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Jaap Grave / Rick Honings / Bettina Noak (eds.)

# **Illness and Literature in the Low Countries**

From the Middle Ages until the 21<sup>th</sup> Century

With 10 figures

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## Contents

Acknowledgements . . . . .	7
Rick Honings and Bettina Noak	
Introduction . . . . .	9
Gerard Bouwmeester and Mark G. van Vledder	
Medical Actors and Actions in Non-Medical Middle Dutch Literature . .	19
Hans de Waardt	
Melancholy and Fantasy: Johan Wier's Use of a Medical Concept in his Plea for Tolerance . . . . .	33
Olga van Marion	
Lovesickness on Stage: Besotted Patients in 17 <sup>th</sup> -Century Medical Handbooks and Plays . . . . .	47
Bettina Noak	
Pictures of Melancholia in Four Tragedies by Joost van den Vondel . . . .	61
Ronny Spaans	
Diagnosing the Poetic Inspiration: Medical Criticism of Enthusiasm in the Poetry of Jan Six van Chandelier (1620–1695) . . . . .	81
Helmer Helmers	
Illness as Metaphor: The Sick Body Politic and Its Cures . . . . .	97
Rick Honings and Steven Honings	
The Poet as Patient: The Curious Case of Willem Bilderdijk: A Retrospective Approach . . . . .	121

Arnold Lubbers	
Oddities, or Illness and Health as Topics in the Early 19 <sup>th</sup> -Century Dutch Readers' Digest . . . . .	139
Mary Kemperink	
'Am I not Punished Enough?' Confessions of Homosexuals in Medical Studies Around 1900 . . . . .	159
Frans-Willem Korsten	
Poet-Judge-Physician: Literature as Cicatrix. The Case of Maria Dermoût	181
Sander Bax	
The Legacy of Incomprehensibility: Trauma, Experience and Historiography in Harry Mulisch's Historical Novel <i>The Stone Bridal Bed</i>	199
Wouter Schrover	
Reading Literature through Medical Sociology: The Doctor-Patient Relationship in Thomas Rosenboom's <i>Public Works</i> and a Poem by Neeltje Maria Min . . . . .	217
Liesbeth Minnaard and Joost Haan	
The Shaking Palsy in the Low Countries: Representations of Parkinson's Disease in Dutch and Flemish Prose . . . . .	231
Stephan Besser	
Mixing Repertoires: Cerebral Subjects in Contemporary Dutch Neurological Fiction . . . . .	253
List of Illustrations . . . . .	273
Notes on the Contributors . . . . .	275

## The Poet as Patient: The Curious Case of Willem Bilderdijk: A Retrospective Approach<sup>1</sup>

### 1 Myth and the melancholy man

‘Life, for as far back as I can remember, has been for me a painful, troublesome and vacuous proposition.’ This is how the elderly Bilderdijk chose to start an autobiographical sketch. He reports never having experienced a second of satisfaction in his life, and having suffered much mental anguish. He felt that he did not belong on this earth.<sup>2</sup> Of all the many facets of his life and work, the poet Bilderdijk is best known for this, his melancholy. He himself was responsible for this image, for time and again he fervently proclaimed his pessimistic outlook on life.

Literary history views Willem Bilderdijk (1756–1831) as being one of the few romantics – and indeed one of the most eccentric – that the Netherlands ever brought forth. He established a name for himself in the second half of the eighteenth century, the era of literary societies. Later in life, he distanced himself from these organisations in his didactic poem *De kunst der poëzy* (*The Art of Poetry* 1809) in which he claims that poems are not the product of literary societies; writing poetry is an individual undertaking. True poetry, to Bilderdijk, is the intuitive and spontaneous effusion of feeling, without aim, akin to laughing or crying: ‘The pouring out of a feeling that demands air, that must expand, that

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1 The authors would like to thank Eep Francken, Karin Hohmann, Manfred Horstmanshoff and Gwynne van Zonneveld (translation) and Peter van Zonneveld. This article was written as part of the NWO Veni-project *The Poet as Pop Star. Literary Celebrity in the Netherlands 1780–1900*. It is a revised version of the previously published article RICK HONINGS and STEVEN HONINGS, ‘Voer voor psychiaters. Willem Bilderdijk als patiënt’, *Tijdschrift voor Nederlandse Taal en Letterkunde* 130 (2014), pp. 281–303.

2 WILLEM BILDERDIJK, *Geschiedenis des vaderlands*, vol. 13., Amsterdam 1853, p. 29. On Bilderdijk’s life: RICK HONINGS and PETER VAN ZONNEVELD, *De gefnuikte arend. Het leven van Willem Bilderdijk (1756–1831)*, Amsterdam 2013. On Bilderdijk’s literary, theological and philosophical ideas: JORIS VAN EIJNATTEN, *Hogere sferen. De ideeënwereld van Willem Bilderdijk (1756–1831)*, Hilversum 1998.

must express itself and proliferate, lest the heart burst.<sup>3</sup> These words bring to mind William Wordsworth's definition of poetry as 'the spontaneous overflow of powerful feelings'<sup>4</sup> in his preface to *Lyrical Ballads* (1798).

Bilderdijk is also known for his keenly articulated death wish. Where did this originate? There can be no doubt that the poet felt unhappy quite often throughout his lifetime, and for this he had every reason. As a child of five, he contracted *periostitis*, an infection of the connective tissue around bone, after a neighbour boy had kicked him in his left foot. A wrong diagnosis combined with the wrong treatment left him crippled, forcing him to bring a great deal of his childhood alone indoors, hobbling about on a painful clubfoot. This, in turn, made him shy and unsociable, while simultaneously encouraging him to study excessively, whereby he acquired his exceptional breadth of knowledge. He was further burdened by the loss of many loved ones in adulthood: he lost ten children from his two marriages, not including his second wife's numerous miscarriages. Adding insult to injury, Bilderdijk's most fervent wish – a professorship – was to remain unfulfilled, even though he lived to a respectable old age.

Bilderdijk's melancholy, however, is not to be explained solely with arguments based on events from his life. Upon reading his letters, one cannot help but conclude that it is, at least partially, a product of *self-fashioning*. By cultivating melancholy as part of his public image, he implicitly reinforced his status as an exceptional human being. In doing so, he placed himself in a long literary tradition. Melancholy, and the bemoaning of physical and mental ailments, imaginary or otherwise, had served as a mark of genius since the late eighteenth century.<sup>5</sup> By that time, the idea that madness, melancholy and genius go hand in hand had become widely accepted.<sup>6</sup> In his study *The Mad Genius Controversy* (1978), the German sociologist George Becker, formulated it this way: 'The aura of 'mania' endowed the genius with mystical and inexplicable quality that served to differentiate him from the typical man, the bourgeois, the philistine, and, quite importantly, the 'mere' man of talent; it established him as the modern heir of the ancient Greek poet and seer and, like his classical counterpart, enabled

3 WILLEM BILDERDIJK, 'Over dichterlijke geestdrift en dweepery', in: W. BILDERDIJK, *Taal- en dichtkundige verscheidenheden*, vol. 1, Rotterdam 1820, p. 7.

