Chords of Disquiet

*Did psychiatric illness help or hinder the creativity of some of history’s most celebrated composers?*

by RICHARD KOGAN

Sergei Rachmaninoff dedicated his *Piano Concerto No. 2* to an unlikely muse: his psychiatrist. The Russian composer had suffered from a debilitating depression since the disastrous premiere of his *Symphony No. 1* three years earlier, and the illness had robbed him of his ability to compose music. After his psychiatrist cured his creative block through hypnosis, Rachmaninoff produced his second piano concerto, which became arguably his most celebrated work. The arc of the composition reflects his emotional trajectory: the piece opens with mournful, elegiac chords and ends in triumph; Rachmaninoff marked the tempo of the piece’s final section *risoluto*.

The relationship between Rachmaninoff’s illness and his music intrigues me, for I’m a psychiatrist by day and a concert pianist by night. Ten years ago, the American Psychiatric Association asked me to give a presentation on the connection between creativity and mental illness. Until that time, my careers had progressed on parallel tracks. But that experience helped me appreciate the synergy between the two domains. My psychiatric training enabled me to identify patterns of illness in the life stories of the great composers, and this understanding gave me insight into the creative process.

Posthumous diagnoses can be tricky, of course; it’s difficult enough to diagnose correctly the living, breathing patients I see regularly in my office. But my exploration into composers’ lives has taught me more about the very nature of music—and affirmed for me its healing powers.

For all its healing properties, artistic production, unfortunately, often reflects a darker side. The notion that mental illness disproportionately affects practitioners of art, literature, and music dates to ancient times. All great artists and philosophers, Aristotle believed, had to suffer from melancholy. Epidemiologic surveys have suggested, in fact, that the incidence of mental illness is somewhat elevated among artists.

It’s important, though, not to romanticize the notion of mental illness as essential to creativity. Johann Sebastian Bach, Joseph Haydn, and Felix Mendelssohn are among the members of the classical music pantheon who seem to have escaped the burden of mental illness. And such maladies as depression are usually too paralyzing to be considered an
asset to creativity.

Even so, an interplay often exists between illness and creativity. In Maurice Ravel’s most famous work, *Boléro*, for example, the seemingly endless repetition of a single musical phrase dominates. In creating this work, Ravel was clearly perseverating, an early symptom of the dementia that would eventually overtake him. He may even have sensed the imprint of his illness on his work; he once trivialized *Boléro* as a “piece for orchestra without music.”

The link between mental illness and creativity requires a special sensitivity in treating mood disorders in artists. Psychotropic medications can lead to the blunting of emotional intensity. Some of the artists I treat have confided they would rather retain their creativity and suffer than sacrifice their expressive abilities. They raise a legitimate concern. Would Robert Schumann have been as productive a composer if he had taken mood stabilizers for his bipolar disorder?

Music and medicine are both healing arts, and music has often provided salvation to great composers. It was Pyotr Tchaikovsky, tormented by suicidal impulses for much of his life, who perhaps best summarized music’s therapeutic properties. “Without music,” he once declared, “I would go insane.”

**Wolfgang Amadeus Mozart**

1756–1791

Wolfgang Amadeus Mozart composed symphonies so effortlessly that he seemed to be taking dictation from God. Lesser mortals would have suffered writer’s cramp even *copying* that many notes.

Mozart is indisputably the greatest child prodigy in the history of classical music. His talents first became evident when he was three, and by the time he turned five he had already written short compositions for the clavier. Soon he had graduated to symphonies. He spent most of his childhood on tour, dazzling kings and queens at imperial courts throughout Europe with his precocious accomplishments. While there have been other musical titans, Mozart’s genius set its own exquisite bar. Ludwig van Beethoven would fill wastebaskets with rough drafts before producing a final masterpiece. Mozart, by contrast, was capable of mentally composing lengthy, complex string quartets while playing billiards.

