

Amala Poli // One of the foremost authorities on manic-depressive illness in the world [1], Kay Redfield Jamison in *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*, attempts to address a compelling association between artistic and manic-depressive temperaments through a literary, biographical, and scientific argument (5). Since the late eighteenth century, the glamorization of certain types of mental illness has been a key preoccupation of several literary works, particularly poetry. [2]

In tracing a relationship between mood disorders and increased creativity and achievement, Jamison addresses this romantic association between creativity and the ‘mad genius’– like associations of the artistic temperament through the specific study of manic-depressive illness and its manifestation in history. She examines the associations between creativity and madness; artistic genius and mood disorders. Thematically, there are some concerns about this mood disorder that are addressed by both *Touched with Fire* and Jamison’s memoir of her personal experience of manic-depressive illness, *An Unquiet Mind*, through extremely different uses of language and form. My interest here lies in exploring the shifting registers used by the author in navigating the personal terrain in the memoir, *An Unquiet Mind*, and the historical study of creativity in relation to illness in *Touched with Fire*.

In the memoir, the reader can find several strands of thought and reflection that are approached through a historical and analytical perspective in Jamison’s earlier text, *Touched with Fire*. For instance, the discussion of the ethical issues, the advantages offered by some aspects of the illness to the individual as well as society, and the artistic temperament as a possibility, are mentioned in the memoir’s conclusion. There exist two alternate modes of writing about the disease as experiential and descriptive, presented through the memoir and the biographical study respectively. In Appendix A of *Touched with Fire*, Jamison provides a diagnostic criteria, complete with a detailed list of symptoms over long periods of time, for the recognition and treatment of major mood disorders. On the other hand, the diagnostic description of her illness in the memoir is punctuated with sensory details, the experience of embarrassment, etc; brief, yet vivid, in the disruption of the phrases that are generally used in any diagnostic criteria, by filling in the first-hand details that are meant to elucidate the experience to its fullest. She even refers to herself as a “textbook case of the clinical features related to good lithium response” (*An Unquiet Mind* 93). Interestingly, her memoir talks about her experience with co-authoring a textbook on manic-depressive illness, where she occasionally found it disturbing to reduce complex emotions and behaviors to sparse statements, “distilled into deadeningly dull diagnostic phrases” (*An Unquiet*

Mind 166). This is significant in her discussion in the memoir about how data analysis and the scientific method of understanding and approaching the illness proved to be reassuring (*An Unquiet Mind* 167), in the link that she acknowledges between her professional practice and her processes of understanding the illness and its personal manifestation for her. In the appendix she provides, one can see the enumerative list of symptoms that are necessary for the diagnostic criteria. The stark contrast between the third person account of diagnostic criteria in the appendix with her own account of illness in the memoir is striking in its tone and form. The scientific tenor of the study leaves it open to interpretation, thus making a strong argument for an association between two temperaments and the relationship of mood disorders to creativity. However, the form of the text resists the singularity of any one tone, as Jamison moves between a detailed description of manic-depressive illness to accounts of experientiality through the words of different artists, musicians, poets, and writers.

Addressing some of the debates around medication for mood disorders and the hampering of a creative temperament, Jamison discusses how some artists and writers went off their medication because of the drug-induced interference with clarity and creativity, the elevated moods and enthusiasm, especially as the artists would miss the depth, the energy, and the emotional intensity experienced by them otherwise (*Touched with Fire* 7). In weaving together her clinical and personal experiences, Jamison's memoir addresses this same struggle as she writes about the strong emphasis required in understanding a patient's resistance against medication when treating manic-depressive illness (*An Unquiet Mind* 166). In the memoir, Jamison makes the case by writing about her struggles with the side effects and the sense of losing oneself that came with the regulated moods that the drugs would establish. She also gives instances of the intensity of experiences she greatly enjoyed, such as her intense awareness of sound and music, before it would turn unbearable in one of the more chaotic moments of mania (*An Unquiet Mind* 79). In *Touched with Fire*, she looks at the reluctance to medication alongside the fact that many artists had actively sought out psychiatric and psychopharmacological care. She poses the question as to why one would wish to get rid of the illness if one could confer individual and societal advantage during a mood phase, in her introduction to *Touched with Fire* (8). The ethical conundrums related to clinical care due to the genetic aspect and the creative advantages of manic-depression that emerged with the extensive study and clinical advancements form a strong point of emphasis in the biographical study. In her memoir, Jamison addresses the same question through her own experience of the debilitating force of her depressive phases, and her profound and much conflicted relationship with psychotherapy, all the while emphasizing that medication was an absolutely essential part of treating manic-depressive illness, albeit most effective along with psychotherapy. She establishes the case she is making in her memoir by discussing at length her addiction to her own moods and the dire consequences for her well-being.

