Beethoven: The Man and the Madness behind the Music

By Philip Dehm

Widely hailed as one of the greatest composers of all time, Ludwig van Beethoven (1770-1827) was a musical genius constantly troubled by physical ailments of varying gravity which, for the most part, began in early adulthood and lasted until his death by liver failure at age 57 (Mai 96). His deafness is perhaps the most commonly known among these medical afflictions, due to the tragic concept of a musician who is unable to hear his own work. Recently, however, it has been suggested that Beethoven also suffered from bipolar disorder, or manic-depression (Hershman and Lieb; Mai; Solomon), a psychological disorder associated with “unusual shifts in a person's mood,” and alternating “episodes of mania and depression” (United States). Moreover, experts have long been exploring and establishing connections between this disorder and creative ability in general (Hershman and Lieb; Jamison; Mai). On the other hand, because Beethoven as a manic-depressive is a relatively new idea, it is far from being accepted as fact; the issue is not even mentioned in some very recent and prominent biographies (Geck; Lockwood). The purpose of this paper is to explore and evaluate the symptoms exhibited by Beethoven during his adult life and to present them as the basis of undeniable evidence that he did, indeed, suffer from bipolar disorder. Details concerning the moment and nature of the illness’ origin in the composer are not significantly relevant to the intent of this paper and accordingly will not be expressly discussed.

Manic Depression

As with any psychological disorder, there exists no single, all-encompassing description of manic-depression; it manifests itself with varying intensity and prominence depending on the person. The website of the National Institute of Mental Health (NIMH) lists two types of the illness: Bipolar I and Bipolar II disorder, the former being the present subject of focus. As noted above, it is a brain disorder involving alternations between mental states of mania and depression known as “episodes,” which usually first appear in late adolescence or early adulthood (United States).

Symptoms of a manic episode, selected from among those listed by the NIMH, include: “extreme irritability; provocative, intrusive, or aggressive behavior; increased energy, activity, and restlessness; abuse of drugs, particularly alcohol; distractibility; racing thoughts; poor judgment; etc.” According to the website, for an episode to be diagnosed, several of these symptoms must be exhibited “nearly every day,” for at least one week. For a depressive episode, they must be present for a minimum of two weeks, and symptoms, quoted from the same, can be: “lasting sad, anxious, or empty mood; feelings of guilt, worthlessness, or helplessness; decreased energy; restlessness or irritability; thoughts of death or suicide; chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury; etc.”

It is imperative to keep in mind that there are usually periods of normal mood in between episodes and that the illness is therefore often hard to detect. Since a person will experience, on average, no more than four episodes a year (United States), symptoms are only visible for an accumulated total of less than two months over a twelve-month period. Nevertheless, the symptoms are severe; they “can often result in damaged relationships, poor job or school performance, and even suicide” (United States), and are considered “intense and disruptive to everyday functioning” (Smith et al.).
Beyond Eccentricity

Beethoven was a most eccentric man (Mai 159). The Baron de Trémont, a member of Napoleon’s Council, could not help but notice what he called “the bizarrerie of his character” upon meeting him in 1809 (Sonneck 71). Ignaz Moscheles, an acquaintance and fellow musician, in his recollections of Beethoven made reference to “the peculiarities of the man” (91) and Ferdinand Ries noted how “all came to know his oddities” (59). Suffice it to say that he had a reputation for bizarre behavior, but not all of it, perhaps, can be dismissed as the product of an eccentric personality.

Austrian poet Franz Grillparzer observed in his memoirs that “Beethoven’s manner of life estranged him from all the habits and customs of the world” (Sonneck 159). Ries, who knew Beethoven better than most, admits that he was “extremely violent” (58) and perceived that this and his “variable humor […] where others were concerned, often did him disservice” (59). Another statement, this time made by Italian poet Carpani, referred to him as “a misanthrope, cranky” and added that he couldn’t keep friends (119). Clearly, Beethoven, at least occasionally, showed signs of considerable mental instability. He appears to have had trouble getting along with people, even to the point where he was avoided; upon trying to make his acquaintance, young Bettina Brentano found that “for fear of his melancholia,” none wished to take her to meet him; not even “those who called themselves his best friends”(76)!

