J R Coll Physicians Edinb 2018; 48: 165–74 | doi: 10.4997/JRCPE.2018.212 **PAPER**

Mood disorder in the personal correspondence of Robert Burns: testing a novel interdisciplinary approach

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History & Humanities

Abstract

Robert Burns has long been recognised as someone who experienced episodes of melancholia, but no detailed, systematic and objective assessment of his mental health has been undertaken. We tested a novel methodology, combining psychiatric and literary approaches, to assess the feasibility of using Burns's extensive personal correspondence as a source of evidence for assessing the presence of symptoms of a clinically significant mood disorder. We confirmed the potential of this approach and identified putative evidence of episodes of depression and hypomania within the correspondence. While not conclusive of a formal diagnosis of bipolar disorder, this work highlights a need for further systematic examination of Burns's mental health and how this may have influenced his work.

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Keywords: medical humanities, melancholy, mood disorder, retrospective diagnosis, Robert Burns

Declaration of interests: No conflict of interests declared

Introduction

The mental health of Robert Burns

The public perception of Robert Burns is well-documented; an icon in his native Scotland whose poetry and songs are celebrated worldwide, a man with a tempestuous personal biography culminating in his premature death in 1796 at the age of 37. Although some aspects of Burns's life have received extensive attention, some areas remain largely neglected, one of which is the poet's mental health. Burns makes several references to melancholy in his correspondence and his poetry. In the two centuries since Burns's death, this has become intertwined with Burn's excessive drinking, due in no small part to its treatment by James Currie (Figure 1), Burns's first official biographer.

Although Currie is the first to observe that Burns was affected by melancholy from an early age, he is critical of the poet's behaviour, arguing that Burns 'knew his own failings; he predicted their consequence; the melancholy foreboding was never long absent from his mind; yet his passions carried him down the stream of error, & swept him over the precipice he saw directly in his course.'[1] Burns's lack of self-control, Currie argues, exposed him to dissipation and excess, triggering his melancholy.[2]

In writing Burns's biography, Currie sought to emulate Johnson's work on Boswell, using the form to develop a better understanding of the frail nature of humanity, and to provide instruction.[3,4] For Currie, a physician with a special interest in melancholy, this instruction was to warn of the adverse effects of alcohol on the condition, particularly in men of genius.[5,6]

Currie is clear that alcohol brought about Burns's premature demise. He finishes the biography with the warning that '[i]t is more necessary that men of genius should be aware of the importance of self-command, and of exertion, because their indolence is peculiarly exposed…to diseases of mind, and to errors of conduct, which are generally fatal.'[1] While Currie may have intended this final lesson as Boswellian instruction, it appears to have principally succeeded in highlighting the flaws of Burns and establishing excessive alcohol as the source of those flaws. Subsequent biographers and commentators perpetuate this, cementing Burns's melancholia as another symptom of his alleged alcoholism, alongside his inappropriate behaviour and dissolute morals.

No real challenge to Currie was raised until James Crichton-Browne (Figure 2) published *Burns – From a New Point of View* in 1925. Crichton-Browne undertakes a systematic review of Currie's evidence and conclusions, asserting Burns did not have a problem with alcohol addiction, nor was alcohol responsible for the poet's death.[7]

Yet, there is still surprisingly little consideration of Burns's mental health, despite Crichton-Browne being an acclaimed

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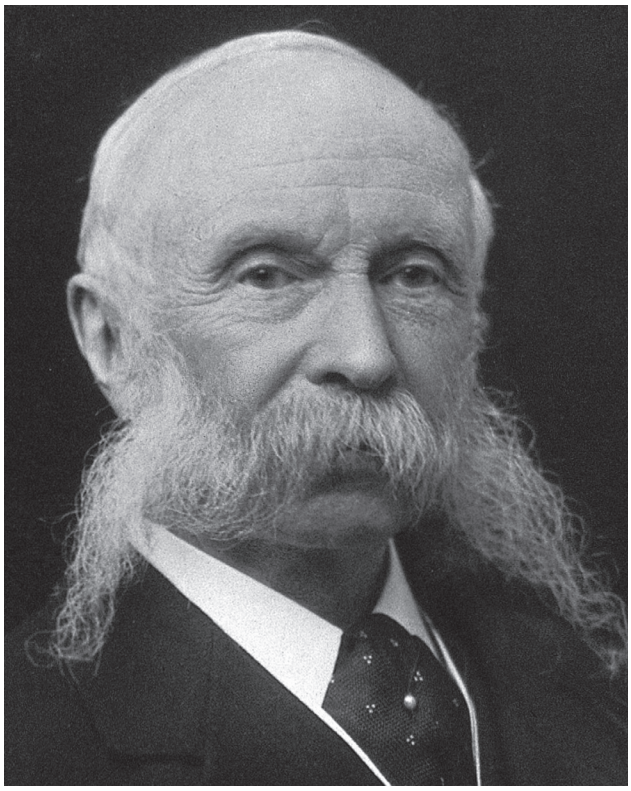
Figure 1 Dr James Currie, 1756–1805