4 WILLIAM WORDSWORTH, *Lyrical ballads, with other poems*, vol. 1. 2<sup>th</sup> edition, London 1800, p. xiv.

5 LEO BRAUDY, *The Frenzy of Renown. Fame & its History*. New York [etc.] 1986, p. 420. Cf. WILHELM LANGE-EICHBAUM, *Genie, Irrsinn und Ruhm. Eine Pathographie des Genies*, 5<sup>th</sup> edition, München [etc.] 1961.

6 Cf. MARIA-THERESIA LEUKER, *Künstler als Helden und Heilige. Nationale und konfessionelle Mythologie im Werk J. A. Alberdingk Thijms (1820–1889) und seiner Zeitgenossen*, Münster [etc.] 2001, p. 172 et sqq.

him to claim some of the powers and privileges granted to the ‘divinely possessed’ and ‘inspired’.<sup>7</sup>

Bilderdijk was undoubtedly acquainted with examples of melancholic figures from history.<sup>8</sup> Whether or not he owned the classic work *Anatomy of Melancholy* (1621) by Robert Burton is not known, though it is probable he had knowledge of it. It offers page upon page of examples of melancholy, and discusses its causes and cures. We do know for a fact that Bilderdijk read the Latin work of the melancholic scholar Caspar Barlaeus<sup>9</sup>, as well as the seventeenth-century Dutch playwright Joost van den Vondel, who was also known to have been a melancholic figure: Vondel’s biographer, Geeraardt Brandt, typified him in 1682 as being tormented by ‘melancholia hypochondriaca’.<sup>10</sup> Nineteenth-century writers were quick to point out parallels with Bilderdijk. The Amsterdam author Jeronimo de Vries, a friend of Bilderdijk’s, wrote, for example:

Vondel had a profound intellect and refined taste, but an extremely irritable, melancholic disposition. This he had in common with the only Phoenix of our age. It rendered both at times sharp and bitter.<sup>11</sup>

Only once, in his didactic poem *De Ziekte der Geleerden* (*The Illness of the Scholars* 1807), did Bilderdijk write explicitly about melancholy.<sup>12</sup> In its three thousand lines, he elucidates the numerous physical and mental afflictions to which scholars are prone. Excessive studying, he claims, leads to overstimulation of the body, to insomnia and to the wasting of bodily humours. Yet Bilderdijk also interpreted sickness in the light of his religious beliefs: he was

7 Quoted to KAY REDFIELD JAMISON, *Touched With Fire. Manic-depressive Illness and the Artistic Temperament*, New York [etc.] 1996, p. 4. On the same subject cf. A. HANKIR, ‘Bipolar disorder and poetic genius’, in: *Psychiatria Danubina* 23 (2011), pp. 62–68.

8 Cf. MARIUS J. VAN LIEBURG, ‘De geneeskunde in de boekerij van Willem Bilderdijk’, in: M. VAN HATTUM and J. ZWAAN (eds.), *Bilderdijs boekenwijsheid. Symposium 28–29 april 1988. Bijdragen over de veilingcatalogi van Bilderdijs bibliotheek*, Amsterdam 1989, pp. 69–82.

9 FRANS F. BLOK (ed.), *Caspar Barlaeus. From the Correspondence of a Melancholic*, Assen [etc.] 1976.

10 GEERAERT BRANDT, *Het leven van Joost van den Vondel*, A.J.E. HARMSSEN (ed.). DBNL 2000, p. 25.

11 JERONIMO DE VRIES, ‘Verhandeling over het nationale in onze dichtkunst’, in: *Vaderlandsche Letteroefeningen* (1839), p. 636. On Bilderdijk/Vondel: RICK HONINGS, ‘Een ruwe diamant, maar van het eerste water’. Het Vondelbeeld in de eerste helft van de negentiende eeuw’, in: *De Zeventiende Eeuw* 28 (2012), pp. 176–195.

12 JORIS VAN EIJNATTEN, ‘Hypochondrische ziel. Lichaam en geest in *De ziekte der geleerden* (1807) van Willem Bilderdijk’, *De Negentiende Eeuw* 22 (1998), pp. 185–205; P. GERBRANDY, ‘Tussen de oren van Willem Bilderdijk’, PIET GERBRANDY and M. VAN HATTUM (eds.), *Wie leert ’t krekeltjen zijn lied? De poëtische oorspronkelijkheid van Bilderdijk. Negen beschouwingen over gedichten van Bilderdijk*, Groningen 2000, pp. 23–38; M. DEKKER, ‘De ziekte der geleerden’ door Willem Bilderdijk’, in: *Geschiedenis der Geneeskunde* 11 (2007), pp. 295–301.

absolutely convinced that all illness was a direct consequence of the fall of man, which had permanently disrupted the divine order in the human body (the body being *pars pro toto* for all of creation).

The link made in the eighteenth century between genius and melancholy, is in fact based on a much older tradition. In the fourth-century B.C. text *On Melancholy*, generally ascribed to Aristotle, the author asks, ‘Why is it that all those who have gained eminence in philosophy or politics or poetry or the arts, are so clearly melancholics?’<sup>13</sup> The author attributes melancholia to a disturbance in the four bodily humours. This view corresponds with Hippocrates, who posited that in every human being there is normally a balance between blood, phlegm, yellow bile and black bile. Later in the Middle Ages, the four humours were to form the basis for the theory of the four temperaments: the sanguine, phlegmatic, choleric, and melancholic. The melancholic temperament was then thought to be caused by an excess of black bile.<sup>14</sup> The author of *On Melancholy* concludes that geniuses run the risk of sinking down into the marsh of melancholy, while that same state of mind is a prerequisite for exceptional artistic achievement.

