

# **Mad Muse**

The Mental Illness Memoir  
in a Writer's Life and Work

## PRAISE FOR *MAD MUSE*:

“Jeffrey Berman’s *Mad Muse: The Mental Illness Memoir in a Writer’s Life and Work* is a tour-de-force. Examining autobiographies of writers who examine their own states of ‘madness’ from William Styron and Andrew Solomon to Kate Millett and Linda Gray Sexton, Berman teases out how best-selling accounts of mental illness both reveal and mask a writer’s struggle with their sense of displacement and dis-ease. Brilliantly written, the book should be on the desk of any reader who believes that such autobiographies are ‘self-help’ manuals in dealing with their own discomforts and displacements. A truly original work of both literary criticism and psychoanalytic insight.”

Sander L. Gilman, Distinguished Professor of the Liberal Arts and Sciences and Professor of Psychiatry, Emory University, USA

Jeffrey Berman’s *Mad Muse* is a very insightful, and beautifully written, account of memoirs of madness. Focusing on seven writers of memoirs of mental illness, he draws out the many dimensions of such writing, including helping to heal oneself and helping others to understand the experience of madness. His discussion of my own story is extremely well done. He manages to capture my experience and convey my effort to give a window into the mind of someone suffering with schizophrenia. He also highlights the experiences that helped me evade my “grave prognosis.” Finally, he does a wonderful job, as with the other memoirists, of connecting my academic work, in my case on mental health law, with my own story. Berman’s book is both insightful and—importantly—bound to have a positive effect on stigma. A really powerful work that should be widely read by consumers themselves, family members, mental health clinicians, mental health lawyers and advocates, and the general public.

Professor Elyn Saks, USC Gould School of Law  
and best-selling author of *The Center Cannot Hold*

“How does a writer write about his or her own mental illness? What is the role of a mental illness memoir in a writer’s life story? What part does the mental illness memoir play in our institutional narratives of mental illness? Jeffrey Berman has long been known for his lucid expositions on the relationships between psychoanalysis, literature, mental illness, and the creative imagination. Here Berman takes readers on a deeper journey. His tour of mental illness memoirs addresses some of the most important voices in American literature. To the question ‘is this new territory?’ Absolutely. And has he done it again? Yes, but better.”

Professor Dawn Skorzewski, Brandeis University, USA

# Mad Muse

## The Mental Illness Memoir in a Writer's Life and Work

BY

JEFFREY BERMAN



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Malaysia – China

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# CONTENTS

<i>Acknowledgments</i>	ix
Introduction: Out of the Closet to Bear Witness	1
1. "The Landscape of Depression": William Styron and <i>Darkness Visible</i>	33
2. "My Proclaimed Sanity and My Conjectured Madness": Kate Millett and <i>The Loony-Bin Trip</i>	81
3. "A Strange and Driving Force, a Destroyer, a Fire in the Blood": Kay Redfield Jamison and <i>An Unquiet Mind</i>	119
4. "For Better or Worse You Inherit Me": Linda Gray Sexton and <i>Searching for Mercy Street</i> and <i>Half in Love</i>	159
5. "Truth Is Bendable": Lauren Slater and <i>Lying</i>	205
6. "I Cannot Separate Her Homophobia from My Own": Andrew Solomon and <i>The Noonday Demon</i>	253
7. "Someone Acts Through My Brain": Elyn R. Saks and <i>The Center Cannot Hold</i>	283
Conclusion: The Challenges of Reading Mad Memoirs	323
<i>Bibliography</i>	339
<i>Index</i>	361

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# ACKNOWLEDGMENTS

In his 1969 book *Totality and Infinity*, the French philosopher and ethicist Emmanuel Levinas (1906–1995) argues for the importance of the face-to-face encounter with the suffering other as the basis of all witnessing. A personal encounter, he suggests, encourages empathy, openness, and engagement. I have taken Levinas’s words as literally as possible, sending chapters of the present book to the memoirists under discussion. I am deeply grateful to Kay Redfield Jamison, Linda Sexton, Andrew Solomon, and Elyn R. Saks for taking the time from their busy schedules to read and comment on my manuscript. They corrected factual errors, revealed additional information pertinent to my study, updated me on their lives and work, and allowed me to use their comments in this book. Their mental illness memoirs have proven inspirational to countless readers, including to scholars like myself, who recognize how illness is often a catalyst for creativity and a source of hope for others.

