

EMINENT ROMANIAN DRAMA. A BIOGRAPHICAL APPROACH

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Abstract: The biographical research that we ran on 25 eminent Romanian dramatists (scanning 140 years, from 1850 to 1990) comes up with a figure of 18 (72%) cases of psychopathology and invites the gruesome conclusion that psychopathology and (eminent dramatists') creativity are intimately connected. Given that the 1991 Epidemiological Catchment Area survey (involving interviews at five different sites with about 20,000 individuals typifying the entire United States population) revealed a lifetime prevalence of 32% for any psychiatric disorder, we won't fail to see that (eminent) drama makes a huge difference (smaller than eminent poetry, though – which goes up to 81.54% in our statistics), even if we allow for a certain degree of diagnostic uncertainty (partly caused by the change in age and continent). A similar 1995 study on American theater men gave fairly similar results (74%), hence we conclude – no irony intended – that this domain-specific genre might well be "global."

Keywords: Romanian drama; eminent dramatists; psychopathology; biopsychosocial approach; creativity

Introduction

When first put to the test of differentiating between poets and fiction writers, the literary personality already showed the first signs of an inner fracture (Post 1996). Fiction writers are significantly different from poets in terms of psychopathology as well, and psychopathology is ultimately the best symptom of internal combustions (Juda 1949; Martindale 1972; Andreasen 1987; Jamison 1989; Post 1994; Ludwig 1994; Cosman&Pîrvu 2013a). Dramatists are still further off, their creative process takes a sideline, as it were. If poets and fiction writers relate to the book, so intensely that we are tempted to speak about a *book-based personality*, the dramatist, unless he impersonates Eminescu or Blaga, who might well have disconsidered altogether the representation proper, relates constantly to it, and we could thus describe him as a *scene-based personality*. We now meet, graphically speaking, with a triangular creativity that is much like René Girard's triangular desire; the dramatist is still based in the book, he is writing a text after all, but he is never allowed to forget about the Faustian bargain with what is happening behind the scenes, with all of the gadgets and contrivances that are part of the production – in the theatre hall, in front of the audience. If we may, poets and fiction writers are algebra students, the dramatist deals in geometry as long as his characters are projected in space, against three-dimensional screens.

Aristotle once stipulated a special theatre regulation inviting three unities that consider, in turn, time, space and action. This constraint is no longer in use, to be sure, but we still find a great many requirements concerning scenic issues. To put it differently, the dramatist is stuck into his terrestrial hypostasis, and cannot easily rise to metaphysical horizons. Remember the debate at the time, over the structural difference between Eminescu and Caragiale, the former getting to the stars and beyond, until touched with Hölderlin's fire, the latter just commuting from Mache to Tache, because these down-to-earth characters are the reference points of the audience who are expected to respond *hic et nunc*. Poets and fiction writers could well get lost and buried in things philosophical, the dramatist must needs

communicate with the spectators in their home-idiom, in terms of their IQs.

Hypothesis

An extensive research (conducted on 1004 eminent people representing different professions) came up with the following figures (Ludwig 1995) for the lifetime rate of *any* mental disorder: poetry (87%), fiction (77%), theatre (74%)... to be followed within the confines of the artistic personality by art (73%), nonfiction (72%), music performance (68%), musical composing (60%), architecture (52%). To place these findings within an epidemiological context, Arnold Ludwig used the results of the Epidemiological Catchment Area survey, a monumental study involving interviews at five different sites with about twenty thousand individuals who typified the entire United States population. The results of the ECA study revealed a lifetime prevalence of 32% for any psychiatric disorder...

Our overall research, conducted on 200 eminent or rather canon-giving personalities, gave figures like 81.54% (poetry) and 74.54% (fiction), lower than the figures in the previous research, for one thing because we would not make too many allowances for a certain degree of diagnostic uncertainty (based on the available biographical information) by identifying the presence of certain syndromes as “definite” or “probable.” In other words, our criteria were not so “permissive” when we were talking about the “probable” presence of this or that symptom. Or, perhaps, Arnold’s reference manuals were ICD-9 and DSM-4, while ours are ICD-10 and DSM-5.

Anyways, given that the proportion is grossly observed, i.e. we could compare directly our research to the research at the University of Kentucky Medical Center, our hypothesis for the time being is that we expect to get a lower figure than 75% for the theatre cluster – with a reference figure for the general population in the region of 30%, give or take 3 units.