In the eighteenth century, the Aristotelian connection between melancholy and genius was taken one step further: melancholy became a fashionable affliction, seen as a ‘mark of both superior social and intellectual status and accomplishments’.<sup>15</sup> In the view of Joris van Eijnatten, it was a phenomenon that fitted well into the stratified eighteenth-century social class system: to be a member of the scholarly class was to suffer from this typically scholarly illness.<sup>16</sup> It is against this backdrop that one must interpret Bilderdijk’s depression. The theory of the four temperaments and the notion of a melancholy disposition continued to be influential until deep in the nineteenth century. Although in the early nineteenth century the belief in black bile was no longer so wide-spread, Bilderdijk appears to have held on to it. In a passage from 1780, he points to black bile as the cause of the ‘suffocation’ in his chest.<sup>17</sup>

From his childhood onwards, Bilderdijk seemed to glorify melancholy. Practically all his letters open with an enumeration of physical and mental complaints. One moment he’s suffering from ‘buzzings’ in his head, feels short of

13 ARISTOTELES, *Over melancholie*, Groningen 2001, p. 28.

14 PHILIP VAN DER EIJK, ‘Inleiding’, in: ARISTOTELES, *Over melancholie*, Groningen 2001, pp. 6–25; M. KEMPERINK, *Gedeelde kennis. Literatuur en wetenschap in Nederland van Darwin tot Einstein (1860–1920)*, Antwerpen 2011, p. 119 et sqq.

15 On melancholy as a fashionable disease in the eighteenth century: C. LAWLOR, ‘Fashionable Melancholy’, in: ALLAN INGRAM, STUART SIM, CLARK LAWLOR a.o., *Melancholy Experience in Literature of the Long Eighteenth Century*, Basingstoke [etc.] 2011, pp. 25–53.

16 VAN EIJNATTEN, *Hypochondrische ziel* (see n. 12), p. 186.

17 WILLEM BILDERDIJK, *De Dichtwerken*, vol. 6, Haarlem 1856–1859, p. 249.

breath, is dizzy or confused, and complains about the weakening of his brain. The next he reports insomnia, rheumatism, coughing, spitting up blood or a variety of pains. This he follows up with page upon page of erudite reflections. It seems as though he wanted to impress his friends by demonstrating what, in spite of everything, he was capable of. In this way he presented himself as an exceptional human being – in short, a true poet.

To describe his melancholy, Bilderdijk continually sought and found new metaphors. One time he is a soldier, whose stiff members prevent him from following the flag. Then he is a crippled horse, or a cat which has fallen from a high wall. His attitude toward life he compares to a dog bite full of wasps rooting about in it. From his dissatisfaction with life stemmed his legendary death wish, which he expressed in grandiloquent lines like ‘For me, for me, is nought to crave / In this punishing life, except the grave’.<sup>18</sup> In his work he enthusiastically glorified his image as the dying poet right at death’s door.<sup>19</sup> There can be no doubt: Willem Bilderdijk was no stranger to a bit of melancholic posturing!

## 2 A Retrospective Approach

In this study, however, we choose to approach Bilderdijk from a different angle. What do we stand to learn, if we do not view him as someone flaunting his depression, but rather take his symptoms seriously? It is a well-known fact that Bilderdijk was a hypochondriac, and not one to eschew exaggeration. Yet what would happen if we avoid interpreting Bilderdijk’s melancholia as part and parcel of his public image,<sup>20</sup> and regarded him as a patient instead? How would a psychiatrist assess his state of being, and what would the diagnosis then be? In this article, several of Bilderdijk’s physical and mental symptoms will undergo scrutiny. We will put him on the psychiatrist’s couch, and, using modern insights, will study the poet as a psychiatric patient. Of course it would also be possible to diagnose Bilderdijk in accordance with eighteenth- and nineteenth-century insights.<sup>21</sup> For this, one would need to take into account protestant views

18 BILDERDIJK, *De Dichtwerken*, vol. 12 (see n. 17), p. 156, ‘My, my is dit aanzijn straf,/ En ik reikhals naar het graf.’, translation by Gwynne van Zonneveld.

19 Cf. THOMAS VAESSENS, *Geschiedenis van de moderne Nederlandse literatuur*, Nijmegen 2013, p. 87.

20 Cf. RICK HONINGS, ‘De mythe van de dichter. Willem Bilderdijks beroemdheidscultus’, in: *Nederlandse Letterkunde* 19 (2014), pp. 1–32.

21 On psychiatric diseases in history: HERMAN F.J. HORSTMANSHOFF, *Over phrenitis. Dissertatio medica inauguralis De Phrenitide; Utrecht, 30 augustus 1757*, by MICHAËLIS JACOBUS DE VRIES, Delft 2011. On depression: JAN GODDERIS, *Kan men een hemel klaren, even zwart als drek? Historische, psychiatrische en fenomenologisch-antropologische beschouwingen over depressie en melancholie*, Leuven 2000.

on illness in the early nineteenth century. Isaïc da Costa, for example, a student of Bilderdijk's, was of the opinion that physical and mental illnesses are imperative. They are given by God to punish man; one ought not to resist them. Coming from that same perspective in 1823, Abraham Capadose wrote his Bilderdijkian pamphlet *Bestrijding der Vaccine (Against Vaccination)*, in which he takes exception to the cowpox vaccination, which he considered reprehensible. Bilderdijk's own symptoms, as well as his views on the body and soul, sickness and health, and physical and existential pain, have already been exhaustively expounded upon by Joris van Eijnatten.<sup>22</sup> In this article we choose to take a retrospective approach, constantly, however, mindful of the dangers that entails.<sup>23</sup> This type of research has already been conducted on other artists, such as Vincent van Gogh, Robert Schumann and the Dutch nineteenth-century writer Multatuli.<sup>24</sup> The psychological make-up of Goethe, to whom Bilderdijk was often compared in his time, has likewise been the focus of a study using a retrospective approach: 'Goethe's self-assessments in his works and letters as well as the description of him by others are analysed by phenomenological and hermeneutic methods from the perspective of current psychiatric classification and psychotherapeutic knowledge.'<sup>25</sup> A comparable methodology will be utilised here for Bilderdijk: his symptoms will be interpreted in the light of present-day psychiatric theory.

With regard to source material, however, there is an important difference between studying Bilderdijk and studying Goethe. Whereas hundreds of first-

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22 VAN EIJNATTEN, *Hypochondrische ziel* (see n. 12).

23 KARL-HEINZ LEVEN, 'At times these ancient facts seem to lie before me like a patient on a hospital bed' – Retrospective Diagnosis and Ancient Medical History', in: HERMAN E.J. HORSTMANSHOFF and MARTEN STOL (eds.), *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*, Leiden 2004, pp. 369–386; M. STOLBERG, 'Möglichkeiten und Grenzen einer retrospektiven Diagnose', in: WALTRAUD PULZ (ed.), *Zwischen Himmel und Erde. Körperliche Zeichen der Heiligkeit*, Stuttgart 2012, pp. 209–227.