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CT: Greenport, 1995, pp. 61–80), and in “William Styron and the Landscape of Depression,” in my book *Surviving Literary Suicide* (Amherst: University of Massachusetts Press, 1999). Part of my discussion of Kay Redfield Jamison’s *Robert Lowell: Setting the River on Fire* appeared in a review published in *American Imago*, vol. 75 (2018), 105–113.

# INTRODUCTION: OUT OF THE CLOSET TO BEAR WITNESS

If I lose my demons, the Bohemian-Austrian poet and novelist Rainer Maria Rilke (1875–1926) bemoaned, I will lose my angels as well.<sup>1</sup> In Rilke’s view, demons and angels are metaphors of madness and creativity, respectively, and he feared that any effort to exorcise the former, the inspiration behind his work, would result in the destruction of the latter. Rilke’s statement, which explains his decision not to enter psychoanalysis, has been quoted by several writers, including Alice W. Flaherty in her 2005 book *The Midnight Disease: The Drive to Write, Writer’s Block, and the Creative Brain*.

## “COMPULSIVE MEMOIRISM OF THE MENTALLY ILL”

Many people have long been intrigued by the mysterious relationship between mood disorders and creativity. For the past half century, literary writers, therapists, and scientists have explored this question in memoirs devoted to their own psychological disorders. In effect, these authors have it both ways: writing about madness ingeniously fuses their demons and angels together into a single work. Flaherty, for example, an associate professor of neurology and psychiatry at Harvard Medical School and the head of the Neurology Brain Stimulator Unit at Massachusetts Hospital, is

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<sup>1</sup>Rilke’s literal words, in the standard translation by Jane Bannard Greene and M. D. Herter Norton, betray a slight equivocation:

*Perhaps certain of my recently expressed scruples are much exaggerated; as far as I know myself, it seems to me certain that if one were to drive out my devils, my angels too would get a little (let us say), a very little fright and – you do feel it – that is exactly what I may not risk at any cost. (vol. 2, p. 51)*

the author of several scientific papers. She acknowledges in *The Midnight Disease* for the first time in public her own experiences with mental illness; her postpartum mood disorder, which had several manic as well as depressed features, occurred after she had given birth prematurely to twin boys who died. She was hospitalized at McLean, a fabled institution in Belmont, Massachusetts, which has a long literary tradition – the poets Robert Lowell, Sylvia Plath, and Anne Sexton had also been treated there, as have many contemporary writers, such as Susanna Kaysen. Flaherty did not look forward, as she wryly puts it, to becoming the patient of former colleagues. Who could blame her for being ambivalent about disclosing her psychiatric experiences?

Why, then, did Flaherty go public about her mental illness? The reasons are varied, as she suggests in *The Midnight Disease* (2005).

*The memoirs of the mentally ill and of drug addicts are often, and sometimes rightly, ridiculed by reviewers for just this obsession with the author's own suffering. But at least they let other sufferers know they aren't alone. (p. 36)*

The motives that compelled her to become a modern-day ancient mariner, condemned to tell her tale again and again, were not entirely altruistic. “Perhaps the compulsive memoirism of the mentally ill can help to explain an age so memoir-mad that most young novelists present their thinly veiled autobiographies as fiction” – though she presents her experiences as neuroscience (p. 36).

There were other reasons Flaherty decided to write about her illness. Trained to regard psychoanalytic therapy as unscientific, she changed her mind as a result of her illness. “During my postpartum break I watched in amusement and horror as my beliefs shifted” (p. 90). Discussions of fantasies and unconscious motives fascinated her. She also became aware from her own illness and treatment how double-edged powerful treatments can be. Sharing her own experiences with patients – and readers – heightened her authority. Moreover, writing about her own experiences gave her a strong personal interest stake in the subject.

