



PROJECT MUSE®

*Robert Lowell: Setting the River on Fire* by Kay Redfield

Jamison (review)

Jeffrey Berman

American Imago, Volume 75, Number 1, Spring 2018, pp. 105-113 (Review)

AMERICAN  
**IMAGO**

PSYCHOANALYSIS AND  
THE HUMAN SCIENCES  
PUBLISHED BY JOHNS HOPKINS UNIVERSITY PRESS  
VOLUME 75 NUMBER 1 Spring 2018

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/aim.2018.0004>

➔ *For additional information about this article*

<https://muse.jhu.edu/article/689655>

## REVIEW ESSAY

*Robert Lowell: Setting the River on Fire.* Kay Redfield Jamison. New York: Knopf, 2017. 532 pp. Review by Jeffrey Berman.

Kay Redfield Jamison's magisterial *Robert Lowell: Setting the River on Fire* reveals two stories: the one she tells, about the most famous American postwar poet, who struggled with severe manic-depressive illness throughout his adult life, and the other she does not tell, about her own battle with the same mood disorder. The two stories, stitched seamlessly together, are both fascinating.

Robert Lowell (1917–1977) was the early major figure behind the Confessional poetry movement, later joined by two of his Boston University students, Sylvia Plath and Anne Sexton. Lowell's *Life Studies*, one of the transformative poetry volumes of the twentieth century, won the 1960 National Book Award. Two other poetry volumes, *Lord Weary's Castle* and *The Dolphin*, earned Pulitzer Prizes in 1947 and 1974, respectively. Lowell served as the Consultant in Poetry to the Library of Congress, an appointment now called the U.S. Poet Laureate, from 1947–1948. He was one of the few poets to appear on the cover of *Time* magazine, in June 1967, where he was hailed as the “best American poet of his generation.”

Lowell was born into an illustrious Boston family that included on his paternal side the poets James Russell Lowell (1819–1891) and Amy Lowell (1874–1925), also a winner of the Pulitzer Prize for Poetry, and on his maternal side the Calvinist fire-and-brimstone theologian Jonathan Edwards and the Puritan preacher and poet Anne Hutchinson. Serious mental instability affected both sides of Lowell's family. He suffered sixteen psychotic breaks, beginning in his early thirties, resulting in prolonged hospitalizations, many of which occurred at McLean Hospital in Belmont, Massachusetts, where, according to Jamison's research, his great-great-grandmother (James Russell Lowell's mother) had also been institutionalized a century earlier. Madness was the overwhelming fear in Lowell's life,

but rather than concealing his psychiatric breakdowns, he frequently wrote about them, both to destigmatize mental illness and to show how his creativity was allied to his mercurial moods. Madness became, as Jamison demonstrates, a driving force behind his poetry.

No one is better qualified to write about manic-depressive illness than Jamison. She is the Dalio Family Professor in Mood Disorders and a professor of psychiatry at the Johns Hopkins University School of Medicine, where she has taught since the mid-1980s. She is the coauthor, with the psychiatrist Frederick K. Goodwin, of *Manic-Depressive Illness*, first published in 1990 and republished in a second edition in 2007 with the subtitle: *Bipolar Disorders and Recurrent Depression*. Over twelve hundred pages long, the tome is still regarded as the standard medical text on the subject. Jamison's second book, *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (1993), remains the single best study of the relationship between mood disorders and creativity. Not until her third book, however, the searing memoir *An Unquiet Mind* (1995), did Jamison write about her own history of manic depression and close encounter with suicide. Her spousal loss memoir, *Nothing Was the Same* (2009), is a heartfelt tribute to the memory of her husband, Dr. Richard Wyatt, a noted schizophrenia researcher who died of cancer in 2002 at age sixty-three. A recipient in 2001 of a MacArthur Fellowship, Jamison has earned several major awards, including being chosen by *Time* magazine as a "Hero of Medicine."

In *Robert Lowell*, Jamison's luminous prose and the metaphorical power of her language reveal her own poetic side. Her book on Lowell is about "fire in the blood and darkness; it is about mania and the precarious, deranging altitude to which mania ascends. It is about the poetic imagination and how mania and imagination come together to create great art. But it is as much and more about the vital role of discipline and character in making art from inborn gift" (p. 4). She could have been describing herself. Jamison focuses on a single poet, but her book is, in a larger sense, a study of poetry's beholdenness to the fluctuations in mood brought on by psychiatric illness. Jamison not only deepens our knowledge of the interconnections between creativity and mood disorders,

as she did in *Touched with Fire*, but she also raises questions for further research, including the extent to which writing may be a lifeline for those confronting serious mental illness. Lowell wondered about many of these questions himself. “Is getting well ever an art,” he asked, “or art a way to get well?” (p. 189).