Figure 2 Sir James Crichton-Browne, 1840–1938



psychiatrist of his time, knighted for his work on social policy in relation to mental illness. Although Crichton-Browne acknowledges Burns suffered from melancholia, there is no attempt to examine this phenomenon within the poet's life beyond a potential association with rheumatic disease. Thus, the melancholia continued to be viewed as part of Burns's image as the tortured Romantic genius.

A seemingly more enlightened voice is found in Sir James Purves-Stewart (Figure 3), a near-contemporary of Crichton-Browne. Discussing Burns's mental history, Purves-Stewart concluded 'Burns suffered from a characteristic form of recurrent nervous and emotional instability…belonging to the so-called cyclothymic type'.[8] While an informed medical opinion, this discussion was limited by its context as an Immortal Memory delivered to a Burns Supper; sitting outside traditional academic literature, Purves-Stewart's conclusion has had no perceptible impact in the study of Burns's mental health.

In reality, the neglect of Burns's mental health by Currie and Crichton-Browne is typical. Most of what little commentary there is goes no further than acknowledging Burns's temperamentality. There is no clinically-based systematic review akin to Crichton-Browne's forensic approach to Burns's physical health.

A turning point comes in 1993 in Kay Redfield Jamison's *Touched with Fire*. This wide-ranging study explored the connections between creativity and mood disorders. Jamison's examination of the 'autobiographical, biographical and medical records (where available) for all major British and Irish poets born between 1705 and 1805' assessed the likelihood of each individual suffering a mood disorder; among the 36 individuals assessed was Robert Burns, listed as likely to have been affected by clinical depression, possibly bipolar disorder.[9]

Although Jamison's comments represent a potentially significant shift in understanding Burns's melancholia, there is a lack of detail which makes it difficult to discern the basis on which she draws her conclusions. Nevertheless, Jamison's claims have subsequently been included in major biographies of the poet, such as those by McIntyre and Crawford, indicative of the growing interest in Burns's mental health as an unexplored influence in his life.[10,11] Against a backdrop of increasing awareness of mental health issues and the destigmatisation of those affected, it is an opportune time to harness that interest and undertake a reassessment of Burns's biography in relation to his mental health.

Retrospective diagnosis

In proposing that Burns was affected by a mood disorder, Jamison is engaging in retrospective diagnosis, a practice which sits at the interface between medicine and the humanities, ideally drawing on the skills from both disciplines to interrogate historical sources of evidence. It is, however, a practice which attracts some debate.

First, in identifying Burns's melancholy with depression, Jamison seems to equate the two conditions, a position which has divided critics. Jamison agrees with Jackson who draws a line directly through history from melancholy to depression, two different labels for the same condition

Figure 3 Sir James Purves-Stewart 1869–1949 © National Portrait Gallery, London

associated with the same core group of symptoms.[12] On the other hand, Cunningham and Arrizabalaga, for example, argue that assuming such a continuity merely prioritises modern medicine.[13,14] Radden focuses specifically on melancholy and depression, arguing that the differences in descriptions of the two conditions outweigh the similarities too much for them to be considered the same disease entity.[15] Radden's differences focus on the socially constructed aspects of melancholy as a condition, aspects also well documented by critics such as Lawlor and, with specific reference to Burns, by Costa and Dickson.[16–19] In the face of a culturally dependent definition, the potentially performative nature of Burns's melancholy cannot, in the long term, be ignored.