A paradoxicalist, Flaherty delights in presenting counterintuitive truths. Believing, irrationally, that she was somehow responsible for the deaths of her twins, she began to speak publicly about her guilt, to the horror of her listeners, as she confesses. “No one could absolve me of such a crime except God, and I was an atheist. So I wrote to keep from

speaking” (p. 216). We write instead of speak, she adds, “when we are ashamed to look our audience in the eye” (p. 216). Flaherty recognizes that writing is a solution to the problem of suffering but knows that the inability to write is the cause of much suffering. Suffering may be good for the writer, but too much suffering prevents writing: “almost without exception, no one is severely ill and still creative” (p. 66).

As a neurologist, Flaherty is interested in the changes in the brain that produce hypergraphia, the medical term for an “overwhelming desire to write,” and hypergraphia’s “more common and tormenting opposite,” writer’s block (p. 2). As a student of literature, Flaherty became a scientist because of the “seductiveness of literary theory”: she needed to create meaning to her stories. But not too much meaning.

*Sometimes the goal of psychotherapy is not to help people make sense of their lives, but to help them make less sense of them – to break a few links in the narrative chain so that behavior can be more unpredictable and creative. (p. 219)*

Flaherty raises a question in *The Midnight Disease* that many authors of illness narratives raise: if she had a choice, would she wish never to have been ill? She could not have predicted her answer before her illness. “I loved my sorrow. It was as if I had been preparing all my life for that event, and that I had entered into my birthright” (pp. 204–205). Other memoirists, as we shall see, answer the question differently. Flaherty writes not to forget what happened, and certainly not to seek closure, but to remember. “There are worse things in life than painful desire; one of them is to have no desire” (p. 205).

Flaherty’s story of mental illness is unusual in the sense that it was triggered by a specific life event. Most memoirs of madness, however, cannot be traced to a single incident. Some memoirists suggest that mental illness mysteriously descends upon them and then inexplicably leaves, sometimes later returning, other times, not. Around one-third of all patients suffering from depression improve with no or minimal treatment. Many memoirs do not focus on causes at all but on the consequences of mental illness and on the psychiatric treatments that did or didn’t work. Only a small number of patients write about their experiences with mental illness, but there is a growing interest in this subgenre. Mental illness memoirs, however, are among the most difficult to write, mainly because of the stigma and shame that continue to surround mood

disorders such as depression and manic depression, and thought disorders such as schizophrenia.

Sometimes an author will pen a single mental illness memoir and then either write books on unrelated subjects or embrace silence, content to have written a single book. Clifford Beers (1876–1943) is an example of the latter. His memoir *A Mind that Found Itself*, first published in 1908, remains a classic, describing the abusive psychiatric treatment to which he was subjected when hospitalized for depression and paranoia. Beers never wrote another book; instead, he devoted the rest of his life to founding the American mental hygiene movement. But many of the most celebrated memoirs of mental illness are not an author's first or second book. For some authors, a "mad memoir" occurs late in life and remains the crowning literary achievement of their careers.

#### A NEW SUB-GENRE LARGELY IGNORED OR MISTRUSTED

Many of the well-respected scholarly studies of autobiographical writing have little or nothing to say about mental illness memoirs. In her pioneering *Reconstructing Illness: Studies in Pathography*, first published in 1993, Anne Hunsaker Hawkins observes that book-length narratives of illness, what she calls "pathography," a word Freud used in his 1910 study of Leonardo da Vinci (*SE*, vol. 11, p. 130), are almost exclusively a modern genre. She offers a large taxonomy of pathographies: AIDS/HIV, cancer, cardiovascular and heart disease, cerebrovascular disease, lupus, neurological disease, and "other illnesses." Curiously, Hawkins says nothing about mental illness stories, an omission that becomes more glaring in the second edition published in 1998, where she neglects to mention Styron's 1990 memoir *Darkness Visible*.

Ann Jurecic's *Illness as Narrative*, published in 2012, does not contain a single word about psychological illnesses, almost as if mood and thought disorders do not exist. Nor does Neil Vickers discuss mental illness memoirs in his chapter on "Illness Narratives" in the 2016 volume *A History of English Autobiography*, edited by Adam Smyth. Vickers makes only passing reference to Styron's *Darkness Visible*. "It has to be said," Vickers notes, in an understated sentence, "that literary scholars were slow to consider illness *per se* as an interesting human predicament supplying a compelling occasion for writing" (p. 392). Literary scholars have been even slower to consider mental illness.