24 There have been multiple publications on the psychiatric state of Vincent van Gogh. Cf. J. BOS, 'Vijftig manieren om met Van Gogh af te rekenen', in: *Tijdschrift voor biografie* 2 (2013) 3, pp. 22–29. Much has been published on the mental state of Robert Schumann. Cf. ELIOT SLATER and ALFRED MEYER, 'Contributions to a pathography of the musicians: Robert Schumann', in: *Confinia Psychiatrica* 2 (1959), pp. 65–94. On the relation between biography and psychology in general: cf. JACQUES DANE and HANS RENDERS (eds.), *Biografie & psychologie*, Amsterdam 2007. There also have been publications on the mental state of famous characters from Dutch literature: Cf. (on Hedwig de la Fontayne) H.C. RÜMKE, *Over Frederik van Eeden's Van de koele meren des doods. Een essay*, Amsterdam 1964; RENE MARRES, 'Waarom vermoordde Willem Termeer zijn vrouw? Het interpreteren van motivatie in 'Een nagelaten bekentenis' van Emants', in: *Tirade* 29 (1985), pp. 181–197; FRANS DE JONGHE, *Eline Vere bij de psychiater*, Bloemendaal 1994.

25 R. HOLM-HADULLA, M. ROUSSEL and F. HAGEN-HOFMANN, 'Depression and creativity. The case of the German poet, scientist and statesman J.W. v. Goethe', *Journal of Affective Disorders* 127 (2010), p. 2.

hand accounts of the German author have been preserved, in Bilderdijk's case we are limited to his own writing. This renders it impossible to check the extent to which his ailments were authentic or fabricated. It would obviously lend more credence to our study were we to possess such sources. That is unfortunately not the case. A critical stance is therefore essential, as Bilderdijk can by no means be deemed a reliable source. Even so, the fact that no one to this day has ever studied Bilderdijk as a patient, is nothing short of an act of injustice, for if ever a poet were a case for psychiatrists, then it is he.

### 3 A Child Prodigy with Headaches

To get to the beginning, we must go back to Bilderdijk's childhood. The relatively scanty information available to us is what he himself later chose to reveal. From this emerges the image of a child prodigy.<sup>26</sup> Looking back as a fifty-year-old, he claimed he had been able to read at the age of one, though he was not yet able to pronounce all the letters correctly. At the age of one and a half, he was pouring over the work of the seventeenth-century Dutch poet Jacob Cats, and was already reading books in French. He said to have mastered Latin by the age of five, and that he independently went about learning Greek from Sophocles, Italian from Boccaccio, German from Mendelssohn and English from Shakespeare. He reported acquiring Hebrew as well, and he studied the Heidelberg Catechism. The Bible and mythology also fell within his domain, and writing soon became one of his many talents. He said to have recounted history to his grandmother, seated on her lap. Yet whenever he found himself unable to explain a print, he felt deeply depressed.

All that studying had negative consequences for Bilderdijk's health. Early on, he is said to have been tormented by a ringing head and 'buzzings'. These afflictions made his life hellish, as he later claimed. He was not able to sleep because of them, and began to long for death. Because of his wounded foot, Bilderdijk stayed largely indoors. He no longer went to school, but was taught by his father. In between lessons, he inevitably sat with his nose in a book.

While still a child, Bilderdijk suffered from insomnia. Periods of activity, excitement and restlessness alternated with intervals of depression. Gloomy thoughts drifted through his mind, he later reported. The young Bilderdijk was irritable, felt lonely and was given to melancholy ruminations.<sup>27</sup> He was often

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26 On Bilderdijk as a child prodigy: HONINGS and VAN ZONNEVELD, *De gefnuikte arend* (see n. 2), p. 22 et sqq.

27 ISAËC DA COSTA, *De mensch en de dichter Willem Bilderdijk. Eene bijdrage tot de kennis van zijn leven, karakter en schriften*, Haarlem 1859, p. 11.

tired and listless. He would later claim to have entertained thoughts of suicide during this period. He said more than once to have toyed with the idea of bringing his life to a violent end.<sup>28</sup>

Thanks to awards he received from literary societies around the age of twenty, Bilderdijk's name as a writer became established, and yet this did not content him. It seems as though he was practically incapable of experiencing pleasure from his accomplishments. Regularly, he fell prey to bouts of melancholy and gloom. In 1780, he lamented his weakness of mind, which he felt limited his possibilities. It kept him from 'doing at least enough useful things to make having gone to the trouble of being born, worth the while.'<sup>29</sup>

By exaggerating his youthful accomplishments, Bilderdijk placed himself in a classical tradition. The childhood of numerous great men from history have given rise to the most curious of tales. Hugo de Groot, the Dutch attorney and writer, was, for example, a recognised child prodigy. At the age of eight he wrote his first elegies. At eleven he went to university at Leiden, where some three years later he received his doctorate. Constantijn Huygens, the Dutch writer and scholar, was able to reproduce songs at the tender age of two. At the age of five, he spoke French as though it were his first language. As a seven-year-old he gained proficiency in Latin, Greek, drawing and the writing of verse. Frans Blom has shown that Huygens consciously created this image of himself, employing a topos from antiquity that goes back as far as Ovid: the child attracted to the Muses.<sup>30</sup>

How would a psychiatrist have looked upon Bilderdijk? To begin with, it is evident that Bilderdijk's childhood years differ from most people's. The injury to his foot isolated him from his peers while growing up. Other than the contact he had with his close relatives, he lacked interaction with other children. This type of association is, however, a prerequisite for normal development of the personality – that complex whole of psychological characteristics which determine how one deals with emotions, thoughts and behaviour. A disturbance in personality development during childhood can lead to later problems. The social isolation in which Bilderdijk found himself, may have had a negative influence on the further course of his life.

Constrained by his foot disability, Bilderdijk threw himself into literature at an early age. However, few children are capable of this. The way in which the young Willem Bilderdijk was able to read classical authors as a toddler, conjures up the image of a child prodigy. The ability to read at a young age is termed

28 WILLEM BILDERDIJK, *Brieven*, 5 vols., Amsterdam 1836–1837, vol. 4, p. 340.

29 BILDERDIJK, *Brieven*, vol. 1 (see n. 28), p. 76.

30 CONSTANTIJN HUYGENS, *Mijn leven verteld aan mijn kinderen*, FRANS BLOM (ed.), vol. 1. Amsterdam 2003, p. 30.

*hyperlexia*. Early on, such children primarily learn to recognise individual words; around the age of three, they are often able to read whole sentences. This leads most parents to conclude that their child is a child genius or prodigy. Hyperlexia is not without problems, however, and there can be difficulties comprehending what has been read.<sup>31</sup>