Such a definition, however, moves away from the descriptivist approach of detailing signs and symptoms pertinent to this particular paper. More appropriate is Varga's position of 'modest continuity' which recognises the high degree of consistency in the affective aspects of melancholy and depression but with acknowledgement of the disparity in underlying causes.[20] Modest continuity builds on Muramoto's argument that retrospective disease identification is possible but requires a clear statement that any such label is purely clinical in its derivation, with no corresponding laboratory- or pathology-generated evidence.[21] Thus, while a historical disease may not be directly equated with a modern condition, the modern label is a useful framework for assisting modern understanding of the historic individual.

The second debate around retrospective diagnosis is one of benefit. In a modern clinical setting, diagnosis is directly beneficial for the patient; clearly there is no such benefit for a historic individual, raising questions around the ethical justification for the practice. It cannot simply be about the application of a label for the satisfaction of intellectual curiosity. Instead, Rosenberg argues for better understanding of disease within its contemporary context – the role of culture in shaping disease definition and the role of disease in shaping culture.[22,23] This corresponds with Arrizabalaga's post-relativist consensus – modern diagnostic labels providing a point of reference for clinical signs and symptoms combined with examinations which 'use primary sources extensively [and] focus on historical context' to create an understanding of the lived experience of the condition and how this may vary from modern experiences.[14] Karenberg acknowledges that 'done properly, [retrospective diagnosis] can be a valuable historical method.'[24] Muramoto summarises these positions, suggesting that retrospective diagnosis done properly should serve at least one of three purposes: to understand the influence of an illness on the works and behaviours of the individual; to understand the experience of living with a particular illness in a particular historical period; to learn more about the life-long history of an individual through a medically reconstructed biography.[21]

Aim of this study

The overarching aim of this project is to satisfy all three of Muramoto's purposes from the perspective of Robert Burns, taking the starting point that a retrospective diagnosis is already within the public domain but that the evidence underpinning that diagnosis is not. Burns is a critical figure in the development of what would become known as the Romantic movement, influencing key figures such as Wordsworth and Byron. The Romantic shift from objective observation to subjective experience is intimately associated with ideas of the 'tortured genius'; melancholy becomes fashionable and, at times, is feigned as a signal of intelligence, sensitivity and creativity.[17,25] This detracts from the very real effects of a true mood disorder on the life of an affected individual. Thus, while future work will explore Burns's mental health within the 18th century context of his life, the initial phase must seek to establish the degree of confidence with which Jamison's label of a modern mood disorder can be used as a frame of reference. In doing so, a timeline of the variations in Burns's moods through his life will be created, against which can be mapped significant events as a means of showing potential patterns of influence. Consequently, this will provide fresh insight into both the life and creative processes of a key figure of British literature, and add to the body of criticism relating to both historical and current attitudes to the connections between mood, creativity and genius.

Karenberg highlights the need for a comprehensive evidence base in retrospective diagnosis.[26] Various studies use different forms of autobiographical material, or rely on extracts from biographies, clinical records or posthumous accounts.[27–30] It is, however, clear there is no standardised approach to the practice which uses autobiographical, biographical and medical evidence in combination with

standard diagnostic criteria to mimic, as far as possible, the modern clinician's practice of consulting with the patient and their friends and family.

The body of evidence relating to Burns's mental health comprises more than 800 letters and 400 entries in journals and commonplace books written by Burns, alongside various sketches and accounts from those who knew him in life. (A commonplace book is a personal scrapbook consisting of a varied collection of texts which interest or are important to the owner. In Burns's case, his commonplace books collect scribbled thoughts, early drafts of his own poems, and transcriptions of poems and prose which have caught his attention offering, as Leask describes it, 'a glimpse into Robert Burns's creative workshop', particularly prior to the publication of his first volume of poetry in 1786.[31]) These artefacts represent a valuable source of first-hand evidence and potential substitute for face-to-face consultations. However, the comprehensive analysis of such a large body of textual sources within a framework designed for a modern clinical setting is untested as a methodological approach.

This paper lays out a proposed methodology and tentative findings of an objective study designed to test the feasibility of such an approach in detecting possible symptoms of a mood disorder. It is not intended to achieve assessment of any retrospective diagnosis at this stage, but to form the beginnings of a multi-part approach to exploring Burns's mental health which incorporates the clinical assessment of autobiographical, biographical and medical evidence alongside a contextualised study of the impact of Burns's moods on his behaviour, relationships and creative work.