Material and method

As late as the '80s, apocryphal speculations came first in any attempt to relate creativity (genius) to psychopathology (madness). With Nancy K. Andreasen (2005) and Kay Redfield Jamison (1993) things started to have a genuinely scientific quality. The landmark in the history of such research was provided by biographical studies in the first place, and not without some good reason. It is simply that in the realm of big-C creativity information is abundant. Poets, fiction writers and dramatists, they all have a pretty flamboyant public image, always on focus by the media (paparazzi included) and, in addition, leaving behind letters, interviews, memoirs, diaries, autobiographies. The often brutal frankness of such public actors contributes decisively to this “media assault” which is ultimately deceiving for the researcher, a kind of will-o'-the-wisp because they, especially if eminent, refer themselves to posterity and do whatever it takes to leave behind a bright image of themselves and their artistry. Little wonder that we will find biases and a strong pro domo subjectivity when we consult memoirs and the like. But what else could we do?

We are in no better place when consulting biographies, because they often fail to be wholly reliable. Biographers, even if honest enough, sometimes fall into the trap of appropriating the perspective of the writer/poet in case – their own point of view, undoubtedly objective in principle, catching a so-called “Stockholm syndrome” on the way. On the other hand, there is the reviewer who often ends up regressing “in the service of his own ego.” He

identifies with his subject clockwise, i.e. he pours forth his own self right into the subject, in a kind of “intentional fallacy,” the empathy being vulnerable to the so-called “Matthew effect” (“the rich and the famous will be ever richer and ever more famous”).

The 1960s New Criticism/*Nouvelle Critique* held in low esteem the wrong doers. The Yale professors were having fun at the time inviting their students to interpret poems and keeping their author’s name a secret for a start; the students were to find in the end that the poems they criticised harshly were authored by John Milton, John Donne, etc. Their “blasphemy” was bound to be punished... What happened could be summed up in the formula: “The more consolidated the image of the poet (“Eminescu is the ultimate poet. Why should I be a subject for ridicule and change this image?”), the more willing the reader to join the general opinion.”

Other people just go contrariwise (“Everyone says that Eminescu is the supreme poet. I will say different so as to be original”), but they will hardly be a problem for the image we already have of the poet. This one-sided subjectivity is generally naïve when it comes to arguments, and consequently the basically false apprehension is all too conspicuous. The people who swim with the tide may well be, on the other hand, pretty noxious while contributing to the construction of a hagiography. But we may rest assured that no false image can be propagated *ad infinitum*.

Time and tide will finish it off, time is the best judge there is. That is the reason why we must see our appraisals against the reassuring screen of temporal distance. At least one generation (≈ 20 years) should separate our judgment from the dramatist in case. On the other hand, granted that psychopathology is of the essence in our approach, the lower time limit should be year 1850, approximately the date that celebrated the beginning of psychiatric healthcare (complete with hospitals) in the country. As for the space limit, our 25 dramatists are referred to the Romanian borders drawn by the 1918 Versailles Treaty.

Many an American literary history does not necessarily deal with works written in English because they certainly deserve this honour and then out of respect for the large communities (Asian, Hispanic) who barely know English. They sometimes include writers like Jules Verne and Alexandre Dumas thus appreciating their contribution to the education of so many people. We will not go that far for now, but on certain conditions we include writers like Eugen Ionescu and Avraham Goldfaden who wrote their major works in French and respectively Yiddish. If Eugen Ionescu’s literary citizenship could hardly be contested, Avraham Goldfaden’s could – but only by someone who is ignorant enough to forget about his formidable contribution to the development of the theatre institution in Moldavia.

Results

Gheorghe Asachi (1788-1869) Very self-confident and putting on airs. Gradually grows into a narcissistic personality. (Călinescu 1980)

Aurel Baranga (1913-1979) Substance (coffee, cigarette) abuse in the ’50s. A heart-attack in 1960; and then anxiety: “restlessness, obscure, vague, indistinct but immovable, some kind of ambiguous chagrin.” (Baranga 1978)

Ion Băieșu (1933-1992) Bohemian and excessively shy. Living in doubt. A heart-attack kills him in a New Jersey hospital. (Constantinescu 2006)

Ion Luca Caragiale (1852-1912) “Downright despondency in between his jokes and

pranks,” contended Al. Vlahuță. “The pub was his better half,” asserted B. Jordan. (Cioculescu 1987)

Gheorghe Ciprian (1883-1968) Often in anguish.