From the description of Bilderdijk's childhood, it is not possible to determine whether he had properly comprehended what he read. Looking at his development in light of hyperlexia is nonetheless interesting. Leo Kanner (1968) described boys and girls with autism who possessed exceptional reading abilities.<sup>32</sup> Autism is one of the five syndromes in psychiatry which fall under the category Pervasive Developmental Disorders ('pervasive' used here in the sense of 'permeating'). These disorders are characterised by limitations in reciprocal social contact, verbal and non-verbal communication, and narrow and rigid patterns of interest and behaviour.<sup>33</sup> Later studies have shown hyperlexia to occur in five to ten percent of those with a pervasive developmental disorder.<sup>34</sup>

From Bilderdijk's account of his youth, it is apparent that he was socially underdeveloped. He attributed this to his foot, which kept him housebound. In addition to limitations in social interaction, a pervasive developmental disorder involves limitations in communication. This, too, was true for Bilderdijk. Finally, a pervasive developmental disorder entails repetitive, stereotypical patterns in behaviour and interest. The young Bilderdijk seems to have been almost obsessively occupied with poetry and language. Precisely as we are considering a communicative disorder, it is necessary to consult eyewitness accounts of others to establish a diagnosis. These, unfortunately, have not been left to us.

Bilderdijk further recounts moments of activity alternating with periods of gloom. When an adult reports such symptoms, bipolar disorder is immediately considered. With this, a patient experiences manic episodes in which he is more active than normal, needs less sleep and often has grandiose or delusional ideas. In addition, he goes through depressed episodes during which he is down and unable to enjoy anything. Bipolar disorder usually develops between the ages of fifteen and twenty-five, and rarely presents in early childhood. Bilderdijk as a child does not meet the criteria for diagnosing bipolar disorder. It is, however, possible that he did develop this at a later age, for clinical experience teaches us that patients with this affliction often can retrospectively pinpoint having ex-

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31 ELENA L. GRIGORENKO, AMI KLIN and FRED VOLKMAR, 'Hyperlexia: disability of superability?', in: *J Child Psycho Psychiatry* 44 (2003), pp. 1079–1091.

32 LEO KANNER, 'Autistic disturbances of affective contact', in: *Acta Paedopsychiatrica* 35 (1968), pp. 100–136.

33 MICHIEL WILLEM HENGEVELD and ANTONIUS JOSPEHUS LEONARDUS MARIA VAN BALKOM (eds.), *Leerboek psychiatrie*, Utrecht 2005, pp. 533–549.

34 GRIGORENKO [et al.], Hyperlexia: disability or superability? (see n. 31).

hibited mild characteristics of the illness in childhood. Mood problems and sleeplessness may nonetheless be the reaction of a highly intelligent child to the impossibility of having normal interaction with children his own age. Bilderdijk's fervent embrace of literature can, in this light, be seen as a coping mechanism; a way to deal with the unpleasant situation in which he found himself as a result of his foot injury.

#### 4 An Aggression Issue

After completing his law degree, Bilderdijk began practising in The Hague. The work of a lawyer proved more difficult than he had anticipated. Despite his best efforts, he felt unsuited to his job, and to life in general: 'I am not, I find, made for this world.'<sup>35</sup> He had in the meantime fallen in love with Catharina Rebecca Woesthoven, whom he married in 1785. She, too, listened to him complain that he felt sad, depressed and dejected, particularly on days when he did not see her.<sup>36</sup> The marriage was not a success.<sup>37</sup> Bilderdijk was increasingly prone to fits of rage. After his wife gave birth in 1789, he charged the housemaid to give her nothing except milk and rusks. Seeing that Catharina was not regaining her strength, the maid went ahead and served her some bread. When Bilderdijk discovered this, he flew into a rage. He ran upstairs to his wife, hit her on the head and in the face, and proceeded to drag her by her hair out into the corridor. The maid began screaming, whereupon Bilderdijk, beside himself with anger, cast the plate with the bread out the window.

The housemaid declared that not a day went by without tirades and physical mistreatment. Back in 1786, during one of Catharina's pregnancies, he had also exhibited similar behaviour. Bilderdijk had demanded she wait up for him whenever he came home late, and make him tea. On one occasion, she went ahead and turned in early. In the middle of the night she awoke to find him at her bedside with a dagger, threatening to pierce her heart. She fled to the cellar. It took the manservant to keep the furious husband at bay. Another time, Bilderdijk was sitting working when the fire went out. When Catharina failed to get it relit, Bilderdijk became enraged and barred her entry to the house, forcing her

35 RHIJNVIS FEITH, *'Zo als men aan gemeenzaame vrienden gewoon is te schrijven'*. *De correspondentie van Rhijnvis Feith, 1753-1824*, ed. J.C. STRENG, Epe 1994, p. 81.

36 *Mr. W. Bilderdijk's eerste huwelijk. Naar zijne briefwisseling met vrouw en dochter (1784-1807)*, ed. JOHANNES CORNELIS TEN BRUMMELER ANDRIESSE, Leiden 1873, p. 104.

37 DINI HELMERS, 'Leven met Bilderdijk. Echt of onecht; besluiteloos of spelen op zeker? De echtscheiding van Catharina Rebecca Woesthoven en Willem Bilderdijk', *Het Bilderdijk-museum* 22 (2005), pp. 1-12. The information in this paragraph is to a large extent based on the research conducted by Dini Helmers.

to take refuge at the house of an acquaintance. Not long thereafter, a note arrived there in which Bilderdijk had written 'I'm sitting without light and fire, and find neither wife, nor child, nor housemaid. I am stiff from the cold, and unable to dress. Why am I being avoided? [...] Does not my wife know who I am, and that I love her above all else, and adore her more than God himself?'<sup>38</sup>

So much is evident: Bilderdijk was subject to mood swings. He was capable of dragging his wife through the house by her hair and calling her every name under the sun, while in the same period writing her for example 'yes, my dear one, I love you beyond all that may be given the name of love'.<sup>39</sup> Meanwhile the poet continued to grumble about his health in his letters. He complained repeatedly of mental exhaustion. Rheumatic fevers rendered him mentally absent, as he put it. Once again he yearned for his moment of death – he fervently hoped for a deadly disease.<sup>40</sup>

As here, too, there are no first-hand accounts or observations, it is difficult to draw any definitive conclusions. It is, however, clear that Bilderdijk exhibited aggressive behaviour on multiple occasions. Most people learn to solve conflicts without aggression during their childhood. Aggression in adulthood can indicate a lack of learnt skills for conflict-solving. It is possible that, due to the large measure of isolation he experienced in childhood, Bilderdijk failed to learn how to deal with conflict. Aggression may have been the only means he had at his disposal.

