

The Music and Mind of Beethoven: Chords of Disquiet

By Bryan Maxwell, M.D.

Without madness, would the world have fewer great works of art? It is an old question, and a controversial one. Most would say that there seems to be some connection between artistic creativity and disorders of the mind, but much disagreement exists as to whether madness contributes directly to creative genius. Dr. Richard Kogan has a unique perspective on the matter because he is both a Juilliard-trained classical pianist and a practicing psychiatrist in New York City. He also serves as artistic director for the Music and Medicine program at Weill Cornell Medical College.

On April 12, 2011, Kogan gave the keynote address at the 10th annual “Medicine and the Muse,” a Stanford University symposium on arts and humanities in medicine. The symposium was coordinated by Audrey Shafer, who is professor of anesthesia at Stanford, a staff anesthesiologist at the VA Palo Alto Health Care System, and a faculty member at the Stanford Center for Biomedical Ethics. She co-directs a program that offers Stanford medical students a scholarly concentration in biomedical ethics and medical humanities. Shafer, herself an author and poet, is a passionate advocate for efforts to claim a place for the humanities within the realm of medical practice and thought.

Kogan’s talk, “The Mind and Music of Beethoven,” combined a psychiatrist’s insights into the music history and biography of Beethoven with live performance of several of Beethoven’s piano sonatas. Kogan brings a historian’s perspective and a physician’s keenness for observation and diagnostic interpretation to the music of great composers.

Kogan moved with great facility through the biographic highlights of Beethoven’s life, discussing how hearing loss and its psychological consequences affected his art in constructive and destructive ways. Kogan cautions against being too flippant with postmortem psychoanalysis, but demonstrates the richer appreciation that can come from understanding the personal context in which a composer worked, with a particular eye to possible mental illness.

Working at the interface of psychiatry and music, Kogan has examined the lives and works of numerous composers, including Rachmaninoff, Mozart, Gershwin, Tchaikovsky and Schumann. For many scholars, the pattern of Schumann’s bipolar disorder helps explain the stormy contours of his musical career. Kogan has recorded a DVD on Schumann¹ with a similar presentation format as that of his keynote address on Beethoven—a biographical look at the link between

Beethoven (cont'd)

the manic and depressive fluctuations in Schumann's mood and his creativity combined with Kogan's performances of various Schumann pieces. This examination is more fully possible for Schumann than for Beethoven or other composers because Schumann kept a diary with extensive written detail on his mood and daily life, which is available to scholars who have come to see him as perhaps the most vivid illustration of the bittersweet link between mental illness and artistic genius.

Other psychologists and academics have attempted to generalize beyond the level of individual biography in believing that madness and genius relate in a strong association, perhaps even a causal one.² In ancient Greece, Plato reportedly claimed, "All the good poets are not in their right mind when they make their beautiful songs." Aristotle is widely quoted as saying, "No great genius has ever existed without some touch of madness." But at times, this conceptualization may have gone too far, particularly in 19th-century romantic conceptions of the mad genius as hero.

Some psychiatrists and psychologists working earlier in this century³ concluded that artists have a substantially higher risk of mental illness, and came to see this connection as essential. Some of this work resulted in broad statements in textbooks such as: "Bipolar disorder is especially common among creative artists." Subsequent critics have noted that their original studies often consisted of anecdotal, subjective interviews with a small number of artists and used criteria that were not standardized or replicable.⁴ Posthumous efforts to make psychiatric diagnoses based on the biographies of artists are fraught with potential bias and error.⁵

But at the level of the individual artist or composer, the nexus between mental illness and creativity represents a powerful area for critical attention. Here is a passage from Kogan's presentation on the arc of Beethoven's career and the connection between his illness and his genius:

The tale is often told that Ludwig van Beethoven, upon becoming completely deaf, sawed the legs off his piano so he could feel its vibrations through the floorboards as he composed. We can easily imagine him sitting at that keyboard: unruly hair, wild eyes, fingers pounding the keys so forcefully that the strings broke.