Mozart’s unique talent has inspired much speculation over the centuries, and scholars have posited various neuropsychiatric conditions to explain his behavior. The unending stream of profanities that laced his speech and correspondence has led some researchers, for example, to suggest that he had Tourette’s; coprolalia, an obsessive use of obscene language, is an occasional feature of the syndrome. But there is scant evidence that Mozart experienced the involuntary neuromuscular tics that would support such a diagnosis.

Others have glimpsed hints of Asperger’s syndrome in his intense focus on music and his struggles with interpersonal relationships. Mozart was often socially inept, but anyone making a diagnosis based on his interpersonal deficits must acknowledge that his operas contain extraordinary insights into human nature.

Some scholars have speculated that Mozart suffered from a mood disorder, possibly cyclothymic or bipolar disorder. They have found evidence of mania in his amazing bursts of productivity; he composed his magnificent final three symphonies in six weeks. But he wrote more than 600 compositions in his short lifetime, and applying this standard would suggest he had been in a manic phase from the age of five until his early death thirty years later.
His mood shifts had little correlation with his creative output. He composed melancholic pieces in spirited moods and joyful music while despondent. During the last year of his life, when he was suffering enormously from depression, he produced *The Magic Flute*, which contains some of the most enchanting and rapturous music he ever wrote.

Regardless of whether Mozart would have satisfied any contemporary criteria for a psychiatric diagnosis, he clearly experienced psychological conflict. His father had exerted tremendous control over him during his childhood and seemed reluctant to relinquish that control when Mozart grew to adulthood. The two waged epic battles. His father urged him to write popular, more remunerative music, for example, while Mozart desperately wanted to establish his own artistic voice. Mozart was torn between the desire to please the father who had nurtured his talent and the desire to assert his independence.

The former prodigy, accustomed to receiving fawning attention from royalty, did have trouble growing up. As a youngster, he digested obscure textbooks on counterpoint, wrote sophisticated operas, and had to forgo much of the unstructured play that most children are permitted. As an adult, he was often childish, impetuous, and tactless. He frittered away his family’s money and missed deadlines on his commissions, behaviors that only worsened after his father’s death. But Mozart did make the transition from wunderkind to mature master, and the compositions he wrote as an adult have far more subtlety, depth, and passion than anything he wrote as a child.

The mystery of artistic genius is a fascinating one for those of us who seek to understand the human mind. The scorching speed at which Mozart lived—and composed—will continue to fuel speculation on his behavior and the source of his creative intensity.

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**LUDWIG VAN BEETHOVEN**

1770–1827

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 unexpected 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 nine-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.

**ROBERT SCHUMANN**

1810–1856

The year he married Clara Wieck, Robert Schumann wrote nearly 150 love songs. His staggering productivity was a sign of his infatuation with the brilliant young pianist, but it also signaled his entry into the manic phase of his bipolar disorder.

No composer illustrates the link between mental illness and creativity better than Schumann. Analyses of historical figures are speculative by nature, but his carefully kept diaries provide detailed information about his mental state for nearly every day of his adult life.

In those diaries, Schumann wrote that he believed that the sole purpose for composing music was to express the composer’s state of mind. While his contemporaries were writing music following established forms like the sonata, Schumann was revealing glimpses into his psychological world through pieces with such titles as *Rapture* and *Feverish Dreams*. And that world was filled with racing thoughts and flights of ideas.

Schumann composed prolifically during his manic periods. In one two-week burst of inspiration, he completed three string quartets, barely pausing for sleep. Such creative frenzies were inevitably followed by months of torpor, both literal and musical. During his depressive periods, Schumann was unable to concentrate. He would be besieged by delusional thoughts, convinced he was worthless as a composer. He would have auditory hallucinations as well, cacophonous sounds he could not dislodge from his brain.