Impressions by Contemporaries: Depression

These somewhat alarming accounts beg a more complete, in-depth exploration of Beethoven’s character and quite frankly, what often emerges first is an image of an unpleasant and depressed man. According to Viennese violinist Louis Spohr, he suffered from an “almost continual melancholy” (Sonneck 100), and in the words of organist and composer Johann Tomaschek, was “of a melancholy turn of mind” (108). Ries, for his part, was of the opinion that his friend was not often in good spirits (56). Indeed, Beethoven himself declared in a letter to Karl Amenda in 1800: “what a sad life I am now compelled to lead” (Beethoven, Letters 17), and addressing Therese von Malfatti in 1807, stated: “I feel a void in me which cannot be filled” (68).

These feelings of emptiness and sadness are strong indications of depressive episodes. Mai points out that, at least on two occasions (1810 and 1817), Beethoven’s episodes of depression were sufficiently grim for him to mention “suicide or a wish to die by his own hand” (159). Furthermore, according to Mai, Beethoven at times suffered from an anxiety severe enough to ingenerate physical symptoms (159). These reports alone satisfy at least three of the conditions of a depressive episode quoted above.

Unsurprisingly, in his letters, Beethoven usually associates feelings of depression with his deafness or some other physical illness (Hershman and Lieb 67; Beethoven, The Man and the Artist 81). But while Beethoven’s loss of hearing was most definitely the cause of much sadness in his life (Solomon 114), he didn’t allow it to get the best of him; the Heiligenstadt testament of 1802 suggests that he came to terms with his illness by translating his situation into a moral struggle above which it was necessary for him to rise (Geck 44). This attitude is embodied in a famous and moving pledge Beethoven made in a letter to Franz Wegeler (a childhood friend) the previous year: “I will seize fate by the throat; it shall certainly never wholly overcome me” (Beethoven, Letters 24). It is also important to note that, although deafness often did spark depressive episodes in the artist, the loss of hearing progressively worsened over the years while his psychological state did not (Hershman and Lieb 67). Thus, the reality is that despite his increasing deafness and a perfect understanding that both his art and profession were at risk, the composer’s melancholia was never allowed free reign. This becomes clearer when taking a look at his manic episodes.
Impressions by Contemporaries: Mania

There is very little doubt that Beethoven’s sadness failed to overcome him, because he was frequently known to be in a humorous, pleasant, and even loquacious mood, as a further study of accounts written by the composer’s contemporaries unveils (Solomon 79). Ignaz von Seyfried said “he took pleasure in helping others out of pure love for his neighbor” (Sonneck 46), while Ries, despite his remark quoted above, decided that “all in all, he was a dear, good fellow” (59). Anton Schindler described him as “comical, lively, and sometimes even loquacious” (Solomon 79), Carl Czerny similarly declared that Beethoven “was always merry, mischievous, full of witticisms and jokes” (Sonneck 31). Rochlitz, a music newspaper editor from Vienna, spent a day with Beethoven and found him continuously in “a mad, humorous mood,” adding that “once he is in the vein, rough, striking witticisms, […] surprising and exciting paradoxes suggest themselves to him in a continuous flow” (128). In 1823, a greeting of fellow Viennese composer Karl Weber shows Beethoven in very high spirits: “There you are, you rascal; you’re a devil of a fellow, God bless you! […] Weber, you always were a fine fellow” (The Man and the Artist 58). Brentano, having finally succeeded in meeting and ultimately befriending the man, found that he “expressed himself [to her] with such friendly frankness” (Sonneck 80), and Weber found Beethoven to be “full of kindheartedness and warmth” (161).

Some of these accounts stand in stark contrast to those quoted earlier. Yet in this case, only one or two of the requirements for a manic episode diagnosis, notably increased energy and racing thoughts, are present. This is because Beethoven’s manic episodes most often manifested themselves in the form of his suspicious, violent and irritable (as opposed to joyful and witty) behavior.

Josef Röckel called Beethoven “suspicious” (Sonneck 66). This is apparent in his relationship with Haydn; Beethoven developed the notion that his teacher was envious of him, even unconcerned about his progress (Solomon 68). Tomaschek called him “ill-tempered, passionate” (Sonneck 108). Words once more from Ries described the composer as “easily inclined to anger or suspicion” (56), and he goes on to report an incident that took place because his friend received the wrong dish at a tavern: “No sooner had Beethoven remarked about it and received a somewhat uncivil reply, than he took up the platter […] and flung it at the waiter’s head” (58). Ries also called Beethoven “easily excited,” adding that “he would call people cheats to their faces” (59). In 1804, Beethoven himself told Ries “when I am provoked at a moment when I am more sensitive than usual to anger, I burst out more violently than anybody else” (The Man and the Artist 71). There are evident signs of mania in these reports, in particular provocative and aggressive behavior, and poor judgment.