Aggressive behaviour can also appear concurrently with a psychiatric disorder that decreases self-control. Many kinds of psychiatric conditions can lead to aggressive behaviour, including psychotic, mood, personality and developmental disorders. Aggression is quite often present in antisocial personality disorder. This is diagnosed in people with a lack of respect for the rights of others, who also meet at least three out of seven established criteria.<sup>41</sup> Bilderdijk may fit three of the seven: he is impulsive, quickly irritable and aggressive, and he appears to show no guilt or remorse after assaulting his wife. Naturally, such a diagnosis must remain a matter of conjecture.

Bilderdijk's behaviour may also point to character traits fitting borderline personality disorder. There is for example evidence of an intense yet unstable relationship with his wife, in which he continually switches between idealising her and belittling her. His impulsiveness, extreme mood swings and difficulty controlling rage also match with this diagnosis.

Finally, Bilderdijk's continually reiterating the fact that he was not made for

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38 Mr. W. Bilderdijk's eerste huwelijk (see n. 36), p. 264.

39 Mr. W. Bilderdijk's eerste huwelijk (see n. 36), p. 161.

40 BILDERDIJK, *Brieven*, vol. 1 (see n. 28), pp. 192–193.

41 *Diagnostic and Statistical Manual of Mental Disorders* (1994).

this world, may indicate a narcissistic personality disorder. This is characterised by the person seeing himself as more important and special than others, and he expects excessive admiration for his achievements. He may also be preoccupied with his own genius. Based on the known facts, it is not possible to come to a definitive conclusion regarding Bilderdijk's personality. His aggression, however, does seem to stem largely from his personality issues.

## 5 Lifelong Suffering

Throughout his life, Bilderdijk complained of an endless series of physical and mental agonies, but was never so morose as during his exile (1795–1806). He could not tolerate the air, for instance, and took to despising all things German, like heating stoves and duvets. Embittered, he wrote in 1798:

Meanwhile my body and mind waste away and decay; illnesses come one after another, I'm losing my memory, my capacity for thought, and all disposition for study or science.<sup>42</sup>

While in London, he fell in love with Katharina Wilhelmina Schweickhardt, twenty years his younger. She followed him to Germany, but, as they were unmarried, living together, or even in the same city, was out of the question. As often as he could, Bilderdijk travelled from his residence in Brunswick to see Wilhelmina in Hildesheim, and later in Peine. The long journeys on horseback through marshlands were trying. Again and again, he bemoaned the many inconveniences. On 10 November 1799, he wrote to her in English, as had been their custom since meeting in London: 'I was somewhat hungry and exhausted without finding any thing to eat but bread, my headach returned on a sudden, and I was obliged to take opium.'<sup>43</sup> This is quite probably the first time this drug appeared in his correspondence. This tranquillising, addictive medicine would come to play a significant role in Bilderdijk's life in the years that followed.<sup>44</sup> He was often in a bad way, he claimed. He would feel sick, suffer from itching, use a laxative and take opium in order to be able to sleep a few hours. 'My head is so embarrassed, my dearest, that I can n't write,' he wrote in his broken English to

42 WILLEM BILDERDIJK, *Mr. W. Bilderdijk's briefwisseling 1798–1806*, ed. M. VAN HATTUM, Utrecht 2007, p. 157.

43 BILDERDIJK, *Mr. W. Bilderdijk's briefwisseling 1798–1806* (see n. 42), p. 398.

44 Much has been published on opium in the 19<sup>th</sup> century. Cf. A.J. DUNNING, 'Opium. Een oude geschiedenis', in: *Nederlands tijdschrift voor geneeskunde* 139 (1995), pp. 2629–2632. On Bilderdijk's use: M. VAN HATTUM, 'Een 'Bilderdijk-voor-beginners' (met onzin over opium)', *Het Bilderdijk-museum* 24 (2007), pp. 17–22; B. BÜCH, 'De geopiaceerde wereld van Willem Bilderdijk', in: *Jaarboek van de Maatschappij der Nederlandse Letterkunde* 1981, Leiden 1982, pp. 27–36.

Wilhelmina. Another time he wrote, 'I can n't tell you how unhappy I feel my-self. Lowspirited as I am, (and so it is every time) every thing goes contrary to my wishes, and the whole world conspires to my ill-luck [...] I can n't describe the weakness of my head, and how I suffer with giddiness, headache & c.'<sup>45</sup>

In 1805, he subjected himself to bloodletting seven times in the space of three weeks in the hope of its helping calm him down. He had been unable to sleep for some time. Sleep he considered to be an unnatural stupor at the root of chronic headaches.

It used to be that I rarely slept more than once in three nights; now I spend 7, 8, yea 10 nights without slumber coming to my eyes, yet finally I succumb and fall into that sleep that is typical for me; and if not, I have to bring it to pass with opium.<sup>46</sup>

At this same time Bilderdijk experienced fits of 'verse mania'. For no apparent reason he would lapse into a kind of delirium, as he himself described it. He became more productive than was good for him, and, by his own account, spoke in verse for nights on end, as though swept away in some kind of whirlwind.<sup>47</sup> At other times he was capable of nothing, and referred to himself as old and listless.

The end of Bilderdijk's exile in early 1806 did not bring much improvement in his condition. He was finally able to return to the Netherlands, yet even the journey back proved a trial. He became feverish and ill, and used 'Spanish fly plasters'(canthariden) to treat himself. Such plasters were employed to cause blisters or irritate the skin. He shuddered to think that he might not be able to secure enough opium en route.<sup>48</sup> He reported having cramps in his legs and feet at night. The tops of his fingers were cracked open and full of painful abscesses, so that he lamented,

Heaven may assist me, for I am in the most deplorable and despairfull state, one can imagine [...] No, no body suffered what I am deemed to! I can n't hold the pen, nor withhold my-self from crying aloud! – Heaven, see down, see down, and at least make an end of such an ill-fate!<sup>49</sup>

Once back, Bilderdijk was constantly sick and depressed. To aid him in his recovery, Louis Napoleon, King of Holland, invited Bilderdijk to his palace Soestdijk in the summer of 1808. He did not remain there for long, fleeing on the third day as he could not tolerate the air.<sup>50</sup> That seems exaggerated, but years later his wife remembered: 'We were hardly two days at Soestdyk [...] but that he took miserably ill, and fell into a deep melancholy, with bouts of complete