Although Schumann felt hounded by these intrusive sounds, illness brought him undeniable creative advantages. The hypomanic state of his bipolar disorder brought him increased energy, a decreased need for sleep, and a sharpened imagination. His racing thoughts were frequently accompanied by an heightened mental flexibility, resulting in
innovative ideas and imaginative solutions to creative problems. As Schumann grew older and more psychologically disorganized, he turned to music as a source of healing. Despite his mistrust of musical form, he began engaging in the writing of fugues and counterpoint, compositional techniques that rely on intricate sets of rules. He discovered that when his thinking was especially chaotic, composing under the constraints of meticulous guidelines helped organize his thoughts and sometimes lifted his spirits.

Yet even music ultimately failed to calm his fevered thinking. At age 43, Schumann jumped off a bridge into the Rhine River, but nearby fishermen thwarted his suicide attempt. He was taken to a mental asylum, where he spent the final two and a half years of his life.

His deterioration in the hospital was dramatic. It has been suggested that neurosyphilis may have exacerbated his psychiatric disorder, and he was subjected to a range of ineffective treatments, such as phlebotomy. A piano was available in the hospital, yet he never used it; one of the most poignant features of his terminal illness was his loss of interest in music.

One can only imagine how many more masterpieces he could have offered the world. Schumann once lamented that he had a hundred symphonies racing through his mind simultaneously. “Sometimes,” he wrote, “I am so full of music, and so overflowing with melody, that I find it simply impossible to write down anything.”

PYOTR TCHAIKOVSKY

1840–1893

When conducting an orchestra, Pyotr Tchaikovsky would use his right hand to flourish his baton—and his left hand to keep his head fastened to his neck. He was convinced, he said, that when he mounted the podium his head would detach and fly off. This delusion reflects the psychological torment that plagued the Russian composer during his troubled life. Tchaikovsky was chronically depressed, and he filled his diaries with suicidal musings. “I have a boundless feeling of loneliness, despair,” he once wrote. “I’m experiencing an insane sorrow...Death is really the only blessing.”

The composer tried to numb his emotions with alcohol. “A man tormented by feelings such as mine simply cannot live without alcohol poison,” he confessed to his diary. “I’m drunk every evening, and I cannot live otherwise.”

But the only truly effective therapy for his despondency, he found, was composing music. And it was during his most intense personal crises that he wrote some of his greatest music. This pattern of crisis and composition was set early: His
mother died of cholera when he was just fourteen, and he wrote his first musical composition within several weeks of her death.

Through his music Tchaikovsky sought to escape his anxiety and despondency by concocting fantasy worlds. His classical ballet masterpieces—Swan Lake, Sleeping Beauty, The Nutcracker—featured whimsical places of beauty and grace in which he could find solace.

Yet his escapes were fleeting. Fear of being exposed as a homosexual dominated Tchaikovsky’s life. This wasn’t an irrational phobia; in czarist Russia, homosexual acts were punishable by loss of civil rights and banishment to Siberia. He spent his entire adulthood obsessed with hiding what he termed his moral ailment, going so far as to marry a woman to try to escape social scrutiny. The disastrous union ended after just six weeks.

When Tchaikovsky died at the peak of his powers at the age of 53, the official verdict was that he had succumbed to cholera after drinking tainted water. There is credible evidence, however, that he had become involved with a teenaged boy and had committed suicide to avoid the public humiliation of a sexual scandal.

Tchaikovsky’s final symphony, Pathétique, which premiered just days before he died, contains one of the most haunting evocations of death in all of music. As tragic as his torment was, it likely enhanced his music. We can hear in his compositions intense suffering, melodic inspiration, and the transformation of great anguish into great art.

GEORGE GERSHWIN

1898-1937

As a boy growing up on the Lower East Side of New York City, George Gershwin misbehaved. He set fires. He stole from pushcarts. He started fistfights. He played hooky. When he managed to attend class, he could barely sit still. Had he been a child today, he might have been sent to a psychiatrist, diagnosed with conduct disorder or attention deficit hyperactivity disorder, and sent home with a prescription for Ritalin.