Alexandru Davila (1862-1929) Easy-going and quite frivolous. In 1915, a man-servant put a knife into his brains, while asleep. Stuck into an armchair all through his later life-in-death. Stuttering. (Călinescu 1980)

Barbu Ștefănescu Delavrancea (1858-1918) Home-sick and past-ridden. Dies far from home, in wartime. (Săndulescu 1970)

Victor Eftimiu (1889-1972) Eye-surgery. Narcissistic personality disorder. Heart-attack in Albania. (Crohmălniceanu 1994)

Avraham Goldfaden (1840-1908) Founding father in Iași, in 1876, of the first ever professional Yiddish theatre. An Ahashverus-like character, always on the move, deeply agitated.

Bogdan Petriceicu Hașdeu (1838-1907) With his only (prodigy) daughter dead, falls back on mysticism. Major depressive disorder. (Călinescu 1980)

Eugen Ionescu (1909-1994) In 1967 he leaves for Switzerland (Lucerne, Zürich) in order to get a proper treatment for what could be his major depressive disorder with melancholic features. He calls Emil Cioran in the dead hours of the night to tell him he has just drunk a full bottle of whiskey and now is “on the verge of suicide, in fear and trembling.” In the morning he makes a vow never to drink again, in the evening he is dead drunk anew, and speaking of suicide. “This terrible agony, this full-blown panic. When night falls, it’s all over me...The idea of death frightens me and drives me mad. Only when drunk am I happy.” In the ’80s he is again in Switzerland (St. Gallen), involved in a therapy program by painting. (Ionescu 1992; Ionescu 2003; Cioran 1999; Sebastian 1996)

Alexandru Kirițescu (1888-1961) Dies at the Emergency Hospital in Bucharest. (Ștefănescu 2005)

Horia Lovinescu (1917-1983) Greatness aside, drinking is the price that he pays for his concessions. (Stancu 1985)

Ion Luca (1894-1972) For fear of a local cataclysm he used to send his manuscripts to the British Museum. (Isac 1982)

Teodor Mazilu (1930-1980) Women and drinking parties. Nonconformism. (Ștefănescu 2005)

Matei Millo (1814-1896) Histrionic behavior. Showing a miserly temperament in his late years. (Călinescu 1980)

Teodor Mușatescu (1903-1970) Wild characters fighting hard. Grotesque imposture. Following neck cancer, undergoes X-ray therapy. Posttraumatic stress disorder. (Dalea 1988)

Victor Ion Popa (1895-1946) Seriously wounded in World War I(at Oituz), and again in 1940, in a car accident. Dies of cancer. (Parfene 1967)

Aron Ronetti-Roman (1852–1908) Paranoid personality disorder, suspecting that others are exploiting him, reading hidden demeaning meanings into benign events, bearing grudges, perceiving attacks on his character that are not apparent to others. And his worst nightmares come true. In 1907 the peasants set fire to his manor. Out of his wits for good, he dies in a heart-attack. (DLR-R)

Ion Dezideriu Sârbu (1919-1989) Wounded and taken prisoner by the Russians. Slowly recovering from his typhus, with one boot only, he somehow manages to get all the way from Ukraine to Cluj. In 1948, prof. Liviu Rusu gets him into the Balneology Clinic, to save face. In actual fact, his diagnosis is “depressive neurasthenia.” His “soul hurts,” physically speaking. “Something was tearing my chest off, I felt like crying, I was being inundated by suicide ideas.” In 1958 he is imprisoned at Jilava, for failing to tell on Ștefan Augustin Doinaș; and then at Gherla, Periprava, Grindu, Salcea for “planning to break the social order.” Frustration and claustrophobia. In hospital for a while, in 1973, for “depressive melancholia”. There is this “failure to put off lights. When night is on the wings I’m swimming in sharp, limpid thoughts of half-opened accounts, long-term failures, death.” In 1988, the diagnosis is “neck cancer”; undergoes X-ray therapy following surgery. Never forgetting to call on neuropsychiatry clinics, meanwhile. (Nicolescu 1999)

