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'A mind diseased?': examining Burns's mental health within a modern clinical framework

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Background

Just as Macbeth pleads to the doctor to help his wife, 'Can you minister to a mind diseased?', so too does Burns write to his good friend Robert Ainslie somewhere around November 1791. The letter continues with Burns bewailing how every tick of the clock carries 'a burden of anguish on his back', how his wife scolds him, his business torments him and his sins are staring him in the face. Even bawdry has lost its power to please, and, as if that wasn't bad enough, he seems to be nursing a horrendous hangover.²

Although this is one of his more extreme moments, within this pitiful cry for help, Burns encapsulates the torment he suffers from the 'blue devils' and 'mad tornadoes' of his unstable moods, the 'deep, incurable taint' that, in his mind, 'poisoned his existence'.³



James Currie

Despite the profound effect of these episodes on Burns, they remain relatively unstudied and, therefore, little understood. Dr Currie, as Burns's first major biographer, acknowledged their existence but labelled them a consequence of Burns's excessive drinking, perhaps a surprising viewpoint given Currie's professional interest in melancholy, although perhaps not in light of his subscription to temperance.⁴

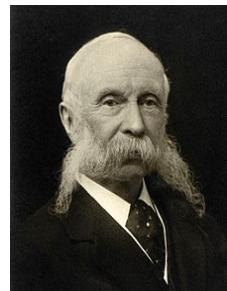
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² J. DeLancey Ferguson, *The Letters of Robert Burns*, ed. by G. Ross Roy, Second (Oxford: Clarendon Press, 1985), Letter 482. All subsequent references to specific letters refer to this volume.

³ Letters 616, 168 and 619

⁴ James Currie, *The Works of Robert Burns; with an Account of His Life, and a Criticism on His Writings*, 1st edn (Liverpool: M'Creery, 1800).

In 1925, James Crichton-Browne systematically deconstructed Currie's arguments regarding Burns's drinking, highlighting the misrepresentations that had underpinned 19th century portrayals of Burns.⁵ Likewise, Crichton-Browne also acknowledges the existence of Burns's turbulent moods, particularly his episodes of melancholia but, and again surprising for someone who was one of the foremost psychiatrists of his time, these episodes are attributed to Burns's rheumatism. There is no consideration that they might be indicative of a separate condition in their own right.



James Crichton-Browne

And for most of the 20th century, this has been the status of Burns's moods – either secondary to another condition, or simply considered part of his poetic temperament.



James Purves-Stewart
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A recent trip to the Special Collections department of the University of South Carolina unearthed a publication which appears to be a rare and unusual exception to this neglect of Burns's mental health. Within a decade of Crichton-Browne's publication of *Burns from a new point of view*, James Purves-Stewart, another psychiatrist, argued that 'Burns suffered from a characteristic form of recurrent nervous and emotional instability...the so-called cyclothymic type'.⁶ As intriguing as this conclusion is, Purves-Stewart delivered it as part of an Immortal Memory to the London Burns Club; in not forming part of the traditional academic literature, it has essentially been lost in time.

The suggestion that Burns's melancholy might point to an identifiable mental illness rather than mood swings as a result of other factors really emerged in the mid-1990s, at the suggestion of Kay Redfield Jamison. In *Touched with Fire* - a study of mood disorder in 37 different Romantic poets - Jamison suggests Burns was affected by recurrent depression or possibly bipolar disorder.⁷ There is, however, limited detail about the sources of evidence used and how different symptoms manifested themselves in this evidence to show how she arrived at these conclusions.

Nevertheless, the possibility of depression or bipolar disorder affecting Burns's life has gained some traction. Subsequent biographers such as Ian McIntyre and Robert Crawford both repeat the suggestion.

⁵ James Crichton-Browne, *Burns From a New Point of View* (London: William Hodge and Company, 1925).

⁶ James Purves-Stewart, *The Immortal Memory of Robert Burns: A Medical Aspect* (London: Matthews Drew & Co., 1935), pp. 37–38. Cyclothymia is a condition characterised by short periods of abnormally elevated and abnormally lowered mood which do not meet the criteria for classification as clinical hypomania or clinical depression.

