



Sacred Heart
UNIVERSITY

Sacred Heart University Review

Volume 21

Issue 1 *Sacred Heart University Review*, Volume XXI,
Numbers 1 & 2, Fall 2000/ Spring 2001

Article 2

3-7-2010

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Recommended Citation

Jamison, Kay Redfield (2001) "Commencement Address May 2000," *Sacred Heart University Review*: Vol. 21: Iss. 1, Article 2.
Available at: <http://digitalcommons.sacredheart.edu/shureview/vol21/iss1/2>

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KAY REDFIELD JAMISON

*Sacred Heart University
Commencement Address
May 21, 2000*

Good morning. I am delighted and honored to receive an honorary doctorate from Sacred Heart University, and to be asked to address you here today. I have had a wonderful time on your marvelous campus.

This morning, I would like to talk to you about the uses of adversity, about the transformation of setback and hardship into a greater awareness of human nature and into a greater capacity for understanding and compassion.

I will focus on the experience of clinical depression, for it is one that I know well and it is one with which many of you will be acquainted. But adversity has a thousand faces – death, loneliness, poverty, illness – and all of us will know several of them.

I do not mean in any way to romanticize adversity or the experience of depression. There is nothing romantic about hardship or about a deadening, awful illness which is often lethal through suicide and obliteratingly destructive through its association with alcohol and drug abuse. But depression, and other kinds of mental suffering, are common, and for many they will become profound teachers.

No one wants ordeal, but all of us can learn from it.

Learning through intense, extreme, and painful experiences, and using what has been learned to add meaning and depth to one's existence, is probably the most widely accepted and written-about aspect of the relationship between adversity and its occasional, quite paradoxical, enhancement of life. Poet John Berryman – a contemporary of Robert Lowell and Sylvia Plath, and like them, a manic-depressive – eventually committed suicide, as his father and aunt had done before him.

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Disinclined to understatement, he described the role of ordeal in

his artistic work:

I do strongly feel that among the greatest pieces of luck for high achievement is ordeal. Certain great artists can make out without it, Titian and others, but mostly you need ordeal. My idea is this: The artist is extremely lucky who is presented with the worst possible ordeal which will not actually kill him. At that point, he's in business. Beethoven's deafness, Goya's deafness, Milton's blindness, that kind of thing. And I think that what happens in my poetic work in the future will probably largely depend not on my sitting calmly, but on being knocked in the face, and thrown flat, and given cancer, and all kinds of other things short of senile dementia. At that point, I'm out, but short of that, I don't know.

More than a century earlier, Shelley had addressed a similar theme in an autobiographical poem about, among other things, madness, his great friend, Lord Byron, and himself. "Most wretched men," he wrote, "Are cradled into poetry by wrong, / They learn in suffering what they teach in song."

John Keats, who had trained to be a surgeon, agreed. "Do you not see," he said, "how necessary a World of Pains and troubles is to school an Intelligence and make it a soul? A Place where the heart must feel and suffer in a thousand diverse ways!" This is, of course, a variation on the ancient theme of "the suffered is the learned," of insight gained through trial and anguish.

Profound despair can fundamentally change an individual's expectations and beliefs about the nature, duration, and meaning of life, the nature of man, and the fragility and resilience of the human spirit. Many writers, artists, and composers have described the impact of their long periods of depression, how they have struggled or dealt with them, and how they have then used the remembrance of suffering in their work. The influence of pain's dominion fills novels, canvases, and musical scores; there is no shortage of portrayals. Poet Anne Sexton, for one, described the importance of using pain in her work: "I, myself, alternate between hiding behind my own hands, protecting

myself anyway possible, and this other, this seeing touching other. I guess I mean that creative people must not avoid the pain that they get dealt . . . Hurt must be examined like a plague." Poet Robert Lowell wrote:

Depression's no gift from the Muse. At worst, I do nothing.
But I wrote one whole book about witheredness . . .
Most of the best poems, the most personal, are
gathered crumbs from the lost cake.

Lowell wrote tellingly about ``seeing too much and feeling it / with one skin-layer missing." And Virginia Woolf felt and used the double edge of emotion she experienced in her depressions: ``But it is always a question whether I wish to avoid these glooms," she wrote.

These weeks give one a plunge into deep waters; which is a little alarming, but full of interest. . . . There is an edge to it which I feel is of great importance. . . . One goes down into the well and nothing protects one from the assault of truth.

The slightly melancholic perspective is, of course, meaningful in its own right. The sensitivity and compassion afforded by depression are, for the most part, absent in the unbridled self-assurance and hectic pace of the modern world. The tendency to gaze inward, to ask why and of what avail, is, on the other hand, deeply embedded in the depressive view.