Methodology

As the aim of this study was to test the methodology's ability to detect possible symptoms of mood disorder, it should be noted that attention was paid to words and phrases which may have carried a different meaning in the 18th century, but texts were predominantly analysed without consideration of the context in which they were written – the intended audience, the purpose of a given letter, or concurrent biographical events. This further level of analysis is to be undertaken following completion of testing and refinement of the methodology described here, and its application to the full body of Burns's correspondence and personal writings.

Sample selection

Four sample sets of letters (Blocks 1–4) were selected and tested. Block 1 was selected to specifically cover the 3-month period centred on December 1793, identified by Burns himself as an episode of melancholia. This block would act as a proof-of-concept test of the methodology with the expectation of results positive for symptoms of lowered mood. It may also indicate whether this melancholy was sufficiently severe to meet the criteria for depression. Blocks 2–4 act as further pilot tests of the suitability of the methodology. An individual unconnected with the study randomly selected three separate starting points for each of the samples which constituted Blocks 2, 3 and 4, with each block to consist of 20–25 letters representing a number of items similar to that covered by Block 1. This blinded random sampling was intended to minimise the impact of any observer bias on the part of the principal author towards any expected mood state which may have occurred had the blocks been selected to correspond with particular biographical events or other known periods of melancholy. In total, with some minor adjustments to sampling as documented below, 104 letters were assessed.

Letters are identified by number as per G. Ross Roy's revision of J. DeLancey Ferguson's two-volume edition of *The Letters of Robert Burns*.[32] A letter which had an incomplete date was allocated the same date as that letter immediately preceding. Where a letter with an incomplete date was placed before any others for a given month, it was dated to the 1st of that month. Where a poem has been included as part of a letter text, rather than as a separate enclosure, the text of the poem was considered part of the letter and included in the analysis.

Diagnostic criteria

As a methodology ultimately designed to test the validity of Jamison's hypothesis that Burns was affected by a mood disorder, diagnostic criteria corresponding to those conditions and symptomatic descriptors for depressed, hypomanic and manic mood states were constructed using the same systems of classification employed by Jamison, namely the International Classification of Diseases Volume 10 (ICD-10) and the Diagnostic and Statistical Manual Version 5 (DSM-5).[33,34]

Diagnostic criteria are predominantly those of ICD-10, particularly in the requirement for bipolar disorder to present as a minimum of two episodes, one of which must be elevated; however, inclusion of aspects of the DSM-5 description allows for differentiation between Type I and Type II bipolar disorders. This combined approach is standard in the UK, as embodied by the current clinical guidelines from the National Institute for Health and Care Excellence.[35]

Symptomatic descriptors across three domains of mood, cognition and perception, and activity and behaviour, are also derived from ICD-10 and DSM-5, and support assessment for symptoms of both lowered and elevated mood states, ultimately allowing for the evaluation of both unipolar depression and bipolar disorder.

For each of these areas, the manifestation of manic, hypomanic and depressive symptoms has been described (Table 1). Any of these symptoms might be evidenced in the text of the letters by a range of features including, but not limited to: explicit discussion; descriptive and figurative language; allusion; tone; coherence of flow of ideas; and length and quantity of letters written in any given period.

Table 1 Diagnostic criteria and their means of identification

	Symptom	Mania	Hypomania	Depression
Mood	Mood level	Elevated, incongruent to circumstance	Mildly elevated	Lowered, little change in response to circumstance
	Pleasure	Elevated	Mildly elevated	Anhedonia
	Attitude	Irritable, aggressive	Mildly irritable	Anxious
Cognition and perception	Self-esteem	Increased to grandiosity	Sense of wellbeing, some grandiosity	Guilty and worthless
	Outlook	Overly optimistic	Optimistic	Pervasively gloomy, fearful, morbid and/or suicidal
	Thought processes	Pressured, flight of ideas, incoherence of ideas, impulsive	Mentally efficient, fluency of ideas, distractible	Struggles to keep train of thought, inefficient, indecisive
	Speech	Pressured, incoherent	Talkative with fluency	Reduced, stilted
Activity and behaviour	Energy and activity levels	Overactive and increased energy, restlessness	Increased activity and energy, degree of restlessness	Fatigue, psychomotor agitation or retardation
	Sleep	Reduced need but feels refreshed	Reduced need, feels refreshed	Disturbed (insomnia, hypersomnia, disturbing dreams), doesn't feel rested regardless of duration
	Social skills	Reduced inhibitions, possibly improper, over-familiar	Sociable, pushing limits of propriety, overly familiar	Socially withdrawn
	Participation and risk	Extravagant schemes, reckless and/or risky activities	Multiple tasks started but not all completed, some risky and/or reckless behaviour	Withdrawal from regular activities, reluctance to participate
	Libido	Greatly increased, inappropriate encounters	Increased, inappropriate encounters	Reduced, even lost