45 BILDERDIJK, Mr. W. Bilderdijk's briefwisseling 1798–1806 (see n. 42), p. 539.

46 BILDERDIJK, Mr. W. Bilderdijk's briefwisseling 1798–1806 (see n. 42), p. 775.

47 BILDERDIJK, Mr. W. Bilderdijk's briefwisseling 1798–1806 (see n. 42), p. 789.

48 BILDERDIJK, Mr. W. Bilderdijk's briefwisseling 1798–1806 (see n. 42), pp. 819–821.

49 BILDERDIJK, Mr. W. Bilderdijk's briefwisseling 1798–1806 (see n. 42), pp. 833–837.

50 Letter of W. Bilderdijk to J. Valckenaer, 18 July 1808, Leiden University Library, BPL 1039.

unconsciousness such that the doctors, who I had summoned against his wishes, thought it prudent to return with haste once more to Leyden.<sup>51</sup> In the years that followed, Bilderdijk continued to complain about his health. He rarely experienced joy. His constitution made it no easier. He reported not even being able to walk along a green hedgerow without his body reacting to it, with fever and harmful effects to his nervous system as a result. As he had had to remain indoors during his childhood, he believed himself to have become allergic to the whole of nature. He claimed that, when he felt a draught, rheumatic pains and other ailments ensued.<sup>52</sup>

In 1815, things once again took a turn for the worse. That this was not a ploy to call attention to himself is once more apparent from a letter written by his wife Wilhelmina. Her husband reportedly suffered from ‘bouts of absence of mind’. She did not dare go on a country outing for fear that things might again go awry, given his greatly agitated state of mind. ‘While I’m writing, he’s dozing in a chair, but I cannot look upon his countenance without coming to the saddest of realisations: he feels so very unhappy and all his features tell of it!’<sup>53</sup> And still the poetry kept flowing. Dark days of depression and despondency – primarily spent in bed daydreaming and moaning according to Bilderdijk – alternated with manic intervals of intense activity. It was in this period that he wrote to a friend about another recent attack that had caused him to spew verse for twenty-four hours non-stop.<sup>54</sup>

Bilderdijk suffered from a wide variety of ailments in the course of his life. It is a recognised phenomenon that patients with depression often experience physical problems for which no cause can be found. This is termed *somatisation*. The symptoms can be very diverse, ranging from assorted pains, nausea and dizziness, to memory loss and other neurological phenomena. From the letters Bilderdijk wrote, we can ascertain that he in all probability suffered from depression. The core symptoms (a gloomy mood, and a loss of interest and pleasure in practically all activities) are after all quite pronounced in his case. His wife recounted, moreover, that he had ‘bouts of absence of mind’. Perhaps she was referring here to a decrease in his attention and concentration, likewise symptoms of depression. His recurring thoughts of death, his sleeplessness and fatigue fit with this diagnosis as well.

Patients with depression are usually capable of very little. Given the thousands

51 Letter of K.W. Schweickhardt to J. Valckenaer, 21/28 April 1815, Leiden University Library, BPL 1039.

52 *Briefwisseling met de hoogleraren en mrs. M. en H. W. Tydeman, gedurende de jaren 1807 tot 1831*, 2 vol., ed. H.W.T. TYDEMAN, Sneek 1866–1867, vol. 1, p. 94.

53 Letter of K.W. Schweickhardt to J. Valckenaer, 21/28 April 1815, Leiden University Library, BPL 1039.

54 *Briefwisseling met de hoogleraren en mrs. M. en H. W. Tydeman* (see n. 52), vol. 2, p. 165.

of lines of verse Bilderdijk wrote, there must also have been periods during which he was not depressed. With a bipolar disorder, both depressed and manic periods occur. A manic episode is currently seen to have occurred when there is an elevated mood for at least seven days, accompanied by delusions of grandeur, a decreased need for sleep, a rise in talkativeness and an increase in goal-oriented activity. Manic symptoms lasting at least four but fewer than seven days, indicate a hypomanic episode. These occur in patients suffering from what is called bipolar II disorder. Here depressed episodes alternate with hypomanic ones.

This condition has been diagnosed in the German composer Robert Schumann (1810–1856). On the basis of his letters, research has convincingly shown a connection to have existed between his mental state and his productivity. During depressed periods he achieved significantly less than during hypomanic episodes.<sup>55</sup> Recent research also claims that Johann Wolfgang von Goethe may have had this same bipolar disorder.<sup>56</sup> The descriptions of Bilderdijk's 'verse mania' in which he spewed verse like water from a fountain, would certainly fit with a hypomanic episode. That would mean that Bilderdijk had a bipolar II disorder, but of this we cannot be certain.

## 6 Old and Confused

In his sixties, between 1817 and 1827, Bilderdijk privately tutored a small number of students in Dutch history in Leiden. Once, when a friend came to look him up there, the door remained closed, which Bilderdijk later explained thus: 'I lay abed mad with headaches and intoxicated with opium'.<sup>57</sup> He still sat up without sleeping night after night, and took more opium than could have been good for him. Repeatedly, he complained of headaches, insomnia, dizziness and memory loss. He often wore a damp cloth around his head to alleviate the pain somewhat. On 11 May 1818, after yet another headache attack, an irritable Bilderdijk wrote that he could no longer endure living.<sup>58</sup>

At times, things appeared to go better with him. Yet invariably a backlash ensued. Early in 1820 he experienced a particularly bad stretch. He reportedly did not utter a word for eight days straight. This event heralded in a new phase. Bilderdijk began to complain of old age. He claimed that his memory failed him more and more frequently, and he was no longer able to work. He could not

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55 SLATER and MEYER, Contributions to a pathography of the musicians (see n. 24).

56 HOLM-HADULLA, ROUSSEL and HOFMANN, Depression and creativity (see n. 25). On Bilderdijk and Goethe: cf. RICK HONINGS, 'Levenslijden versus levensgenot. Bilderdijk en Goethe: verwant en verschillend', in: *Nieuw Letterkundig Magazijn* 30 (2012), 2, pp. 42–46.

57 Letter of W. Bilderdijk to J. Valckenaer, 3 June 1817, Leiden University Library, BPL 1039.

58 Letter of W. Bilderdijk to J. Valckenaer, 11 May 1818, Leiden University Library, BPL 1039.

concentrate on his galley proofs because, as he himself put it, he could no longer understand what he had written.<sup>59</sup> He felt dull and vacant. Be that as it may, the need to write verse still returned unexpectedly from time to time.