⁷ Kay Redfield Jamison, *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (New York: Simon & Schuster, 1993), p. 66.

If it is to be claimed that a figure as significant, as influential and as internationally respected as Burns was affected by a mental disorder, it is important that they are grounded in evidence. Firstly, this evidence will allow the nature of such a diagnosis to be properly understood within the context of Burns's life – what were his main symptoms, how episodes of abnormal mood might be connected to events in his life and how those episodes might have affected his actions, his decisions and his creativity. Secondly, and perhaps more importantly, it has to be recognised that that cyclothymia, depression and bipolar disorder are significant mental illnesses which many people live with on a daily basis - any such diagnosis should not be applied without the care, attention and respect due to those who are affected.

Approaching the study of Burns's mental health

Bearing in mind the previous commentary on Burns's mental state and the responsibility attached to exploring issues of mental health, we come to the question that underpins this research – does Burns have 'a mind diseased'? Is it possible to replicate the approach of modern psychiatrists in looking for symptoms of a group of medical conditions in the life of a man dead for more than two hundred years?

To answer that question, we first have to know what conditions we're looking at and how they are defined. We are primarily concerned with three conditions which fall under the wider heading of mood disorders - recurrent depression, type II bipolar disorder, and cyclothymia – differentiated as shown in Table 1.

Recurrent Depression	Bipolar (II) Disorder	Cyclothymia
<p>2 or more episodes of abnormally depressed mood</p> <ul style="list-style-type: none"> • Showing 4 or more symptoms • Lasting 7 or more days 	<p>1 or more episodes of abnormally depressed mood</p> <ul style="list-style-type: none"> • Showing 4 or more symptoms • Lasting 7 or more days <p>1 or more episodes of hypomania</p> <ul style="list-style-type: none"> • Showing 3 or more symptoms • Lasting 4 or more days 	<p>Depressed mood</p> <ul style="list-style-type: none"> • Fewer than 4 symptoms <p>Elevated mood</p> <ul style="list-style-type: none"> • Fewer than 3 symptoms
Possibly months between episodes	Possibly months between episodes	No more than 2 months between episodes

Table 1: Clinical definitions of mood disorders

Fortunately, the field of psychiatry has very clear definitions laid out in, detailing what symptoms might be exhibited as a part of each condition, and how many of these need to be identified to warrant a clinical diagnosis. This allowed the identification of 12 different areas of Burns's life where symptoms might exhibit themselves (Table 2), and descriptions of how these areas would be affected if Burns was experiencing abnormally elevated or depressed moods.

Mood	Cognition	Behaviour
Level	Self-esteem	Energy and activity levels
Experience of pleasure	Outlook	Sleep
Attitude (anxiety/irritability)	Thought processes	Social skills
	Speech	Participation and risk
		Libido

Table 2: Domains where symptoms of mood disorder are exhibited

So, knowing what is being looked for, where is this evidence found? The aim of the study is to replicate, as far as possible, the process a modern psychiatrist would go through with a patient; unsurprisingly, at the heart of this process, is consultation with the patient themselves. Obviously, this isn't an option when examining Robert Burns but, arguably, the next best thing is available – the correspondence, commonplace books and journals. Burns's own words gets us as close as possible to his innermost thoughts and feelings. Literary analysis can identify words and phrases, images and tones which indicate the presence of symptoms across any of the twelve areas previously described. And with an understanding of the wider context in which Burns was living, interpretations can be adjusted to allow for the ways in which he varied his writing, depending on who he was writing to and why.

This is a key difference to other studies of significant figures; they have tended to rely on third-party information such as biographies and accounts written by others; because they are then working through the lens of someone else's interpretation, rather than with original source material, any findings or conclusions may be affected the bias or agenda of the biographer. We need only think of the impact of Currie's writing being used as the authoritative source by subsequent biographers on their representations of Burns.

Using this methodology, which draws on best practice in both psychiatric and literary fields of research, more than 800 letters, both commonplace books and the tour journals were analysed, generating some interesting results.