Sometimes theorists' characterizations of mental illness memoirs are astonishing, such as the following statement in the second edition of *Reading Autobiography: A Guide for Interpreting Life Narratives* (2010):

*Although mind and body interact across a permeable border, it is important to distinguish narratives of mental breakdown or psychological vulnerability from those of physical impairment and illness because of different challenges in narrating the story as well as in the discourse around and treatment of such illnesses. The life narrator describing a breakdown from an asserted position of recovery is always suspect. How can memoirists authorize themselves as postbreakdown writers?*  
(p. 145)

The coauthors, Sidonie Smith and Julia Watson, do not make this claim about any other type of memoir, including older ones on HIV/AIDS, impairment, disability, trauma, or addiction, or emergent forms of memoir, such as narratives of rights, testimony, incarceration, or reconciliation. It's not clear why Smith and Watson single out memoirs on psychological breakdown and recovery as the only stories that are *always* suspect, nor why they believe that only this type of memoir should be approached from the hermeneutics of suspicion.

Apart from their use of the odd word "authorize," which almost implies that those who suffer from mood or thought disorders lack the authority, permission, or strength to write about their lives, Smith and Watson assume, incorrectly, that those who suffer from mental breakdowns cannot accurately remember or convey their experiences. But as Kay Redfield Jamison and others have suggested, people who suffer from mood disorders are not depressed or manic all the time: there are periods of lucidity that make writing possible. Had Smith and Watson qualified their generalization, suggesting that memoirs of mental breakdown and recovery are *sometimes* suspect – as we shall see in Kate Millet's *The Loony-Bin Trip* (1990) – the statement would have been more accurate. Elsewhere in *Reading Autobiography* (2010), Smith and Watson are more empathic, and one cannot quarrel with many of their other statements, as when they remark about Susanna Kaysen's *Girl, Interrupted* (1993) that "securing the authority of some experiences is a tricky rhetorical process of speaking credibly and ethically about a dehumanizing and self-alienating past" (p. 35).

Einat Avrahami declares in *The Invading Body: Reading Illness Autobiographies* (2007) that the reader's encounter with illness memoirs "creates ethical and emotional engagement in a way that affords something beyond a sense of the indeterminacy of meaning" (p. 4). The engagement requires as much empathy as possible. As I suggest in *Narcissism and the Novel* (1990), although empathy has often been dismissed as a touchy-feely concept that is antithetical to rigorous critical thinking, empathy allows us to begin to understand the other, particularly, the suffering other. Eric J. Caspell remarks in *The Nature of Suffering and the Goals of Medicine* (1991) that empathy is crucial for the physician:

*the clinician cannot know the patient, the illness, or the circumstances without the true awareness of the patient's experience. This is one of the meanings of the word 'empathy' – the infusion of the patient's physical, transcendent, affective, and cognitive state into the doctor's knowledge of the patient's experience of illness. (p. 202)*

Empathy is no less essential for the literary critic.

"As a genre," Hawkins notes, "pathography is remarkable in that it seems to have emerged *ex nihilo*; book-length personal accounts of illness are uncommon before 1950 and rarely found before 1900" (p. 3). This is largely true of mental illness memoirs, though Gail Hornstein's extensive *Bibliography of First-Person Narratives of Madness in English* (5th ed., 2011), now in its fifth edition and available online, documents more than 60 stories written before the twentieth century. Hawkins raises a compelling question: why do most personal accounts of illness appear in the second half of the twentieth century? She offers two possible explanations:

*perhaps because such illness is set apart from normal life by hospitalization or perhaps because we now tend to consider health as the norm and illness as a condition to be corrected, never simply accepted. (p. 11)*

Ann Jurecic offers another reason for the explosive growth of illness narratives in the second half of the twentieth century:

*the profound need people have to tell these stories in an era when religious and folk explanations no longer give a satisfying and complete meaning to their experiences, and when biomedicine largely excludes the personal story. (2012, p. 9)*