The genetic aspect of manic-depressive illness is discussed in great detail in *Touched With Fire* (193). Jamison looks at the environmental influences of the individual as a strong factor in genetic or hereditary attributions, where such influences can significantly impact the individual's propensity

towards the illness. In the study, she provides a very detailed account of artistic families that had a strong undercurrent of the illness for generations, such as that of Virginia Woolf and Byron. She looks at the new advancements of genetic study, and the choices offered by them. The subtlety of the illness as an inheritance is discussed in the memoir, in Jamison's descriptions of her father and his exuberant moods, his grandiose ideas, and his black and chaotic moods that both Jamison and her sister inherited. Jamison poses the question in her epilogue as to whether she would choose to have manic-depressive illness, if given the choice (*An Unquiet Mind* 217). Talking about the intensity of life that she has experienced, her knowledge of her capacity to feel and sense and the infinitude of this intensity; stating that she can only afford to pose the question because lithium works for her, she responds in the affirmative – that she would not take away her experience of this infinitely complicated illness. Here, the memoir uses the retrospective tone and situates itself in the present, while making a claim for the future as well. Jamison italicizes this section and uses the scenic mode, a building block of non-fiction, setting it apart from prior events and emphasizing the reflective and expository nature of this revelation. The language used in *Touched with Fire* is anything but dry and formal, as the experiential always substantiates the scientific descriptions of the illness. One instance of this is her account of Coleridge, where Thomas Carlyle describes the intensity and grandiosity of his talkative and exuberant answers to questions, as well as Coleridge's description of his own thoughts and their movements (*Touched with Fire* 109). Jamison strikes a fine balance between describing and demonstrating without negating the strikingly individualistic expressions of clinically common symptoms.

The biographical study of manic-depressive illness conducted by Jamison consists of argumentative claims with scientific data and studies of artistic lives and temperaments. In parallel, the memoir addresses some of these claims through Jamison's account of her own experiences and her stances. The study offers an expository account of manic-depressive illness more than a polemical or authoritative one. With shifting modes of emphasis, the craft employed in *Touched with Fire* is a comprehensive study of several key questions around this mood disorder. However, though Jamison's memoir cannot be compared to the biographical study in a direct manner without risking broad analytical claims, the form of the writing of the memoir opens up a reflective space for ethically examining some of the conundrums in *Touched with Fire*. A good instance is the epilogue, where Jamison's answer to her own question about whether she would choose to have manic-depressive illness and her answer cannot be abstracted or universalized. The memoir offers a specific form of knowledge in its particular retrospective temporality and its non-linear recounting of the events around the frame of illness. Reading these texts in parallel draws attention to the myriad possibilities that emerge around mood disorders and their manifestations in the history of literary and creative expression.

Works Cited

1. Jamison, Kay R. *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*. 1st ed. New York: Free Press, 1993.

2. —*An Unquiet Mind*. 1st ed. New York: A.A. Knopf, 1995.

[1] Kay Redfield Jamison provides a strong and succinct argument for her rejection of the term 'bipolar' as an insufficient one for capturing this mood disorder in her memoir. I have retained her use of the term manic-depressive illness in the article as it focuses on two of her works.