Findings

Central to the results generated are that several periods of time are indicated to be clinically interesting. Rather than getting bogged down in a somewhat dry letter-by-letter reporting of results, however, the findings presented here will focus on two of these periods, one relating to lowered mood, the other to elevated mood.

Lowered mood

The first of these is December 1786. This is a crucial time for Burns. It had been a tumultuous year for him: the Kilmarnock edition of *Poems, Chiefly in the Scottish Dialect* had been published in July; Jean Armour had fallen pregnant, and would give birth to twins in September, yet her father refused permission for her to marry the poet; Burns had planned to emigrate to Jamaica, possibly accompanied by Mary Campbell, but subsequently discarded these plans when he was encouraged to head to Edinburgh instead, where he could secure subscriptions for publication of a further volume of his work.

Burns arrives in Edinburgh on 28th November. To begin with, things seem to be going well. On 7th December, he describes to Gavin Hamilton the various notables to whom he has been introduced, and the great success he is having in securing subscriptions; his somewhat tongue-in-cheek claim that he is ‘becoming as eminent as Thomas a Kempis or John Bunyan’ and that his birthday will be included in almanacs alongside such notable events as the battle of Bothwell Bridge gives a very clear idea of this being a poet whose star was in the ascendancy.⁸

But all was not well.

The next four letters, all written within three days of each other, and to different correspondents, are significantly less optimistic in their tone. He apologises to John Ballantine for his ‘stupid matter-of-fact epistle’, and to Robert Muir for delaying writing until he could give a ‘rational account’.⁹ To Ballantine, Robert Aiken and William Greenfield, he expresses his anxiety that, as a result of his new-found fame, he has been ‘dragged into the full glare of learned and polite observation’ where ‘with all [his] imperfections on his head’, ‘the stroke of envious calumny...should dash it to the ground.’¹⁰

Such anxiety is compounded by a lack of self-esteem - his merits as a poet are insufficient to support the heights to which his fame is being raised, he is certain that he will be found wanting

⁸ Letter 62

⁹ Letters 63 and 64

¹⁰ Letters 63, 65 and 66

and consequently socially ruined. He is overtly pessimistic, convinced that such a fate *will* befall him, and looking to the future as he would look into the ‘bottomless pit’.¹¹

Anxiety, lowered mood, lowered self-esteem, pessimistic outlook – all of these occurring at the same time fulfil the criteria for an episode of mild depression – an abnormally lowered mood with little or no impairment of social or occupational functioning. And that is what this appears to be.

But there is more to be considered.

Between arriving in Edinburgh and writing to Gavin Hamilton, Burns is known to have written at least three further letters to various correspondents. However, for the week between the Hamilton letter of the 7th and the Ballantine letter of the 13th, there are no known intermediate letters. Maybe they no longer exist; or, maybe Burns did not write any. He also comments to Ballantine that since he had arrived in Edinburgh, he had suffered with a ‘miserable head-ach & stomach complaint’.¹² Such physical symptoms are recognised manifestations of depression; were these a result of Burns’s working so hard to maintain a positive public persona in the face of his other symptoms? Are there no letters for that week simply because he had no energy to write nor desire for further social interaction?

What is clear is that this Burns who writes to Ballantine is not the same Burns who wrote to Hamilton the week previously. So, what has happened? One suggestion may be offered in Ballantine’s reply, dated 30th December. Ballantine’s response is currently only known to have existed through the list of letters in Burns’s possession at his death, compiled for Currie and now housed in the Robert Burns Birthplace Museum. As a result, we have only a synopsis, rather than the full text, but that synopsis reads ‘...for the consequences of a sudden chang...’¹³

Is this an intriguing suggestion that Ballantine recognised that Burns is feeling out of his depth in Edinburgh and that this is affecting his mood state? After all, in January it would be to Ballantine that Burns confides he is ‘still “dark as Chaos” in respect to futurity’ and hankering after a return to the farming life he had grown up with.¹⁴

Although circumstantial, it is compelling and adds further weight to the argument that this is an episode of depression.

