sexual contact with another affected individual. While early stages of the disease typically only manifest itself with physical symptoms, advanced syphilis may ultimately lead to mental incoherence—neurosyphilis—and cardiac failure. Dr. Franz Richarz, Schumann’s personal doctor at the Endenich asylum, attributed the composer’s final demise to the tertiary stages of syphilis. During the 19th century, syphilis was frequently remedied using mercury or arsenic; however, the unknown toxicity of this treatment often exacerbated the issue and led to further mental degeneration. In his diaries, Schumann writes of such a prescription, mentioning that “in 1831, I was syphilitic but was cured with arsenic.”⁵ However, Holm-Hadulla debates the validity of the diagnosis of syphilis: neurological degeneration due to syphilis occurs in the final stages of the disease, often not appearing until years or decades after the initial infection—if even occurring at all. Therefore, it seems highly improbable that the sudden shifts in mood and anxieties documented by the young

³Ostwald, Peter F. “Schumann: The Inner Voices of a Musical Genius.” Boston: Northeastern University Press, 2010; 36.

⁴Guu, Ta-Wei and Kuan-Pin Su. "Musical Creativity and Mood Bipolarity in Robert Schumann: A Tribute on the 200th Anniversary of the Composer's Birth: Letters to the Editor." *Psychiatry and Clinical Neurosciences* 65, no. 1 (2011): 114.

⁵Franzen, C. “Syphilis in composers and musicians—Mozart, Beethoven, Paganini, Schubert, Schumann, Smetana.” *Eur J Clin Microbiol Infect Dis* 27, (2008): 1152-1153.

Schumann can be considered to be the effects of syphilis gone rampant. It is hypothesized that what Schumann described as syphilis may have been a misdiagnosis of another sexually transmitted disease.⁶

The 19th century presented a duality of perspectives on syphilis: in her essays “Illness as Metaphor” and “AIDS and its Metaphors,” Susan Sontag discusses these perspectives and the metaphors that arise as a consequence. On one side, it was considered to be “not only a horrible disease but a demeaning, vulgar one... the grimmest of gifts,”⁷ due to the manner in which it was transmitted and its implications of moral perversion. In “AIDS and its Metaphors,” Sontag discusses the connotations of shame often attached to disease, particularly when it concerns one’s genitals. When illness is metaphorized, it is redefined as an entity distinctly separate from illness itself in order to perpetuate a specific belief. Especially in sexually transmitted diseases, these metaphors become more apparent. Through societally-ascribed metaphorization, syphilis *is* retribution, syphilis *is* conviction. It becomes more than simply a disease, becoming a tarnished witness of character and reputation as an ethical consequence. On the other side, syphilis acquired a “darkly positive association... when a link was made between syphilis and heightened (“feverish”) mental activity”⁸—one’s own physical health being deemed a worthy sacrifice in exchange for the heightened creativity associated with syphilis. We see echoes of this belief in the popular literature of the time: in Thomas Mann’s *Doctor Faustus*, the protagonist strikes a bargain with a demon, voluntarily contracting syphilis in exchange for twenty-four years of creative brilliance. With this perspective, syphilis is metaphorized in a similar way to mental illness in that its annihilation spurs creative output. Importantly, through syphilis, the mythology of Schumann is split between a dichotomously: the glorified creative romantic and the dehumanized sinner.

⁶Holm-Hadulla, Rainer & Koutsoukou-Argyaki, Asimina. “Bipolar Disorder and/or Creative Bipolarity: Robert Schumann's Exemplary Psychopathology - Combining Symptomatology and Psychosocial Perspectives with Creativity Research.” *Psychopathology* 50, no. 6 (2017): 2.

⁷Sontag, “Illness as Metaphor,” 59-60.

⁸Sontag, Susan. “AIDS and its Metaphors.” New York; Farrar, Straus and Giroux, 1989; 22-23.