But Gershwin discovered his own medication at the age of ten, when he overheard a classmate’s violin recital through an open window. From the moment the boy played the first notes of Antonin Dvorák’s Humoresque, Gershwin was so entranced he decided to dedicate his life to music. The tremendous energy he had poured into delinquent behavior became redirected. “Studying piano,” he said, “made a good boy out of a bad one.”
Gershwin’s hyperactivity became a hallmark of his musical persona. It is hard to imagine that those incessant, rapid-fire notes in *Rhapsody in Blue* could have been composed by anyone who wasn’t hyperactive. As a pianist, his style was fast and clipped. When asked why he played even slow songs that way, he responded, “We are living in an age of staccato, not legato.”

Sadly, in his mid-thirties, at the peak of his career, Gershwin lost a great deal of his vitality when he fell into a depression. Neurological symptoms, such as the perception of a phantom smell of burnt rubber, soon joined psychiatric ones. What he didn’t know—and what his doctors wouldn’t discover until the day before his death on an operating table—was that his brain had been in the grips of a fatal tumor.

Part of what I find compelling about Gershwin’s decline is that his depressive symptoms coincided with his creation of *Porgy and Bess*, an opera that explores somber and painful themes. Gershwin, until then largely known for a repertoire of buoyant love songs, suddenly produced songs of lament and even anguish. As his illness began to temper his staccato nature, he produced a work of extraordinary depth and profundity.

**Leonard Bernstein**

1918–1990

“I’m the only person I know,” Leonard Bernstein once declared, “who is paid to have a fit in public.” And his performances as conductor validated his statement: He would flail his arms, wag his brow, and shake his great mop of hair. Audiences loved him. And he loved audiences.

Bernstein’s versatility was breathtaking. He excelled as a composer, pianist, and music educator. He relished the collaborative nature of musical theater, with the score for *West Side Story* his best-known contribution to Broadway. He was most in his element, though, when conducting a hundred musicians before an audience of thousands of people. He was probably the most sought-after conductor in the world during his lifetime.

Yet his gifts were shadowed by an internal struggle. Bernstein longed to write symphonic masterpieces, and he believed he had the talent to do so. But he had a hyperthymic temperament: energetic, exuberant, and indefatigably sociable. He was therefore far better suited to performing than to the largely solitary task of composing. Whenever he sat down to write a classical piece, he felt overwhelmed by the loneliness of the process. While he did produce some wonderful symphonic works, he died believing he had fallen short of all that he wished to achieve.

Some people have suggested that hyperthymic individuals—with their high energy and elevated baseline mood—are the fortunate few who are hard-wired for happiness. But some hyperthyms can experience a precipitous drop in mood when they feel stymied. In the last decade of his life, Bernstein suffered episodes of severe depression, with each feeding an endless cycle of hobbled creativity and renewed despondency.

During those later years, Bernstein found it demoralizing to be celebrated more as a conductor than as a classical composer, for he believed only classical composers could achieve immortality. Ironically, nearly two decades after Bernstein’s death, professional performances of his popular compositions occur almost daily around the world. Each month, dozens of theaters worldwide stage *West Side Story*, which premiered more than five decades ago. And the audiences Bernstein found so necessary still love his work.

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If you are interested in learning more about Kogan’s work on composers, you may be interested in the *Yamaha Music and*...
Wellness Institute’s information on “The Music and the Mind,” Kogan’s DVD series on musical composers. In addition, Kogan’s performance of Carnaval by Schumann, part of a “Musical Creativity and Mental Illness” presentation at the Cleveland Clinic Art and Medicine Institute, is available on YouTube.

Photo captions (in order of appearance): Leonard Bernstein; Wolfgang Amadeus Mozart; Ludwig van Beethoven; Clara and Robert Schumann; Pyotr Tchaikovsky; George Gershwin

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