Episodes in Detail

Another important aspect to diagnosing episodes is being able to determine their duration. In spite of the countless existing references to Beethoven’s mood, whether made by himself or others, it would be impossible in almost every case to simply choose a date when he appeared to be experiencing an episode and map out how long the symptoms were present both before and after. There are, on the other hand, many indications that his mood, in general, underwent somewhat periodical and unexpected oscillations (Hershman and Lieb 63).

Maynard Solomon affirms that Beethoven was rarely able to sustain a single mood for an extended period of time (80). In a letter to Wegeler in 1800, Beethoven announced: “this winter I was truly miserable […] so I remained for about four weeks” (Letters 19). The symptoms in this case must have been rather grave, as he appeared to be capable of thinking back and discerning the differences between the days during which he suffered from the presumed episode and those during which he did not. He settled with a figure of four weeks, which is a perfectly normal length of time
for a depressive episode. Another instance is found in 1801, when, after a period of prolonged melancholy, Beethoven experienced a “brief period of cheerfulness,” only to find himself, a few months later, “in the depths of depression” (Knight 49). It is also interesting to note that there tended to be an association between Beethoven’s psychiatric (and physical) disposition and the weather; he reported less health problems and was generally more optimistic in the summer months than during winter (Mai 108). This alone is another strong indication of bipolar disorder; seasonal changes are common triggers for episodes, specifically such manic-summer and depressive-winter patterns (Smith et al.).

The mood shifts had particularly negative repercussions in terms of his relationship with his nephew Karl, who was subject to his foster parent’s mental instability; “one moment he spoiled Karl, the next, he hit him” (Hershman and Lieb 66). The situation reached a hiatus upon Karl’s suicide attempt in 1826, but the two were once again on relatively good terms the last time they saw each other, before Karl joined the army (Mai 93).

Another more subtle indication of appropriate-length mood shifts was the fact that, as Ries points out, “he was very often in love, but as a rule only for a short time” (Sonneck 54). Lockwood briefly lists several of the women toward whom Beethoven at one time or another showed affection; most of the time they were his piano students (197).

Bipolar Lifestyle

Keeping in mind that one of manic-depression’s principal effects on life is its ability to damage relationships and incite dreadful behavior, many aspects of Ludwig van Beethoven’s life strongly suggest the presence of this psychological disorder. For example, Beethoven, who lived always in rented accommodation, had a total of 24 different addresses between 1792 and his death in 1827 (Mai 73). In Solomon’s words, “Beethoven changed his lodgings almost as readily as his moods” (81). The constant moving was due to either his dissatisfaction with the lodgings, or “a conflict with his landlords or his neighbors” (73). Beethoven was also known to have endless disputes with his servants, on one occasion pelting his housekeeper with eggs he found insufficiently fresh (Solomon 79), and on another throwing half a dozen books at a servant he claimed in a letter to a friend was “evil” (Mai 73).

It was a similar situation with his physicians. Beethoven, who was rarely in top form health-wise, was treated by at least eleven different ones, some of whom were known throughout Europe (Mai 118). His reasons for switching so often, as with his lodgings, were usually due his to disenchantment with the physician’s methods or to some form of conflict between the two men, which is unsurprising, considering Beethoven’s openly critical attitude toward his doctors (96). The rest of the time, the reasons for changing physicians were unclear.

The fact that Beethoven was never completely satisfied with his apartments, servants, or physicians does not bode well for his love life. Although, as Wegeler puts it, “Beethoven was never out of love, and usually was much affected by the love he was in at the time” (Sonneck 19), he never succeeded in establishing anything close to a permanent loving relationship, though he often yearned for one (Lockwood 197). Beethoven was not known for his good looks; short and rather stocky in stature, he was even called “ugly” by some of his female contemporaries (Solomon 78). To make matters worse, his entire conduct and bearing were unmannerly and he spoke in a strong dialect (Geck 18). In short, his romantic pursuits, deemed “disastrous” by biographer Martin Geck (which is regrettably no exaggeration), availed him very little in life (49).