But this is not the only episode that Burns would experience in the last 10 years of his life, and nor was it the most serious; in January 1788, he would write to Frances Dunlop ‘how, a hundred times, I had desired to resign this life as a soldier resigns his commission’; in December 1789 he

¹¹ Letter 65

¹² Letter 63

¹³ Ferguson, p. 397.

¹⁴ Letter 77

would be so ‘groaning under the miseries of a diseased nervous system’ that, for three weeks, he would be unable to lift his head, let alone fulfil his responsibilities as an excise officer.¹⁵

But as with most things Burns-related, there is more to the story. The turmoil plaguing his mind in these periods is not the only extremity of emotion we see in Burns life.

Elevated mood

And so we turn to the summer of 1790. By this time, Burns is farming Ellisland and working a 10-parish excise district; he is living with Jean and their 2 surviving children. Around the end of June, Jean would fall pregnant again, as would Anna Park. It’s a tricky time to explore as the correspondence for this summer is sparse – at least one letter to Frances Dunlop is known to have been written but has never been found, suggesting loss or destruction. Nevertheless, they indicate a man working at a breakneck pace, juggling the busiest time of the farming year with his excise duties in a division ‘hitherto carelessly surveyed’. He talks about evenings spent composing or socialising, supping and dining past midnight then sitting down to transcribe copies of poems; this would be the summer that would give rise to ‘Tam O’Shanter’.

Probably the clearest picture of this time is painted by the letters of the last week of August and first week of September.

Two letters dated 29th August, to Robert Cleghorn and John Mitchell indicate Burns has spent the previous four days riding over all ten parishes of his division – a distance of more than 200 miles - to the point that he had ‘broke [his] horse’s wind and almost broke [his] own neck’, besides ‘some injuries in a part that shall be nameless, owing to a hard-hearted stone of a saddle.’¹⁶ The next few days would see him call on Captain Riddell before riding to Dumfries to participate in the ‘whirlpool of an Excise-fraud-Court’, where he had ‘a good deal of business for the Justices’, including the case of Thomas Johnston for which Burns produced a lengthy statement responding to Johnston’s petition.¹⁷ Gilbert’s letter to his brother on the 4th September details the heavy workload at Mossiel at the time, it being the height of harvest; we can safely assume that circumstances were similar at Ellisland – Burns would return from fulfilling excise responsibilities to deal with farm responsibilities.¹⁸ Burns’s energy and activity levels over the course of these two weeks cannot be denied.

The letters to Cleghorn and Mitchell both also reveal a degree of irritation; on one hand, an understandable sense of injustice about offenders who get off lightly because they have ‘so

¹⁵ Letters 184 and 374

¹⁶ Letters 416 and 417

¹⁷ Letters 418 and 419

¹⁸ Gilbert Burns, ‘A Letter to Robert Burns from His Brother Gilbert’, *Burns Chronicle*, 2.4 (1993), 133 and 137.

many Great Men to espouse his cause', on the other a more personally directed tetchiness at a book which had not yet been returned.

So, already we have elevated energy levels and mild irritability, two signs of hypomania, but there is more to be found. Particularly, Burns's letter of 4th September to Robert Graham reveals a fluency of thinking, and an over-arching sense of well-being and optimism as he lays out his success and efficiency as a gauger in a disorganised division, and expresses his hopes that this will lead to promotion to a better-paying Port division, although he's not yet been in the job for a year. Ironically, he even offers to draw on the support of some the 'Great Men' who can speak for him.

Taking a broad overview of the summer of 1790, what is evident is Burns coming into his prime – he is in a good place personally, professionally and mentally. The letters which are known convey a general sense of optimism and happiness; if more were to come to light, it would not be surprising to find them providing further evidence of a pervasively elevated mood during this summer. Punctuating this period of elevated mood are episodes, such as that at the end of August, where things are even more heightened, pushing them into the category of hypomania.

Potentially, there are similar occurrences at the end of June – when both Jean and Anna fall pregnant – and towards the end of September when he recovers from a bout of quinsy and produces Tam O'Shanter. Arguably, the relative lack of any commentary of the death of his brother William, who he cared for deeply, also points to an abnormally elevated mood.