Each letter was analysed for the presence or absence of markers of abnormal mood within each area. The total number of markers indicated the overall mood state expressed within a single piece of correspondence as defined by the criteria for clinical significance:

- Bipolar disorder is characterised by **at least two** episodes of abnormal mood, one of which must be manic, hypomanic or mixed.
  - Manic episodes will present with **three or more** symptoms of mania and cause severe impairment of occupational and social functioning
  - Hypomanic episodes will present with **three or more** symptoms of hypomania with little impairment of occupational and social functioning
- Recurrent depressive disorder is characterised by **at least two** clinically significant depressive episodes. Episodes may be classified by severity:
  - Mild: **four or more** symptoms, one of which must be depressed mood or anhedonia; minor impairment of occupational or social functioning
  - Moderate: **five or more** symptoms, one of which must be depressed mood or anhedonia; some impairment of occupational or social functioning
  - Severe: **seven or more** symptoms, including depressed mood, anhedonia and fatigue; significant impairment of occupational and social functioning

A letter was designated euthymic where the number of symptoms exhibited, if any, did not meet the threshold for clinical significance. Appendix 1 includes examples of two letters, colour-coded and annotated to illustrate the analysis in practice.

The number of symptoms exhibited in each letter was also recorded. This allowed for identification of the clinical significance, or otherwise, of periods highlighted by previous studies as episodes of melancholia. It will also assist

future analysis of the patterns of onset, natural course and resolution of any episodes detected.

In addition, a 10% sample (11 letters) drawn from all four blocks was randomly selected using a computer-generated number list. These letters underwent independent validation by a consultant psychiatrist to assess the degree of observer bias inherent in the principal author's analysis.

Results

Data generated by the principal author and the independent validator were collated for comparison. Across the validation sample, the results agreed on 90.91% of occasions (10 of 11 letters). This indicates that a reasonable degree of confidence can be placed on the scoring of all sample blocks when undertaken in line with the symptomatic descriptors outlined in Table 1.

Block 1 letters

The sample included 25 letters covering 29 October 1793 (Letter 593) to approximately 12 January 1794 (Letter 613). During this time, Burns was resident in Dumfries, working as an Excise Officer. The second Edinburgh edition of his *Poems, Chiefly in the Scottish Dialect* had been published in February 1793.

As noted, December 1793 was selected as a known period of melancholia, having been identified by Burns himself as such. His letters show him feeling 'altogether Novemberish, a damn'd melange of Fretfulness and melancholy…my soul flouncing & fluttering' and pessimistically musing that 'on whatsoever this man doth set his heart, it shall not prosper.' As the episode continues, Burns confides that 'I am in a compleat [sic] Decemberish humour, gloomy, sullen, stupid', morbidly reflecting on how the illness of his daughter 'that everyday…threatened to terminate her existence' had shown him 'on what a brittle thread does the life of man hang!'

A significant point of note for this group of letters is the large number of putative dates. This creates several dates with multiple letters and corresponding gaps in the timeline where no letters are recorded.

This was a period dominated by normal mood, punctuated by two letters – 600A and 605 – which demonstrate a sufficient number of depressive symptoms to meet the criteria of mild depression (Appendix 2). Two of the four letters which lie between these points – Letters 602 and 603 – are symptomatic for a sub-threshold lowering of mood. Both of these intermediate letters also include poems within their text which are dark and troubled in tone, hinting at concerns about the loss of a partner through death or abandonment. Given the mutual theme of the poems, it could be postulated that Burns is experiencing difficulties in a personal relationship, perhaps with his wife as a consequence of his daughter's illness, and this is a contributing factor to his lowered mood, something which merits further examination should assessment of this period confirm the symptoms expressed within the context of the intended purpose and audience of these letters.