There has been a longstanding tradition of posthumously diagnosing the late Schumann. Schumann was posthumously diagnosed with dementia praecox—more commonly recognised by its contemporary terminology, schizophrenia—by German psychologist Dr. Paul Möbius in 1906. His diagnosis was founded on several key symptoms: “bad temper, bizarre behavior, a tendency towards silence, distrust, auditory hallucinations, speech difficulties, [and] progressive intellectual decline.”⁹ In response to his hypothesis, Dr. Constance Pascal presented a topic at a psychology conference in 1908 in which she refuted several of the symptoms identified by Möbius. By asserting that “a tendency towards silence” and “speech difficulties” demonstrates the presence of schizophrenia, a fine line between personal character and psychopathological tendencies may be breached. Schumann was by personality a quiet and reserved man, and often struggled to express himself in words: he himself confessed that “if I could say everything in music, I would amaze the world with my thoughts.”¹⁰ However, these traits are present in many and not necessarily indicative of mental illness. Pascal also points out how Schumann continued to compose and develop his musical gifts—at least until his final breakdown; often those with untreated schizophrenia lose their ability to creatively function as before the onset of the disorder. However, one of the major symptoms accredited to the diagnosis of schizophrenia—as well as advanced syphilis—was the presence of auditory hallucinations. There is some argument whether a diagnosis of schizophrenia can be justified through the evidence of auditory hallucinations, as symptoms “have to appear continuously for over one month for this diagnosis to be convincing.”¹¹ In the final years of Schumann’s life we see several documentations of such hallucinations, often occurring during times of high stress or intoxication. In several instances, these visions provided direct inspiration for his compositions. He titled his final surviving work, the E ♭ Major variations, *Geistervariationen*—variations dictated by spirits. Of their inspiration, Clara wrote the following:

⁹Gordon, Felicia. “‘Robert Schumann’s Mental Illnesses. (Genius and Madness)’ by Mlle Dr Pascal (1908a).” *History of Psychiatry* 26, no. 3 (2015): 366.

¹⁰ Ibid, 367.

¹¹Holm-Hadulla & Koutsoukou-Argraki, “Bipolar Disorder and/or Creative Bipolarity:” 3.

He lay down again and all night long he was picturing things to himself, gazing towards heaven with wide-open eyes; he was firmly convinced that angels hovered round him revealing glories to him in wonderful music. They bade us welcome, and before a year had passed we should be united and with them.¹²

However, the glorious theme that Schumann was hearing was neither original nor divinely inspired: this same theme appears in the second movements of both the Op. 41 No. 2 String Quartet and his D Minor Violin Concerto, both of which precede the *Geistervariationen*. The fact that Schumann heard music being dictated to him was not necessarily a reason for alarm, as many composers admit to have received the inspiration for their music in such a manner. Stravinsky wrote of his seminal work *Le Sacre du Printemps*: “I heard and I wrote what I heard. I am the vessel through which *Le Sacre* passed.”¹³ Think also of Hildegard von Bingen, who received all musical inspiration by the means of religious visions, and regarded herself as a channel through which music was sent from God to men. However, as expressed by musicologist John Worthen, the concern with Schumann lay in the fact that he was hearing his music and not recognising it as his own: “his relation with his own music was impaired.”¹⁴ While, during the romantic era, melancholia and tuberculosis were perceived as a mark of refinement and its patients as ethereal—these beliefs being perpetuated by the metaphors that mark it as “diseased love... a passion that consumes—”¹⁵ there was little to romanticise about “madness;” there was no presence of creative transcendence or sophisticated agony, but a wary sensationalized fascination toward those who suffered. As discussed by Sontag, “sickness was a way of making people interesting.”¹⁶ When illness robs a patient of mental clarity these positive depictions of illness are replaced with those of fear and apprehension, but the curiosity remains: think only of the Bedlam Asylum in London, where in the 18th century public tours

¹²Litzmann, Berthold. “Clara Schumann: An Artist's Life.” London: Macmillan & Co, 1913; 73.

¹³Worthen, John. “Robert Schumann: Life and Death of a Musician.” New Haven, [Conn.]: Yale University Press, 2010; 349.