Jamison’s book is not a biography of Lowell. Two biographies have already been written, the first in 1982 by Ian Hamilton, *Robert Lowell: A Biography*, the second in 1994 by Paul Mariani, *Lost Puritan: A Life of Robert Lowell*. Rather, Jamison’s book is a psychological study that focuses on the “entanglement of art, character, mood, and intellect” (p. 5). The executors of Lowell’s estate, his daughter, Harriet Winslow Lowell, and the literary critic and founding editor of the *New York Review of Books*, Robert Silvers, gave Jamison permission to request and examine the poet’s medical and psychiatric records as well as to interview his surviving physicians. Jamison thus had access to confidential records allowing her to explore aspects of a psychiatric patient’s life that seldom find their way into published studies.

Jamison is not the first scholar to use a deceased patient’s psychiatric records. The Stanford biographer Diane Wood Middlebrook received permission from Anne Sexton’s literary executor, her daughter Linda Gray Sexton, to listen to three hundred hours of psychotherapy tapes that Anne Sexton’s psychiatrist, Dr. Martin Orne, had made with the Pulitzer-Prize winning poet’s permission shortly before she committed suicide in 1974 at the age of forty-five. As Paul W. Mosher and I discuss in *Confidentiality and Its Discontents: Dilemmas of Privacy in Psychotherapy* (2015), Orne was understandably reluctant to turn over the therapy tapes along with his therapy notes and her unpublished poems because of confidentiality concerns, but he was legally obligated to do so: in many states the law allows a deceased patient’s family or estate access to medical records. Although Orne’s decision dismayed the mental health community, Middlebrook used the tapes judiciously; her 1991 biography *Anne Sexton* expands our understanding of how the confessional poet transmuted her psychiatric conflicts into art. Middlebrook, who died in 2007 at age sixty-eight, was a literature professor, not a mental health professional, and she did not seek to correlate, as Jamison does, a relationship between her

biographical subject's state of mind and artistic creativity. Nor did Middlebrook attempt to write, as Jamison does, a narrative of the psychiatric illness that bedeviled a poet.

As a clinical psychologist, Jamison is highly sensitive to confidentiality concerns. She points out that although Lowell was unusually forthright about his history of mental illness, disclosing his experiences in his letters, interviews, and poems, some of his psychiatrists were extremely uncomfortable making his records public. Jamison's use of this material, which includes Lowell's hospital admission notes, examinations of his physical and mental states, laboratory findings, medication records, and nursing notes, is exemplary. Unlike Middlebrook, she omits discussion of her subject's intimate psychotherapy notes, respecting the privacy of his living relatives and friends.

Lowell was first diagnosed with manic-depressive illness in his early thirties. The diagnosis never changed. His symptoms fit the diagnostic criteria for mania and major depression as defined in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* published in 2013. Today he would receive a "bipolar 1" diagnosis.

Lowell's mania was bewildering, exhausting, and exasperating to everyone who knew him, including himself. It left wreckage in its wake, and as much as he tried, he could never undo the damage it caused loved ones. By contrast, his depressed states led him to become withdrawn, solitary, and mute. "Depression, Lowell once said, is an illness for oneself, mania an illness for one's friends. His friends came to know this well" (p. 115). Experience taught him that manic-depressive illness has its own rhythms, like the seasons of the year. Just as it was difficult for him to imagine spring when in the throes of winter, so was it daunting for him to imagine recovery from depression. "[I]f we see a light at the end of the tunnel," Lowell mordantly quipped in a poem, "it's the light of an oncoming train" (p. 131).

Lowell feared mania, but like others who suffer from mood disorders, he embraced mania's close cousin, hypomania, often associated with furious bursts of creativity. One of Lowell's psychiatrists had observed that hypomania is the most vexing psychiatric state to recognize, partly because one cannot predict when it will transition into florid mania. "I write in mania,"

Lowell told a friend, “and revise in depression” (p. 300)—recalling Alexander Pope’s injunction, repeated by Emerson, to “write with fury and correct with flegm.”