The lack of clear dating across these letters creates a gap over the two weeks between 3rd and 15th December. It is possible that 600A to 603A were all written within two or three days of each other and that Burns wrote no other letters during this time; social withdrawal is an acknowledged feature of clinical depression. It is, however, equally likely that the letters are spread across this period, perhaps with other letters now lost; in Letter 605, Burns reports 'I have indeed, of late, written a good many things in that way' (referring to writing new song lyrics), suggesting that he is still creatively active. This potentially suggests an episode of mild depression which has little impact on his creative functioning but has driven some social withdrawal. Further information to confirm or refute this may later become available through return correspondence and/or contemporaneous accounts by others. Furthermore, Burns starts letter 605 on the 15th but continues to add to it over the next 10 days, producing a text of notable variation in tone; while the entry for the 15th demonstrates sufficient evidence to be considered indicative of mild depression, the subsequent entries – on the 20th, 24th and 25th of the month – are significantly lighter, making repeated reference to his creative output including the patriotic exhortations of *Scots Wha Hae*, and his attending the 'brilliant Theatre here, this season.' This suggests Burns's mood significantly lifted in the week following the 15th December.

Block 2 letters

This sample included 23 letters covering 29 November 1786 (Letter 60) to 5 February 1787 (Letter 80). Burns had recently arrived in Edinburgh; the Kilmarnock edition of his *Poems* having been published in July 1786, Burns had been persuaded to seek patronage for an Edinburgh edition, rather than emigrating to the West Indies. Unlike the first sample selection, only 5 letters in this block have incomplete dates, giving a fairly even spread of letters across the whole period with accurate dating.

Two letters early in this period, Letters 61 and 62, written almost a week apart, indicate incidents which could be interpreted as hypomania (Appendix 3). Burns appears to tend to exaggeration and grandiosity, describing himself as a man of 'independent fortune at the plough-tail', above all other 'needy, sharping authors' who are subject to the 'modest sensibility, mixed with a kind of pride, that will ever keep [them] out of the way of those windfalls of fortune.' He claims to be 'in a fair way of becoming as eminent as Thomas a Kempis or John Bunyan' and 'shall soon be the tenth Worthy, and the eighth Wise Man, of the World', predicting the inclusion of his birthday in almanacs alongside other significant events such as the Battle of Bothwell Bridge. There are, however, no other extant letters from during this week which would support the conclusion this is a hypomanic episode. Consideration of the purpose and context of these letters is required to confirm whether these letters are truly indicative of points of abnormally elevated mood or aspects

of Burns performing his role as the successful poet recently arrived in his nation's capital.

In contrast, Letters 63–65 exhibit symptoms of a sub-threshold lowering of mood; within Letter 63, Burns also reports having suffered the physical symptoms of headache and stomach upset in the previous week. There are no letters recorded for the week of these physical symptoms. Taken together, this might indicate a depressive episode with somatic symptoms, approximately between 5th and 13th December, with Letters 63–65 exhibiting the residual symptoms of said episode, and Letter 62 indicating a brief lessening of impairment of function. Letter 63 is particularly notable in its contrast to Letter 61; having spoken positively of having 'been introduced to a great many of the Noblesse', Burns now fears 'I should be ruined by being dragged to [sic] suddenly into the glare of polite & learned observation.'

Letter 66 exhibits enough symptoms to register as mild depression. In conjunction with the incomplete date and the evidence of Letters 63–65, this letter may have been written at some point during the period between 5th and 13th December.

The month following this episode is more settled with little evidence of abnormal mood, with the exception of Letters 68 (27 December 1786) and 72 (7 January 1787). Both letters present enough evidence to consider the possibility of hypomania. As with letters 61 and 62, there are no intervening letters to indicate this was an ongoing state for the duration of the period between Letters 68 and 72.

Letters 76 to 79 exhibit evidence of depressed mood, with Letters 78 and 78A classed as mild depression and followed by a period of three weeks before the next definitively dated letter, Letter 80. This letter also exhibits symptoms of depression but not enough to reach clinical significance. While this may indicate a further period of depression during Burns's stay in Edinburgh, further evidence to fill the gap would be required.

Block 3 letters

This sample originally included Letters 410–430, covering 30 July 1790 to 17 January 1791. Post-analysis review of Burns's biography for this period highlighted that, assuming full-term deliveries, both Jean Armour and Anna Park (a local barmaid) fell pregnant in late June or early July 1790. It was, therefore, decided to expand the sample to include Letters 398A to 409, thus extending the time period back to 28 May 1790, with the aim of including any evidence of abnormal mood which may have been present around the times of these conceptions. As the next phase of analysis will apply the methodology to the entire body of Burns's correspondence, this expansion of Block 3 was not deemed to be an inappropriate adjustment of the sampling process. As a result, this sample includes 36 letters, seven of which are incompletely dated.