¹⁴Ibid.

¹⁵Sontag, “Illness as Metaphor,” 20.

¹⁶Ibid, 30.

created a social spectacle of “madness” at the expense of those held within.¹⁷ This fascination with the unknown can easily be sensationalized, but only serves to further the concept of “otherness” for those who struggle with mental health. In terms of musical interpretation, caution must be exercised to avoid ascribing unwarranted themes of mental illness to music and providing illustrations that are not necessarily supported by the music itself.

Bipolar disorder also presents itself as a frequent diagnosis of Schumann—however, the former title of manic depression has largely been abandoned due to its degrading suggestion of creating “maniacs.” This diagnosis in particular presents an interesting case, as scholars often pull their supporting evidence from Schumann’s music itself. As musical interpretation is often quite abstract and highly subjective, this carries the potential of leading to conclusions that are coloured by personal experience and taste. In her article, “Schumann’s Doppelgänger: Florestan and Eusebius Revisited,” Judith Chernaik addresses the common misconception that the harsh juxtaposition of characters presented in his works *Kreisleriana*, *Papillons*, *Faschingsschwank aus Wien*, and *Carnaval* demonstrate mental instability and bipolar tendencies. The best known example would be that of Eusebius and Florestan, two diametrically opposing characters that sprung from the imagination of Schumann and wove their distinct voices throughout many of his compositions. While Eusebius was introverted, passive and thoughtful, Florestan was his foil—extroverted, passionate and spontaneous. However, the presence of these wildly contrasting characters in Schumann’s compositions cannot be presented as evidence of his mental instability. Chernaik argues that these characters function a much lighter role: “His invented characters, inspired first by literary models, take on transformative power in music. They enable Schumann to create his own voice even while he is imitating and quoting his predecessors...”¹⁸ Catherine Kautsky echoes similar research in her article “Eusebius, Florestan and Friends: Schumann and the Doppelgänger Tradition in German

¹⁷Cross, Simon. "Bedlam in Mind: Seeing and Reading Historical Images of Madness." *European Journal of Cultural Studies* 15, no. 1 (2012): 23.

¹⁸Chernaik, Judith. "Schumann's Doppelgänger: Florestan and Eusebius Revisited." *The Musical Times* 152, no. 1917, 2011: 54.

Literature,” where she explores the theme of doppelgängers and how they relate to Schumann’s compositional voice. This literary concept was not an invention of his, but had been extensively explored in the writings of Lord Byron, Hoffmann and Heine. Schumann held a lifelong appreciation for literature and held the works of these authors in great regard, and would have been familiar with these highly popular publications. The mythology that surrounded the doppelgänger was held in fascination by much of Europe, and fulfilled a very distinct function: “they personified memory, they joined extreme personality types in one individual, they imparted an aura of the supernatural to the otherwise ordinary and they allowed a cautious flirtation with madness.”¹⁹ Schubert delved into this realm of mythology as well; in his song cycle *Schwanengesang* he makes use of Heine’s poetry in his notorious lied *Der Doppelgänger*, which remains one of the most prominent musical examples of the doppelgänger in the musical canon. While Kautsky presents an excellent analysis of the role of the literary devices in Schumann’s compositions, her statement that “Schizophrenia, manic-depression, multiple personality disorder, bipolar illness - what are these but the doppelgänger run rampant?”²⁰ presents an extraordinarily one-dimensional perspective on mental illness: such conditions cannot be reduced to a fictional literary figure or simply the imagination run wild. By doing so, those living with mental illness are degraded and disregarded. As well, her implication that Schumann invented these personalities as a “safer alternative... [to] going mad”²¹ provides a highly subjective analysis of both his music and mental health, further permeating the metaphors that surround him—this *is* his madness, this *is* his escape. However, in his essay “Bipolar Disorder and/or Creative Bipolarity: Robert Schumann's Exemplary Psychopathology,” Rainer Holm-Hadulla suggests a redirecting of the diagnosis of bipolar disorder in Schumann to that of creative bipolarity. Creative bipolarity displays many of the common symptoms present in bipolar disorder, but differs in that it provides the ability to “withstand affective dissonances, contradictory

¹⁹Kautsky, Catherine. "Eusebius, Florestan and Friends: Schumann and the Doppelgänger Tradition in German Literature." *The American Music Teacher* 61, no. 2 (2011): 31.