Beethoven has long evoked the image of a tortured, mad genius. He had an intense, tempestuous personality, and he could slip from rage to raucous laughter to serenity within minutes. His hearing loss, which began while he was in his late twenties, became the central torment of his life. Deafness can be a hardship for anyone; for a musician, it's a catastrophe.

When Beethoven lost his hearing, he contemplated suicide. But then he decided to seek salvation in the music he could no longer hear. With his career as a virtuoso pianist now ended, he dedicated himself anew to composing.

Once Beethoven locked himself into the silent world of his imagination, his musical genius blossomed. Unable to hear the music of his contemporaries, he conjured a world of sound different from anything previously conceived. Much of his music reflected struggle and the attempt to achieve transcendence over that struggle. And his music, with its sudden shifts and enormous unpredictability, mirrored his emotional volatility. Beethoven was capable of translating melancholy and ecstasy into musical terms with unmatched virtuosity.

One result of this inner unleashing was the Ninth Symphony, one of his most celebrated works. Poignantly, during the Vienna premiere of the work, Beethoven, in his first onstage performance in a dozen years, hovered alongside the conductor, offering tempos to an orchestra that for him was silent. Following the symphony's conclusion, the contralto gently turned Beethoven around so he could witness the audience's thunderous applause.

In 1812, the collapse of a romance with a woman known as the Immortal Beloved convinced Beethoven he would never experience marriage or a conventional family life. The emotional fallout led to an extended period in which his productivity dropped precipitously. After his brother's death, he directed his energy toward the aggressive pursuit of sole custody of his 9-year-old nephew. He became overtly psychotic during this custody battle, accusing the boy's mother of poisoning her husband and insisting against all evidence that he was the actual biological father of the child.

After bitter and protracted legal wrangling, Beethoven was eventually awarded guardianship of the child. The creative floodgates opened after his victory, and the glorious final phase of his career commenced. The rages he had expressed as a younger man softened and his music became more spiritual and ethereal than anything he had previously composed.

Centuries later, the composer still provides one of the greatest examples of the sublimation of suffering into the creation of masterpieces. His moods, he once wrote, "...sound, and roar and storm about me until I have set them down in notes." Fittingly, Beethoven died amid the thunderclaps of a savage spring storm.⁶

Beethoven (cont'd)

Would Beethoven have written his masterpieces if he had not gone deaf, locked in the isolation of silence to imagine a sound and style that had not existed before? Without his inner turmoil and psychic angst, would his later works have had the same fire, drama, volatility and passion? Would he have composed at all?

This line of imagination can lead to ethical discomfort for those who enjoy classical music, or any art form that relies on the creativity that may be tied to mental suffering. Is it voyeuristic or cruel to celebrate such accomplishment, if the cost was another's profound anguish and despair? What are the implications for contemporary treatment decisions? Should we have reservations about treating artists with mood disorders if doing so involves the use of psychotropic medications that may blunt emotional intensity and artistic creativity?

References

- ¹ "Music and the Mind: The Life and Works of Robert Schumann," available through www.touchstarpro.com.
- ² Jamison KR, *Touched With Fire: Manic-Depressive Illness and the Artistic Temperament* (New York: Simon and Schuster, 1994).
- ³ Most influential among these were Nancy Andreasen, Arnold Ludwig and Kay Redfield Jamison.
- ⁴ Schlesinger J, "Creative Mythconceptions: A Closer Look at the Evidence for the 'Mad Genius' Hypothesis," *Psychology of Aesthetics, Creativity, and the Arts* 3(2; 2009): 62-72.
- ⁵ Frosch WA, "Moods, Madness, and Music. I. Major affective disease and musical creativity," *Comprehensive Psychiatry* 28(4; 1987): 315-322.
- ⁶ Kogan R, "Chords of Disquiet," *Harvard Medicine* (Spring 2008). Available at <http://harvardmedicine.hms.harvard.edu/bulletin/spring2008/chords.php>.

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