His opium consumption only caused his confusion to worsen. To his student Da Costa he wrote in 1826: 'The dullness which is mine to complain about these few days, is the consequence of several days use of Opium.' He found he needed to increase his intake to achieve the same effect.<sup>60</sup> This process only worsened after Bilderdijk moved to Haarlem in 1827. More and more often he sat staring vacantly into space. He no longer knew what day of the week it was, nor the month, and writing letters grew increasingly difficult. He had all but stopped reading. It was as though puppets were dancing in his brain, he claimed, and he compared the sensation to drunkenness.<sup>61</sup>

From about 1799 to the end of his life, Bilderdijk took opium pills as a tranquilliser. That in and of itself is nothing special; this remedy was readily available from the apothecary in the nineteenth century. His wife took it as well. A great number of writers, such as Coleridge, Keats, Poe and Baudelaire, used it,<sup>62</sup> as did the Dutch author Multatuli. The Englishman Thomas de Quincey even wrote a book on the subject: *Confessions of an English Opium-Eater* (1821). In it he discusses the 'pleasures' and 'pains' of using the drug, and describes the 'horrors of opium', such as insomnia, and terrifying nightmares and visions. Withdrawal symptoms, even when De Quincey attempted to break his habit gradually, proved formidable as well. After four months, he was still 'agitated, writhing, throbbing, palpitating, shattered; and much, perhaps, in the situation of him who has been racked'.<sup>63</sup> One conspicuous point in Bilderdijk's case is that he considered himself to be a doctor of medicine and wrote his own opium prescriptions, more than one hundred of which have been preserved.<sup>64</sup>

Opium is a juice extracted from the plant *Papaver somniferum*. It contains various substances, including morphine and codeine, both of which are still being used as painkillers today. Opium, like heroine which can also be obtained from it, is a highly addictive substance. Within several hours to days after discontinuing use, withdrawal symptoms appear. An overdose, on the other hand, produces symptoms of intoxication.

In addition to employing opium to combat his many ailments (itching, agitation, headaches and many other types of complaints), Bilderdijk used it to get to sleep. Sleep disturbances can occur in both hypomanic and depressed epi-

59 BILDERDIJK, Brieven (see n. 28), vol. 4, p. 231.

60 BILDERDIJK, Brieven (see n. 28), vol. 4, p. 277.

61 Briefwisseling met de hoogleeraren en mrs. M. en H. W. Tydeman (see n. 52), vol. 2, p. 265.

62 Cf. ALETHEA HAYTER, *Opium and the Romantic imagination*, London 1968.

63 THOMAS DE QUINCEY, *Confessions of an English opium-eater*, Boston 1851, p. 102, 126.

64 VAN HATTUM, Een 'Bilderdijk-voor-beginners' (see n. 44), pp. 20–21.

sodes. Insomnia can also be a symptom of opium withdrawal. This can have induced Bilderdijk to reach repeatedly for opium in order to be able to get to asleep again. In fact, many of the symptoms he describes can be the result of opium withdrawal. Bilderdijk said himself that he used opium for his headaches. Yet headaches are known to arise when opium use is temporarily ceased.<sup>65</sup> Memory loss, but also 'idleness of the intestines' can have resulted from his drug use; opium brings about constipation. Sleepiness is likewise a side effect, as is a 'disorderly pulse'. Fever can also occur during opium withdrawal.

With regard to Bilderdijk's opium use, we have one important witness: the Haarlem poet Jan van Walré. He experienced Bilderdijk first-hand during the last years of his life, and commented later: 'I for my part would dare to claim that the excessive use of opium, to which he had accustomed himself, often contributed much to the causticity of his style. I have seen him not once, but on multiple occasions, in a particular kind of delirium which I could attribute to nothing else. He would then imagine seeing, in the vicinity of the Great Church, of which he had a view from his dwelling, lights, ghosts, and all manner of curiosities.'<sup>66</sup> This is a clear indication that Bilderdijk's opium use had a negative effect on his memory and mental well-being.

## 7 Conclusion

The notion that a true artist ought to be melancholy by nature was widespread by the end of the eighteenth century. Glorifying mental afflictions was the fashion of the day, and Bilderdijk kept in step with that fashion. He fell within the centuries-old discourse on melancholy, and spent his whole life an ardent exponent of the romantic image of the suffering poet. Eyewitness accounts, however, reveal that he quite often was truly sick. Anyone venturing to state anything about Bilderdijk's psychiatric condition is therefore treading on thin ice.

In this article, we looked at Bilderdijk as a psychiatric patient. This approach entails one significant danger: any present-day pronouncement on Bilderdijk's state is anachronistic from the outset. Bilderdijk lived in a different age with different views on illness. We have determined that we may be looking at a case of *somatisation* with respect to Bilderdijk: his physical symptoms were possibly related to his mental condition. The poet's own interpretation of his illness was

65 MARCO DE MARINIS, LUIGI JANIRI and A. AGNOLI, 'Headache in the use and withdrawal of opiates and other associated substances of abuse', in: *Headache* 31 (1991), pp. 159–163.

66 NICOLAAS BEETS, *Het dagboek van de student Nicolaas Beets, 1833–1836*, ed. Peter van Zonneveld, Den Haag 1983, p. 136. Translation: Gwynne van Zonneveld.

naturally different. He offered a religious explanation for it: sicknesses are sent by God and are therefore imperative; man must above all accept them.

That afflictions were viewed differently in the early nineteenth century does not imply that a modern diagnosis cannot offer us interesting insights. Operating on this premise, we have in this article attempted to shed some light on Bilderdijk's physical and mental ailments. It is not easy to attach a label to the poet. Biographers are not psychiatrists after all, nor are psychiatrists biographers. From the available sources, an image emerges of a man with a complex mind. His childhood was disrupted by the injury he received to his foot, which hampered him in his association with peers. This may have interfered with his personality development, leading to problems, most notably in adulthood. His aggression toward his wife would seem to stem from such a personality developmental disorder. It's striking moreover that Bilderdijk shows the characteristics of a bipolar II disorder; periods in which he was incapable of anything alternated with hypomanic episodes during which he was extremely active and wrote much. In this regard he resembles both Goethe and Robert Schumann. For the latter, the relationship between depressive and manic periods and his productivity have been captured in statistics. Such a study cannot reasonably be conducted for Bilderdijk, as it is not clear from his letters exactly when he wrote what. Bilderdijk's use of opium had an unintentional effect: he resorted to this remedy as a tranquilliser, but it produced yet other complaints, including memory loss in his later years. These are but a few aspects of Bilderdijk's complicated and fascinating character. Biographers and psychiatrists joining forces more often than is now the case, may well be worthwhile for both.

What has a retrospective psychiatric approach added to our knowledge of the person Bilderdijk and his writing? Bilderdijk was an author who consciously applied himself to cultivating his eccentric image. Yet his authorship is more complex than this would suggest. Even those convinced that Bilderdijk practised self-fashioning, must assume that this was only partially self-directed. Like every human being, the poet was also affected by factors over which he had no control, such as his mental constitution, formed in childhood. In this article we set out to draw attention to this second aspect, which up until now has received insufficient attention in the literature. Naturally we do not presume to have made the definitive diagnosis here. What we do hope to have achieved, is to have shown that Bilderdijk is a clear candidate for the psychiatrist's couch, and shall remain so for some time to come.