Mihail Sebastian/Joseph M. Hechter (1907-1945) Against his masochistic temperament, depression is a natural. “I aren’t sad, I’m barren [...] I’m feeling tired, exhausted, overwhelmed by what’s going on in the world [...], worn out, drained and parched [...], naked, stupid, vapid [...]. Never have I been so old, so plain and flat, devoid of energy, devoid of youth [...]. I’m withered, apathetic, lost [...]. Nowhere can I find someone to do something for me, nowhere can I find someone to come to the rescue [...]. We all live in our solitude, in our glass cells. We can trade greetings and smiles – that’s all there is to it.” More often than not this depression “calls” for a drink (“I’d like to keep on drinking, so as to forget – and I need forgetting!”), but it usually turns into metaphysics, with masochistic features: “When there is no burning fire around, [Jews] make a fire inside themselves. Tragedy is their call, their material, their creative process [...], the Jewish necessity to suffer [...]. Metaphysically speaking, [Jews] require detesting. It’s their contribution to the world [...], their doom [...], their job.” (Petre 2010)

Mihail Sorbul (1885-1966) Shy, with aggressive outbursts. Inhibitions, frustrations and complexes. A heart-breaking grief in 1909. He capitalizes on his patience and his nerves to the utmost. (Iliescu 1998)

Radu Stanca (1920-1962) Lung disease. Recurrent drinking orgies. (Felea 2004)

Dominic Stanca (1926-1976) In early 1976, in agony. “Utter darkness, dyspnea... I’m getting tired.” (Ciupercă 2011)

Mircea Ștefănescu (1898-1982) Riff-raff, loners, outcasts. Tiredness and weariness. (Isac 1982)

Discussions

If displayed along three axes (psychiatric, neurological, somatic), the illnesses of the eminent Romanian dramatists (25 in all) are:

- Psychiatric illness (18 cases, 72%; cf. Fig. 1)

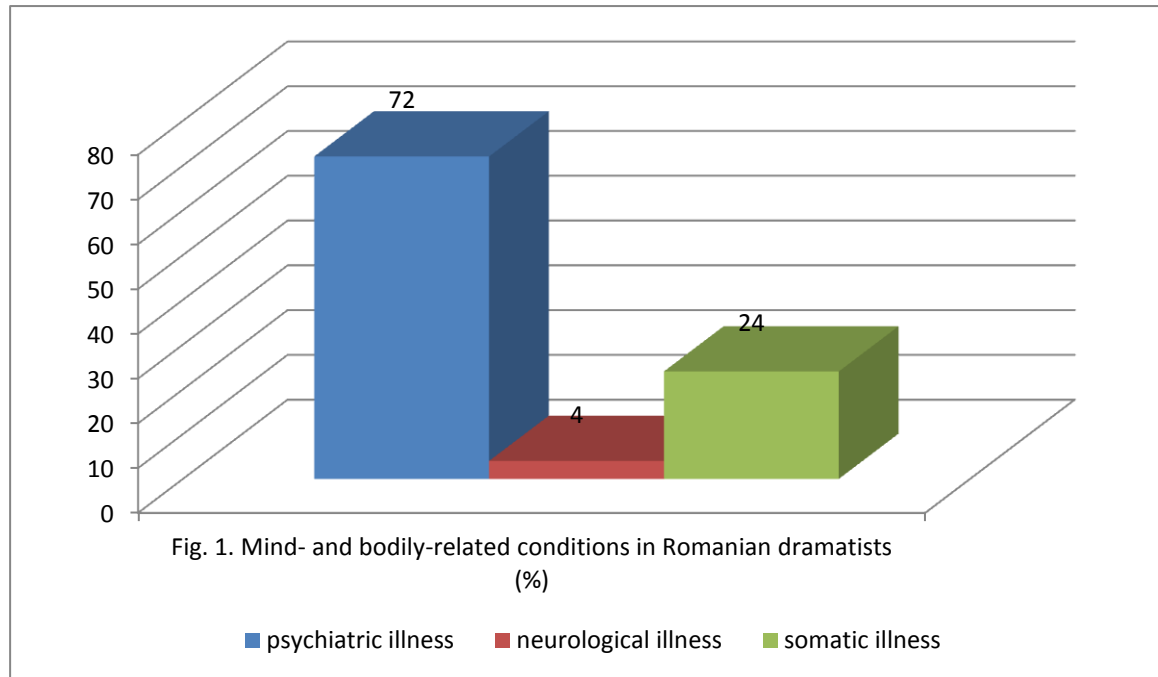
Gheorghe Asachi, Aurel Baranga, Ion Băieșu, Ion Luca Caragiale, Gheorghe Ciprian, Victor Eftimiu, Bogdan Petriceicu Hașdeu, Eugen Ionescu, Ion Luca, Teodor Mazilu, Teodor Mușatescu, Victor Ion Popa, Aron Ronetti-Roman, Ion Dezideriu Sârbu, Mihail Sebastian, Mihail Sorbul, Radu Stanca, Dominic Stanca