According to the NIMH website, “alcohol and drug abuse are very common among people with bipolar disorder.” Once again, the famous composer fits the bipolar bill. Although in Beethoven’s case the issue was not serious enough to label him as an alcoholic, the artist most certainly enjoyed drinking: “at least some of his friends and four of his doctors believed that he
drank more alcohol than was good for him, and that they advised him strongly to stop” (Mai 146). He was not able to do so, and this can equally be attributed to his stubbornness as to a moderate of alcohol dependence.

**Illness and Creativity**

The importance of the concept of Beethoven as bipolar is highly significant, possibly having as much of an impact on his art as his deafness did. According to Hershman and Lieb, bipolar disorder can contribute to creativity (11). They assert that a “manic-depressive has a better chance of winning the title of genius than someone of equal talent and training who does not have the disorder” (12). This, they say, is because depression can make one a perfectionist, while mania evokes more ambition, indefatigability, and faith in oneself (11). The mood shifts therefore create a more fertile ground for harvesting originality, which is essential to creativity and theoretically gives the manic-depressive person the upper hand. Nevertheless, Francois Mai makes an important point in maintaining that “this does not mean that the individual is creative because he or she suffers from these conditions” (191). In actual fact, a large percentage, probably the majority, of creative individuals are unaffected by psychological illness. The only positive statement that can be made concerning this issue is that “as a group, creative artists are more likely to have these conditions than are non-creative people” (193).

Recent studies attempting to explain this have discovered that the connection between illnesses such as bipolar disorder and genius (eminence creativity) is more than coincidental (Mai 185). Indeed, Dr. Robert A. Pentky, a psychologist from the Boston University Medical School, has concluded that “the cognitive flexibility necessary to realize extraordinary conceptual insights and theoretical breakthroughs is characteristic, in a less severe form, of psychotic thought process” (qtd. in Mai 185). The research in this category is ongoing, and the connection between manic-depression along with other psychological illnesses appears to be growing stronger and more substantiated as time passes.

**Conclusion**

The possibility that Beethoven may have suffered from bipolar disorder remains a relatively new idea, and as such it is natural for its acceptance not to be widespread. A thorough look at all the evidence, however, strongly supports the theory, leaving very little room for doubt. I would even go as far as to speculate that, if one were to explain to those who knew him what manic-depression was, most of them would concur that he suffered from it. As has been made evident in this paper, many of Beethoven’s close friends’ descriptions of him fit startlingly well the behavior that is attributed today with bipolar disorder. Furthermore, the widely recognized status of the man as a genius grants the theory accordance with recent research concerning the relation between psychological illness and eminent creativity.

Now, this disorder must not be understood as something labeling Beethoven as a certified “lunatic” or a “nut case;” there are varying degrees of every psychological illness, and his was one that, although often making his social life somewhat of a headache, added to the absolutely fascinating and unique nature of his entire being without ultimately costing him his psychological sanity; it destroyed him neither “as a musician or as a person” (Hershman and Lieb 67). His condition, on the contrary, helped define who he was, thus playing a vital role in the creation of each of his musical masterpieces.

What must now follow is the acceptance of what the evidence dictates in future discourse on Beethoven. Lockwood notes in his biography that “no study of [Beethoven’s] life can avoid” the issue of how the artist coped with his deafness (112). While not only failing to address the same
question concerning his psychological troubles, he refrains from even suggesting the possible presence of manic-depressive tendencies. Admittedly, Lockwood’s biography is focused on the composer’s music rather than on his personal life, but he nonetheless deemed it necessary to consecrate a whole section of the book to his deafness. Ludwig van Beethoven, however, came to terms with his loss of hearing, and even composed his 9th symphony, which among all his work has had the broadest impact (Lockwood 417), without the use of his ears. His much less-discussed psychological illness could not be overcome, however, for the simple reason that it was an integral part of his being. As mentioned above, it was with him when he composed; it was with him when he was in the company of others; it was with him until the very end. It was with him at all times, because it constituted part of his very nature. In short, it was Ludwig van Beethoven, the manic-depressive, who seized fate by the throat, transcended his deafness, and immortalized himself as one of the greatest musical minds of all time.
Works Cited


Winner of the academic writing competition, Philip is studying Modern Languages at Vanier. His hobbies include playing guitar and writing music, reading books, skateboarding, and playing tennis. He plans on working in Switzerland this fall, after that he’s not sure, probably university. He says that music was the spark, and Beethoven’s genius was the inspiration for his essay. People would be surprised to know that although English is his mother tongue, he was never taught to read or write it because he studied in French.