²⁰ Ibid, 34.

²¹ Ibid, 33.

feelings, and mood swings...and at the same time transform cognitive inconsistencies and unusual—and often disturbing—inspirations into extraordinary creative achievements.”²² As discussed earlier with the diagnosis of schizophrenia, those living with severe mental illnesses often experience a debilitation of productivity and creative expression. In Schumann’s case, there is no traceable decline in quality when critiquing his later works. This is echoed by musicologist John Daverio, who argues that the late works of Schumann are “remarkably varied in style and content... whoever hears signs of decay in the late music simply does not know it well.”²³ Creative bipolarity addresses these concerns, and provides a definition that does not inhibit creativity but rather functions as a conduit for expression.

The aestheticization of mental illness was not novel to the 19th century—in ancient times Hippocrates referred to melancholia as “a special state of the soul affecting extraordinary people... [increasing] creativity and [enabling] the ‘highest concentration of the spirit.’”²⁴ The belief that a fragile mental state and creative intelligence are intrinsically linked has existed for millennia—but is there any scientific grounding for these claims? According to the study of psychologists Reddy, Ukrani, and Indla in 2018, a correlation does exist when examining historiometric research:

Highly creative artists are about two times as likely to experience some psychiatric disorder as compared to non creative individuals. Depression is the most common problem faced by these creative individuals, along with the correlates of alcoholism and suicide... the more eminent the creator, the higher is the expected rate, and intensity.²⁵

However, when reviewing these conclusions we must ask if higher rates of mental illness are found in artists due to a hesitance in seeking help? Permeated by the long-standing belief that creativity and mental illness are intertwined, artists may refrain from taking prescriptions or seeking professional support in fear that it will inhibit their creative processes. Studies such as this must be approached with due caution; it does not provide us with a license to examine every artist’s output through the lens of mental illness. We

²²Holm-Hadulla & Koutsoukou-Argraki, “Bipolar Disorder and/or Creative Bipolarity:” 4.

²³Daverio, John. “Robert Schumann: Herald of a ‘New Poetic Age.’” New York: Oxford University Press, 1997; 459.

²⁴Holm-Hadulla & Koutsoukou-Argraki, “Bipolar Disorder and/or Creative Bipolarity:” 1.

²⁵Reddy, Ukrani, Indla, & Ukrani, V. “Creativity and psychopathology,” 169.

must also bear in mind that with artists, we are left with the artefacts of their mind: artefacts that are highly intimate and emotionally driven, which enable unwarranted interpretations of mental illness.

Applying these metaphors to mental health presents a hazardous mindset: as stated by Sontag,

As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people [...] will indeed be demoralized by learning what disease they have. The solution is hardly to stop telling [...] patients the truth, but to rectify the conception of the disease, to de-mythicize it.²⁶

Schumann and his mental illness must be de-mythicized. Especially in academic papers providing analysis of his compositions, this sense of “otherness” only serves to extend the misconceptions surrounding mental health. This biographical romanticization of mental illness is dangerous—it creates a metaphoric plane whereby Schumann equals his illness, and his illness equals his creativity.

The perpetuated belief that creativity and psychopathology are married often presents a dangerous mindset for both artists and scholars, and may provide a coloured lens through which we create or interpret. By examining him through the contemporaneous lens of Susan Sontag’s research, a broader understanding of Schumann’s life and works may be gained. Implications of diagnosis on personal interpretation and musical analysis should be considered, and while we must acknowledge Schumann’s struggles with mental health, we cannot reduce him to his illness. In so doing, musical integrity is disregarded and interpretation is distorted.

²⁶Sontag, “Illness as Metaphor,” 7.

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