Lowell was first institutionalized in 1949 for four months at the Payne Whitney Psychiatric Clinic of New York Hospital. He found the hospital a safe place, concealing his illness from others and limiting the damage he could wreak on others and himself. The uses of lithium for the treatment of manic depression were not known in the late 1940s, nor were modern antidepressants available. The primary treatments for mania during this time were hospital care, sedatives, hydrotherapy, electroconvulsive therapy (ECT, also called electroshock therapy), and psychotherapy. Lowell began psychoanalytically oriented psychotherapy while at Payne Whitney and remained in therapy years after his discharge.

Lowell continued in treatment with the psychiatrist Dr. Vernon Williams, seeing him three to five times a week for the first two years after Payne Whitney and less frequently after that. Psychotherapy intrigued Lowell as an intellectual and psychological process. “He was fascinated and impressed by Freud,” Jamison remarks; “I’ve been gulping Freud,” he wrote to his ex-wife Elizabeth Hardwick in 1953, “and am a confused and slavish convert” (pp. 165–166). When he was hospitalized in 1964, Lowell took with him books by Freud as well as the classics by Aristotle and Dante. One of Lowell’s psychoanalysts was Kurt Eissler, who later became the director of the Sigmund Freud Archives. Lowell believed, according to Jamison, that Freud was an “original thinker, a religious teacher and prophet”—despite his radical atheism—“and someone who spoke for both the Jewish and Christian traditions” (p. 166).

Psychoanalysis, however, could not prevent Lowell from becoming floridly manic, and he later regretted the time and expense of being in prolonged psychotherapy. According to a friend, Lowell “felt very strongly in his later years that [his madness] was a chemical imbalance and he would tell me that he resented having been made to feel that he hated his father and wanted to marry his mother, all of these. He said, I was made to feel all these things and all the while it was just—it was just a physiological thing” (p. 167). And yet psychoanalysis appeared to have a positive influence on his poetry. Jamison

cites the literary critic Helen Vendler's speculation that Lowell never would have written *Life Stories* without the many hours he spent in psychotherapy.

Unlike psychotherapy, electroconvulsive therapy was effective in the treatment of Lowell's mania. Over the years he received dozens of treatments at various hospitals. Electroconvulsive therapy has a bad reputation, Jamison informs us, partly because of its misuse and overuse, and partly because of its grim portrayal in novels like Ken Kesey's *One Flew Over the Cuckoo's Nest* and Sylvia Plath's *The Bell Jar*; but it was effective in the treatment of mood disorders that could not be treated in other ways. Electroconvulsive therapy continues to be the treatment of last resort for severe depression. More helpful than shock therapy, however, was the introduction of chlorpromazine, Thorazine, a new antipsychotic that had a dramatic effect on patients suffering from mood disorders and schizophrenia.

Antipsychotic drugs and electroconvulsive therapy quieted Lowell, but they could not prevent him from becoming manic. Lithium could. A mood stabilizer, lithium continues to be the standard treatment for manic-depressive disorder, and it changed the course of Lowell's life. Jamison argues that lithium worked well for Lowell, if problematically, for nearly a decade. The drug's impact on Lowell's poetry may be a harder question to answer. Lowell's stepdaughter and friends believe that lithium "flattened" his emotions and may have impaired his creativity: "there was a creative price to be paid for medicine," the poet Kathleen Spivak remarked (p. 181). Jamison is cautious about evaluating lithium's impact on Lowell's creativity, pointing out that there is too little research to reach a conclusion. The most she is willing to say is that lithium "gave Lowell a relative mental stability that led to greater productivity; this may or may not have come at the expense of originality" (p. 183).

Jamison insists that we must distinguish between Lowell's normal and psychotic behavior, a distinction that is not always clear, she admits, because the early stages of mania are not usually recognized as the beginning of derangement. She shows, as Hamilton and Mariani do not, the dramatic changes in Lowell's behavior when he was in a manic rage, and his horror and everlasting regret when he returned to his right mind. Jamison never uses a moralistic tone when describing

Lowell's psychotic behavior. He tortured himself over his psychotic actions, particularly because he could never convince himself, despite years of psychotherapy, that his illness was not the manifestation of a deep character flaw.

Although it is not intended as a work of literary criticism, Jamison's study will reshape our understanding of Lowell's poetry. "Mania took his poetry where it would not have gone, to an altitude for which, as he wrote in the first poem of *Life Studies*, 'there were no tickets'" (p. 4). She explains how Lowell expanded the language of suffering and how he explored psychic territories into which few poets had ventured and from which few escaped with their lives and sanity intact. She never reduces Lowell's work to psychopathology.