## UNDERSTANDING MEMOIRS BACKWARD AND FORWARD

“It is quite true what philosophy says: that life must be understood backwards. But then one forgets the other principle: that it must be lived forwards.” Kierkegaard’s observation (p. 161) enables us to see how authors write about mood or thought disorders in novels, literary criticism, psychiatric textbooks, or law monographs years before they publicly disclose their own illnesses in memoirs. Reading both backward and forward, we can see how the themes of these memoirs are central to their life and work. One might not have predicted at the beginning of their careers that they were struggling with depression, manic depression, or schizophrenia, but one can see retrospectively, after the publication of their memoirs, how illness catalyzed their work, and how they used their writing in the service of recovery and health.

“Why another book on depression?” Hilary Clark raises this question in the Introduction to her 2008 edited volume *Depression and Narrative: Telling the Dark*. Her answer is my answer.

*I would say that there can never be enough visibility for this illness or condition whose stigma causes the sufferer to dissemble and “pass,” forgoing needed treatment, or to withdraw from others in shame – a condition misrepresented by myths and stereotypes that inevitably color, and cover, our understanding. (p. 1)*

To my knowledge, no one has studied how a mental illness memoir relates to a memoirist’s other published writings. Psychological illness may be incipient in a hidden or benign way early in an author’s career, and then, for reasons unknown and impossible to predict, may suddenly emerge, changing irrevocably the writer’s life. Illness is sometimes the driving force behind creativity. To understand the story of an author’s mental illness and recovery, then, we must examine all of his or her writings. Mental illness is often intergenerational, the story of mental illness, intertextual.

## CREATIVE MALADY

My thesis recalls the one propounded by the English physician Sir George Pickering in his 1974 book *Creative Malady*. Pickering argues that illness played a major role in the creativity of such otherwise diverse figures as

Charles Darwin, Florence Nightingale, Mary Baker Eddy, Sigmund Freud, Marcel Proust, and Elizabeth Barrett Browning. Pickering defines three types of illness: organic illness, disease of one of the organs of the body; psychosis; and “psychoneuroses,” by which he means a “lesser degree of mental disorder” (p. 284). *Creative Malady* was published before the groundbreaking research on mood disorders and creativity by Nancy Andreasen, Kay Redfield Jamison, and others. Flaherty doesn't cite Pickering in *The Midnight Disease*, but she would be sympathetic to his belief that an “illness that is not debilitating or disabling, or threatening to life, may provide the ideal circumstances for creative work” (p. 17). The memoirists in my study would, almost certainly, endorse Pickering's thesis, though they might point out, ruefully, that the notion of creative malady depends upon a “mad muse” that is always temperamental, unpredictable, and sometimes treacherous. Developing Pickering's thesis, I argue that creative malady in the form of a serious mood or thought disorder has played an essential role in the lives and writings of several acclaimed memoirists.

Pickering's idea of creative malady recalls Edmund Wilson's thesis in his 1941 literary study *The Wound and the Bow*. Known as the “Dean of American Letters,” Wilson (1895–1972) discusses how Sophocles's Philoctetes, rendered into an outcast as a result of an incurable wound caused by a snakebite, acquires godlike power in the form of an invincible bow. Wilson regards the play as a parable of human character, an example of creativity deriving from a wound or psychic injury.

*The victim of a malodorous disease which renders him abhorrent to society and periodically degrades him and makes him helpless is also the master of a superhuman art which everybody has to respect and which the normal man finds he needs.*  
(Wilson, p. 240)

Philoctetes suffers from a physical illness, including periodic seizures and a suppurating wound that is sickening to others, but Wilson points out that Sophocles has “special insight into morbid psychology” (p. 237), a “clinical” knowledge that explains Freud's lifelong interest in the ancient Greek dramatist. In Andre Gide's adaptation of the play, Wilson writes, Philoctetes becomes emblematic of a literary person, transmuting his suffering into art, mysteriously released from pain through the power of artistic expression: “I even sometimes forgot my sadness by uttering it” (p. 236). Sophocles's play thus represents for Wilson the “idea that genius