Burns was now married to Jean and they had two surviving children. He was farming the difficult site of Ellisland, as well as undertaking his duties as an Excise Officer, responsible for ten parishes.

Immediately notable is that there are considerably fewer letters in this sample than might be expected for the time period covered. Blocks 1 and 2 are of similar sample size and cover similar periods of 10 and 8 weeks, respectively; Block 3 covers a period around 30 weeks in duration yet only includes around 50% more letters. Significant gaps with no letters cover the second half of August, the second half of September and the entirety of November. This may indicate a loss of letters written during this time or a lack of letters written as a consequence of the demands placed on Burns's time by farming and concurrent fulfilment of his excise duties.

Appendix 4 shows that no letters in this sample exhibit features of abnormally low mood but nine display sufficient symptoms to meet the criteria for hypomania. Although there are fewer letters in total, it is still appreciable that this is a period of great physical and creative activity for Burns, particularly demonstrated in the 'hypomanic' letters. One week towards the end of August involved the poet riding all ten parishes in his Excise division – around 200 miles – in four days as well as attending a court case in Dumfries and preparing a lengthy report in relation to the events being examined. Yet, the poet still finds time to spend evenings with friends and, having 'dined & supped', to sit up past midnight to transcribe a poem for a good friend (although the resulting letter is 'a shocking scrawl') or wander on the banks of the River Nith producing extemporary verses, finding that 'to keep within the bounds of Prose was impossible'.

On the whole though, the gaps in the timeline create an absence of evidence which makes it difficult to confirm the presence or absence of an ongoing period of abnormally elevated mood during this time. Further evidence may be provided by return correspondence and/or contemporaneous accounts.

Perhaps the most notable letter in this selection is one which exhibits no abnormality of mood. Letter 413 is a balanced and considered piece of writing where Burns muses on 'the characters and fates of the Rhyming tribe'. He tempers description of the 'miserable' poet with memory of 'the fairy pleasures [that] the Muse, to counterbalance this catalogue of evils, bestows on her Votaries.' It is arguable that this letter captures Burns demonstrating insight into the character of his own moods.

Block 4 letters

This sample included 20 letters covering 22 September 1794 (Letter 640) to 8 March 1795 (Letter 660). By this point, Burns was living in Dumfries with Jean and their five children and working solely as an Excise Officer. December 1794 saw him receive a temporary promotion while his senior officer was ill. Burns was also heavily involved in writing, collecting and editing songs for the Edinburgh publisher George Thomson. As with Block 3, there is a low average letter count of 0.9 letters per week. Within this

are some letters of considerable length, particularly those to George Thomson where Burns addresses the editing of many different lyrics and includes new pieces of his own composition.

Letters 646–651 are of particular interest, as shown in Appendix 5. Each letter is indicative of hypomania, suggesting a possible episode during the period covered. Dating of the bounds of this episode is problematic, in that Letters 646, 650 and 651 are incompletely dated. Consideration must also be given to these six letters covering a potential period of two months, and to the fact that all letters in this sequence are addressed to Frances Dunlop, George Thomson or Maria Riddell, all established correspondents and close friends of the poet.

Outwith this short sequence of letters, there are few indicators of abnormal mood state in the sample. Three letters are indicative of hypomania but are not placed in the overall sequence in such a way as to confidently indicate the presence of a true episode.

Discussion

Analysis of 104 letters, divided across four sample time frames, has provided significant information relating to the fitness of the methodology to test the hypothesis that Robert Burns was affected by a mood disorder. It has also provided valuable indicators of modifications to the methodology which would support the generation of more robust data, as well as identifying important future steps for the continued testing of the mood disorder hypothesis.