Recent psychological research has, in fact, shown that observations and beliefs produced during mildly depressed states are actually closer to ``reality" than are normal mood states, underscoring the pervasiveness of denial in everyday life and giving credence to T.S. Eliot's view that ``Human kind cannot bear very much reality." Grief and depression often bring with them, for good or ill, the heart of life. Depression forces a view on reality, usually neither sought nor welcome, that looks out onto the fleeting nature of life, its decaying core, the finality of death, and the finite role played by man in the history of the universe. Not surprisingly, Tennyson's great muses were astronomy and geology; and thoughts of death, so often the

companion of melancholy, have been muse to countless composers, artists and writers. Indeed, for Keats, physician and poet, death was "Life's high meed."

I would like to turn to some observations made by the great physician, philosopher, and psychologist – the author of *The Varieties of Religious Experience* and *The Principles of Psychology* – William James. As a young man William James had hoped to become a painter. Instead, his father encouraged him toward a more scientific education and, in 1869, he obtained his medical degree from Harvard.

For several years prior to, and following his graduation from medical school, William James suffered from severe "nervous instability" and depression. Described by his mother as possessing a "morbidly hopeless" temperament, he, by his own account, spent all of one winter "on the continual verge of suicide." As one of his biographers has pointed out, James's "neurasthenia" was no temporary trouble of late adolescence. It was deep-rooted depression which held up his choice of career till his mid-twenties, which he overcame in part by an heroic effort of will, and which periodically returned, though less crippling, throughout his life.

Later in his life, James was to incorporate into *The Varieties of Religious Experience* his own experience with dread and melancholy:

Suddenly there fell upon me without any warning, just as if it came out of the darkness, a horrible fear of my own existence. Simultaneously there arose in my mind the image of a patient whom I had seen in the asylum, a black-haired youth with greenish skin, who used to sit up all day on one of the benches with his knees drawn up against his chin, and the coarse gray undershirt, which was his only garment, drawn over them inclosing his entire figure. He sat there like a sort of sculptured Egyptian cat or Peruvian mummy, moving nothing but his black eyes and looking absolutely non-human. This image and my fear entered into a species of combination with each other. That shape am I, I felt, potentially. Nothing that I possess can defend me against that fate, if the hour for it should strike for me as it struck for him.

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There was such a horror of him, and such a perception of my own merely momentary discrepancy from him, that it was as if something solid within my breast gave way entirely, and I became a mass of quivering fear. After this, the universe was changed for me altogether . . . although the immediate feelings passed away, the experience has made me sympathetic with the morbid feelings of others ever since.

William James took his experience of melancholy and near insanity, learned from it, wrote about it, and used it to give a great depth and breath to his understanding of himself as a physician, his understanding of other people and, a profound appreciation of human condition.

I first read *The Varieties of Religious Experience* when I was an undergraduate and it changed my life.

I had, by that time, already experienced one psychotic breakdown (when I was a senior in high school) and I was to go on, several years later to experience several other floridly psychotic manias and depressions after I joined the psychiatry faculty at UCLA as a young assistant professor. These were terrifying experiences – awful beyond description – but I was blessed to respond well to medication and to have had a remarkably competent and compassionate physician. Depression and manic depression are fortunately *very* treatable illnesses.

I was also extremely fortunate to have had encouragement from the chairman of my academic departments at both UCLA and Johns Hopkins. I was encouraged by both of them to take what I had been through and to use it in my teaching, clinical practice, and in my writing.

I did this. And I have felt doubly blessed and privileged to have been able to do so. If, as a result of my own personal experiences, I could leave with you just a few thoughts, they would be these: Life is an altogether wonderful thing. Not *all* wonderful, but *altogether* wonderful. It is a lacing together of high odds, with profound despair; great expectations, with bleak forebodings; and, high passions, With killing seasons and occasional weary, deadened senses. But life *is*

wonderful.

I was dealt a hand of intense emotions and tidal moods: manic-depressive illness is not a gentle or easy disease. And yet, from it, I have come to see how important a certain restlessness and discontent can be in one's life; how important the jagged edges and pain can be in determining the course – and force – of one's life; how vital turbulence and fire are to a passionate existence.

I have often longed for peace and tranquility. And yet, I don't know if this is what I would have truly wished for myself. Exultation tempered by anguish has been an unforgiving teacher. And it has taught me to teach from what I know. So I have taught medical students and residents and graduate students that tumultuousness, if coupled to a fierce discipline and a cool mind, is not such a bad sort of thing. That unless one wants to live a *stunningly* boring life, one ought to be on good terms with one's darker side and one's darker energies. Learn from your turmoil; use your experiences in the practice of what you do.

And so, to all of you who are graduating here today:

Use, learn, and teach from what you know. Love life, know love, and – most importantly, at this wonderful moment in your lives – great, great congratulations. Godspeed.