Similar such episodes might also occur in the early months of 1788, during the first flushes of his relationship with Agnes McLehose, and the August/September 1793 when he's neck-deep in collecting and editing for Thomson.

It appears, however that Burns is aware of this. In early August 1790, he writes with wonderful insight to Helen Craik about the 'fairy pleasures' bestowed by the Muse to counterbalance the catalogue of evils brought on by the stronger imagination and more delicate sensibility of the poet.¹⁹ Is this a tacit acknowledgement of the instability of mood Burns recognised in himself, an instability he earlier described as 'mad tornadoes and trade winds of wisdom'?²⁰

Conclusions

In considering these two snapshots of the poet's life – December 1786 and August 1790, it is important to always be cautious about the conclusions. Clearly Burns wrote many, many more letters in his life, letters which were subsequently lost or destroyed, creating gaps in the timeline. Additional evidence from letters to Burns can be incorporated, as has been done here,

¹⁹ Letter 413

²⁰ Letter 168

or from sketches and accounts from friends and family written at later points in time. Evidence of unstable mood in other members of the family can also be considered, mood disorders having a strong familial component; for example, in the same letter where Gilbert reports on the Mossiel harvest, he also reports how sister Isabella wants to write to their mother Agnes but ‘still complains frequently of being out of order and want of digestion, and from the extreme delicacy of her nervous system is incapable of bearing any fatigue either of body or mind.’²¹

It is highly unlikely the Burns community would be so lucky as to ever get a complete day-by-day picture of the poet’s life; this signals the care that must be taken and the reason why there can never be a categorical yes or no attached to a diagnosis which describes the nature of Burns’s unstable moods. Instead, there can only be degrees of confidence expressed in the conclusions drawn.

So, going back to the original question – are we looking at ‘a mind diseased’?

To answer that, we need to return to the definitions of the three conditions we’re considering (see Table 1).

This article has laid out the evidence for the episode of lowered mood in December 1786, and makes reference to several further episodes, some even more serious. Thus, there is as much certainty as possible that these episodes represent more than one period of depression in the poet’s life, as defined by the clinical criteria. This means that, at a minimum, it is highly likely Burns was affected by recurrent depression.

On the basis of this conclusion, it is also fairly certain that Burns was not affected by cyclothymia – the criteria dictate that the presence of depressive episodes rule that out.

So that leaves bipolar disorder, which is where the evidence from August 1790 comes in. It should be easy to appreciate that gathering the evidence for hypomania is less straightforward than that for depression – Burns isn’t as explicit about his emotional state; this is not surprising – if you feel so good, what have you got to complain about? So, there’s more emphasis on the literary analysis. However, based on Burns’s letters and the return correspondence, it is fairly certain that August 1790 represents an episode of hypomania. It is also fairly certain that there exists at least one further episode of hypomania within the poet’s biography. Therefore, coupled with the high certainty that the evidence from December 1786 represents an episode of clinical depression, it is very probable that Burns was affected by Type II bipolar disorder – a mood disorder where episodes of recurrent depression predominate, interspersed with less frequent episodes of self-limiting hypomania, rather than the full-blown mania which would shift the classification to Type I bipolar.

²¹ Burns, p. 137.

So, yes, we are dealing with 'a mind diseased', a mind affected by a diagnosable condition. But for Burns it was more than this; his description of a 'deep, incurable taint' gives the clear sense of it being a stain, a stigma that haunted him. And this is only too understandable; it might be argued that, as much as Burns aspired to follow in Fergusson's poetic footsteps, he was terrified that his own 'taint' might lead to him following Fergusson to Bedlam.

But Burns also taps into something else. The deep incurability highlights that this was a part of Burns, something that ran right to his core, an integral aspect of his character which influenced who he was and what he achieved in life; as much a part of him as his rural roots, his religious beliefs or his political leanings. Further study of his moods in relation to his life and his creativity will continue to yield a deeper insight into his character and his personality.

But neither should we lose sight of the bigger picture. This analysis of Burns's correspondence shows that he spent far more time in periods of normal mood than abnormal. Almost certainly, his moods played a role in the genius of his creativity, but they are only one aspect of his personality. They shape Burns but they do not define him.