Block 1 was specifically selected to cover a known period of melancholia. Analysis of this group generated results consistent with the presence of symptoms associated with a lowered mood, including the identification of two letters which would meet the criteria for clinical depression. Post-analysis correlation of the results for Blocks 2, 3 and 4 shows that the occurrence of symptoms of lowered mood occurring in December 1786 (Block 2) also coincides with one of those known periods of melancholia detailed by Beveridge.[36] The symptoms do still require analysis within the context of the time of writing before any conclusion can be drawn on the quantity and duration of symptoms and, thus, the correlation between any given episode of melancholy and the criteria for depression. Thus, it is possible that analysis of the full body of evidence may indicate that some, or even all, episodes of melancholy in Burns's biography do not cross the threshold of clinical significance to be considered episodes of depression.

The results of Blocks 3 and 4 demonstrate that the methodology will also indicate abnormally elevated mood. Again, as with those symptoms for lowered mood, contextual assessment is required before any conclusion can be drawn on whether they are sufficient to be considered indicative of episodes of hypomania.

Overall, these data suggest that Burns's correspondence and personal writing are appropriate sources of evidence

Figure 4 Robert Burns stained glass window from Bute Hall, University of Glasgow. © University of Glasgow

for symptoms of mood disorder, and that the use of a methodology based on modern clinical criteria to analyse these is a fit basis for a retrospective assessment for both depression and bipolar disorder. No conclusion can be drawn on the potential presence of a mood disorder at this time.

Conclusion

This study adopted a novel approach to the examination of the mental health of Robert Burns (Figure 4). By combining clinical approaches to psychiatric diagnosis with literary approaches to textual analysis, the work has shown that the poet's personal correspondence is an appropriate and intriguing source of evidence, indicating this is an approach which may be equally applied to other historical figures. The work also indicates that further examination of Burns's moods in relation to the criteria for mood disorders is warranted.

This is intended only as the first step towards confirming or refuting any such diagnosis. This descriptive approach identifies those items of evidence which *potentially* display symptoms consistent with lowered or elevated mood. Following application of the methodology across the entire body of Burns's correspondence and personal writing, subsequent phases must adopt a subjective approach which takes account of the historical context in which Burns was living, the intended purposes and audiences of his writing, and the social and cultural perceptions of melancholia as both a mental illness and as a fashionable condition that affected men of intellectual and creative genius. In working with letters, it is also necessary, where possible, to take account of the other side of correspondence, building the full picture of the dialogue between the sides. Such analyses will discount those signs which are 'false symptoms', leaving behind a clearer and more accurate picture of the genuine symptomatic profile of Burns's disordered mood. Additional evidence from Burns's friends and family, and any evidence of unstable mood in first and second-degree relatives, will also provide a fuller picture of the nature of his moods. Only at this point would it be appropriate to draw conclusions about the presence of a mood disorder in Burns's biography.

In taking this approach, the continued work of the project offers the opportunity for Burns's mental health to be viewed through the lenses of modern clinical understanding and historical contexts. While it will indicate whether there is sufficient evidence to justify Jamison's labels of recurrent depression or bipolar disorder, this analysis will also allow the construction of a 'life mood map', charting the variations in Burns's mood. Regardless of whether any of these variations meet the thresholds of the diagnostic criteria for a mood disorder, they build a fuller picture of the poet's life. This will allow investigation of patterns in Burns's mood in relation to key aspects of his life – for example, his relationships, major decisions, patterns of excessive drinking – and to the quality, quantity and content of his creative output across his short life. Consequently, this satisfies all three of Muramoto's purposes for retrospective diagnosis in that it will offer clearer insights into how Burns's life and creativity was affected by his moods, how he experienced and understood his own moods, and to what extent his melancholia in particular can be appreciated to have been performative within his 18th century context.

Ultimately, this methodology will underpin a fascinating examination of a figure who has been subject to skewed representation by previous biographers, and address a significant gap in the literature relating to Burns's health. In doing so, it offers the opportunity to develop a much fuller understanding of Scotland's national bard and the influences at work in his creative process, as well as creating an opportunity to gain a greater understanding of the man himself. Perhaps most importantly though, is that it will ensure any diagnostic labels are applied responsibly, grounded in a solid base of evidence that treats such conditions with the care and respect they are due.

Funding

MH is funded by a Lord Kelvin Adam Smith doctoral scholarship from the University of Glasgow.

Acknowledgements

Thanks are owed to Special Collections, University of Glasgow Library, and Irvin Department of Rare Books, University of South Carolina, for access to their extensive resources. Thanks also to Joe Bouch for undertaking the validation exercise.

Note

Appendices 1–5 are available with the online version of this paper on the College website – rcpe.ac.uk/journal

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