- Neurological illness (1 case, 4%; cf. Fig 1)

Alexandru Davila

- Somatic illness (6 cases, 24%; cf. Fig 1)

Barbu Ștefănescu Delavrancea, Avraham Goldfaden, Alexandru Kirițescu, Horia Lovinescu, Matei Millo, Mircea Ștefănescu



Empirically speaking, one could have gone about it as follows: see how many dramatists write exclusively/predominantly in verse, and how many of them write exclusively/predominantly in prose; take the figure representing the psychopathology in poets (81.54%) and respectively in fiction writers (74.54%); multiply and then divide... Or, this arithmetic could be given a more sophisticated touch: take the plays one by one and see if they are written in verse or prose, exclusively or predominantly, the qualifiers being important if we intend to go even further down into percentages; then add, multiply, divide...

But it won't work like that. Fortunately for someone who is not in the know as to fractions and the like, one could take the good old way: reading (through) at least one monograph about each of the 25 dramatists and, if finding diaries, memoirs or autobiographies, one strikes gold. And has anyone noticed how incredibly discreet Romanian biographers and diarists are? They seldom mention any disease, and, if it happens to be a psychiatric illness, touch wood!, there is a kind of ban on it. If one looks for medical data on the Byron family, for instance, one simply has to ask, he will get files from the time of the Norman Conquest. Ask for a file at Mărcuța or Socola, you always get "no" for an answer...

As for the female population in the sample ... Missing altogether, which is not much of a surprise. When we dealt with poets, for example, no woman was shortlisted. At the time we laid the "blame" for this certainly regrettable situation on the special situation of women in Romanian history. Take Eminescu's family: his father sent all of his sons to college, in

Bucharest, Vienna, Prague, Berlin, and never talked his daughters into studying. All they needed must have been a nice fat dowry, which is a pity because we see no reason why, given their heredity, they shouldn't have been just as studious as their brothers. What we mean then, is that we are now up against cultural mores rather than against an impotence of whatever nature, intellectual or emotional (Cosman&Pîrvu 2013b). The Victorian “But men must work and women must weep” is not far from the Romanian/East-European trend which will hopefully get out of the picture some day.

And now we come to the really tough part of our job which was not, as anyone might have expected, the issue of diagnosis. With more or less difficulty we found empirical descriptions of the symptoms, and the rest was routine work: putting these symptoms alongside the respective typologies in ICD-10 and DSM-5. But everything would have been, in Maiorescu's words, “form without content” if the list was not there. Of course, we got assistance from, among others, the specialists in Iași whose job is to write the Dictionary of Romanian Literature. But our interests and criteria coincided only partially: theirs was essentially esthetic, ours was mostly biopsychosocial. Take the previous example: they were not happy including Goldfaden in the sample. They were quite helpful, instead, when it came to establishing certain priorities. Where do Sebastian or Caragiale come in? They could be defined, with as much justice, as fiction writers. But if we let them go who shall we have for the drama chapter, which is poor enough, the genre being expensive in technical terms, and the producers, tempted to make some easy money, usually resort to a foreign repertoire just to be on the safe side? Nonetheless we let Alecsandri go, we could not do much about it – in the public opinion he is “that king of poetry, forever young, forever happy.” An exception from this concessive rule was made, however, with George Mihail Zamfirescu. We cannot ignore the fact that the readers of *Maidanul cu dragoste* outnumber by far the readers/spectators of *Domnișoara Nastasia*. On the other hand, that we describe Eminescu and Blaga as poets rather than dramatists must come as no surprise.

Conclusions

We have not been able for the time being to look into the hypothesis that the literary personality is domain-specific, i.e. that there is a book-based personality and a scene-based personality. Further research on the differences in psychopathology (maybe more of a substance abuse in dramatists), might as well bring in some light on the issue. But all in all, we have been able to look into the lifetime rate of any mental disorder and the results we have got put us in the position to speak of a literary personality within the artistic personality; what makes a difference is primarily the significantly higher psychopathology, besides the difference in the medium/expression.

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