Jamison's study will affect how memoirists and scholars write about madness. Nietzsche taught us, "He who fights with monsters should look to it that he himself does not become a monster. And when you gaze long into an abyss the abyss also gazes into you" (1886/1990, p. 102). Jamison also cautions us to approach the abyss with care, but for a different reason. "When I teach psychiatry residents and graduate students about psychotherapy, I stress the respect one must keep for the abyss between what one thinks one knows and what one actually knows about another individual's mental life. That abyss, unless its existence is kept in mind, will stand in the way of empathy and clinical acuity. We have a precarious understanding of our own thoughts and emotions, much less another's" (p. 7).

Jamison's insights into Lowell's life are gleaned from her own experience, which, however, never intrudes on her study. When she observes that mania was "complicated to Lowell, as it is to most who experience it; it had some attraction" (p. 128), readers of her work know that she was also writing about herself, specifically about the reason she chose to go off lithium, with near catastrophic results. When she writes about Elizabeth Hardwick's exasperation over her husband's behavior— "Little is straightforward for spouses who come to know mania" (p. 215)—she is writing about her own husband's exasperation, as she admits in *Nothing Was the Same*. "Richard's acceptance of me was deep, but it was not entire. At times he was enraged when I was ill; at others, he was bewildered or coolly distant" (pp. 24–25). When Jamison observes that Lowell did most of



his healing through his writing, realizing, in her words, that art “serves the writer who is ill. Not perfectly, seldom lastingly, but essentially” (p. 194), she could have been thinking how writing *An Unquiet Mind* and *Nothing Was the Same* enabled her to engage in similar healing, not perfectly or lastingly, but essentially.

To argue that Jamison, in telling Robert Lowell’s story, was also telling her own is not to imply that there is something self-indulgent or self-serving in her study. *Robert Lowell* never comes across as special pleading. Nor does Jamison confuse Lowell’s culpability for his behavior when he was manic, and therefore out of control, with his behavior when he was sane. Jamison, for example, does not rationalize Lowell’s calculating decision, made when he was sane, to use and misquote Hardwick’s anguished letters to him, after their bitter divorce, in *The Dolphin*. That was a moral decision, Jamison points out, or perhaps an artistic decision, but not a psychiatric one. Jamison presents both sides of the issue: she notes, on the one hand, that writers often appropriate other people’s words into their own writings, but she acknowledges, on the other, the anguish Lowell’s decision caused to Hardwick and the outrage it evoked in some of his friends, including Elizabeth Bishop, who, heartbroken after reading *The Dolphin*, told Lowell, “Art just isn’t worth that much” (p. 344, emphasis in the original).

Jamison thus presents us with two narratives in *Robert Lowell*: the explicit biographical story of the poet’s entanglement of art, character, mood, and intellect, and the implicit autobiographical story of her own entanglement. She has gazed long and hard into the abyss of manic-depressive illness and kept her wits. Jamison’s study is not the last word on Lowell, but it is, to date, the most profound. *Robert Lowell* is a remarkable biographical and autobiographical study of genius, mania, and character, one that will likely inspire other investigators to trace the complex relationships between mood disorders and creativity.

## References

- Goodwin, F.J., & Jamison, K.R. (1990). *Manic-depressive illness*. New York: Oxford University Press.
- Goodwin, F. J. and Jamison, K.R. (2007). *Manic-depressive illness: Bipolar disorders and recurrent depression*. New York: Oxford University Press.

- 
- Hamilton, I. (1982). *Robert Lowell: A biography*. New York: Random House.
- Jamison, K.R. (1993). *Touched with fire: manic-depressive illness and the artistic temperament*. New York: Simon & Schuster.
- Jamison, K.R. (1995). *An unquiet mind: A memoir of moods and madness*. New York: Knopf.
- Jamison, K.R. (2009). *Nothing was the same: A memoir*. New York: Random House.
- Mariani, P. (1994). *Lost Puritan: A life of Robert Lowell*. New York: W.W. Norton.
- Middlebrook, D.W. (1991). *Anne Sexton: A biography*. Boston: Houghton Mifflin.
- Mosher, P., & Berman, J. (2015). *Confidentiality and its discontents: Dilemmas of privacy in psychotherapy*. New York: Fordham University Press.
- Nietzsche, F. (1886/1990). *Beyond good and evil: Prelude to a philosophy of the future*. (R.J. Hollingdale, Trans.) New York: Penguin Books.