

A Sick Body, A Sick Mind: The Last Taboo in Biography

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The relationship between the personal and the public is one of the foundations of biography. To interpret the life of a public figure, the biographer will, therefore, use the personal, in any case. Strangely enough, biographers rarely do this when it comes to interpreting something as personal as illness. This is especially true for a physical illness. When the mind is sick, the biographer is usually more alert. This contribution is about the subject of disease and its interpretation in the field of biography.

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Representativeness

Making use of seemingly insignificant autobiographical documents and subjecting them to critical examination is exactly the work of a good biographer. Biographies often describe and interpret a person's views and actions, but just as important is what happens to an individual without his or her influence on the context, the so-called grand narrative. Where and in what circumstances someone was born is usually used as an interpretation framework. However, what faith someone has is becoming increasingly difficult to predict, and what happens to someone with their body or the damage to their health is not discussed as often, unless someone's physical flaws are publicly visible. Physical disabilities are still taboo in the world of biography. Even in obituaries, especially in the United States, the influence of illness on the life of the deceased is rarely explicitly addressed. This was the case, for example, in the 1980s when,

worldwide, mainly young men died from AIDS. In the case of politicians, this phenomenon is mainly due to the public image that leader's project: that they should never be ill. The relationship between illness and public appearance would be a welcome addition to research that now usually takes as its starting point the public exploits of a politician, a writer, or a visual artist – or of any other person who is the subject of biographical research.

This article is mainly about whether and how biographers process illnesses of their characters in their biographies, especially physical ailments. The author of this contribution does not pretend to present a do-it-yourself kit for biographers. That would not be possible, as there is no template for how certain aspects should be described in biographies, let alone how to analyze a disease. In biographies, it is important that the personal is (also) used to interpret the public. And it is simply not the case that every physical ailment has the same consequences for someone's public life.

Integrating the microhistorical approach within biographies, by focusing on various or alternative decisive events in a life (turning points) which have major consequences for one's public exploits, could be the next step in giving physicality a place in biography.¹ Attention to physical discomfort could add a new dimension to the concept of the critical "interpretative biography." The critical interpretive biography is characterized by a balanced interaction between the use of stylistic devices and theory that is exclusively established through the critical source research that precedes the writing process. The author commits to the practice of micro-history and provides new insights that are supplementary to the further problematization of the representativeness of the protagonist. Historiography from the perspective of the participant or agent is what microhistory and biography share with each other. By presenting an unexpected key experience in a life as a point of departure, as a turning point, one is able to interpret grand narratives in a different way. Here, I discuss how the news about a diagnosed illness can be meaningfully used by biographers through microhistorical research. This article does comment on examples of described lives where illness as a starting point

¹ The first time I publicly explained what I meant by "Turning Points" was at a conference on 9–10 February 2013 at the University of East Anglia: "Turning Points in Biography: the collective, the event and the return of the life in parts." After that, the concept has been elaborated on in various publications.

for someone's public life would have led to better results. I disagree with my esteemed colleagues Sigurður Gylfi Magnússon and István M. Szi-jártó about the interaction between individual and context in microhistorical research.² In a biography, it is always advisable to question the representativeness of an individual against the context in which he or she lived. If this does not happen, there is a danger of anecdotalism. A story about an individual is not only about the "exceptional normal" or the "normal exception," but rather microhistory brings in the small story to put the great history story into perspective, and perhaps even to change it a little bit. For that discussion, I refer to the volume *Fear of Theory*, where my colleague David Veltman and myself argue the importance of that representative question.³

Here, I quote Magnússon: "By studying the individual perspective, something new can be said about general issues as well, as Renders and Veltman argue. They [...] maintain that when people play different roles in life, they seek out liking their way of living with other groups in society. This quest for a role leads to the formation of new knowledge, which defines the social environment in which the individual plays their role. There is certainly truth in the idea that individuals seek meaning in their immediate surroundings, and it is for that reason that I place the primary emphasis on keeping to the historian's research unit. As soon as we seek a comparable course of life to assess the representativeness of the individual agency, we are making comparisons that have less to do with the discipline of history than that of psychology. This is primarily where we differ. The fact is that by having the opportunity to examine the individual in their immediate environment we also gain the opportunity to analyze how that same environment responded to unexpected events experienced by people during their lives."⁴

Perhaps this discussion would benefit from a closer look at microhistory and biography, and then from the perspective of physicality. The relationship between the personal and the public is one of the foundations of biography. The American historian Jill Lepore puts it aptly: "If

² *Fear of Theory: Towards a New Theoretical Justification of Biography*, (edd.) Hans Renders, David Veltman, Leiden–Boston 2021. I refer especially to "Dossier on Microhistory," pp. 189–238.

³ SIGURÐUR GYLFI MAGNÚSSON, *The Devil Is in the Detail: What Is a 'Great Historical Question?'*, in: *Fear of Theory: Towards a New Theoretical Justification of Biography*, (edd.) Hans Renders, David Veltman, Leiden–Boston 2021, p. 203.

⁴ S. G. MAGNÚSSON, *The Devil Is in the Detail*, pp. 195–210.

biography is largely founded on a belief in the singularity and significance of an individual's life and his contribution to history, microhistory is founded upon almost the opposite assumption: however singular a person's life may be, the value of examining it lies not in its uniqueness, but in its exemplariness, in how that individual's life serves as an allegory for broader issues affecting the culture as a whole."⁵ To interpret the life of a public figure, the biographer will therefore use the personal in any case. Strangely enough, biographers rarely do this when it comes to the interpretation of something as personal as illness.⁶ This is especially true for a physical illness. When the mind is sick, the biographer is usually more alert.

The Body and Deformation

Between 1994 and 1996, a series of articles under the title *De Broze Muze* [The Brittle Muse] appeared in the *AMC magazine*. The contributions to this series were revised in 1996 and collected in *De Broze Muze. Creativiteit en Ziekte* [De Brittle Muse. Creativity and Illness].⁷ One of those contributions, by Jannes van Everdingen, was entitled "Het stille leven van Dick Ket. Dick Ket 1902–1940" [The silent life of Dick Ket. Dick Ket, 1902–1940]. In it, the author describes the illness of this renowned, first impressionist and then expressionist painter. From birth, Ket suffered from "dextrocardia," which means that most of his heart was located in the right side of his chest. Although Ket made 22 painted and twenty drawn self-portraits in seventeen years, his illness is not visible in his works. For example, his doctor later stated that Ket's face was as blue as a grape. None of this was visible in his self-portraits because he actually camouflaged his face with skin cream.

⁵ JILL LEPORE, *Historians Who Love Too Much: Reflections on Microhistory and Biography*, The Journal of American History 88/2021, no. 1, pp. 129–144.

⁶ An example of a biography in which intrinsic attention is paid to illness is MART J. VAN LIEBURG, *De Hemelzorser. Gerhard Fockens (1810–1870)* [The Sky Searcher. Gerhard Fockens (1810–1870)], Utrecht 2019. Over the years, I have also paid attention here and there to the relationship between biography and illness; this has been used for this article, always with reference to the source.

⁷ JANNES VAN EVERDINGEN, *Het stille leven van Ket. Dick Ket, 1902–1940*, Erik Fokke, Jannes van Everdingen, Frans Meulenberg, *De Broze Muze. Creativiteit en ziekte*, Amsterdam – Overveen 1996. See: ALIED OTTEVANGER, *Dick Ket: Vier Studies*, Amsterdam 1996.



Fig. 1 Dick Ket, *Three Small Self Portraits: The Drug Drinker* (1937–1940), <https://arthur.io/art/dick-ket> (accessed on 17 July 2025).

In numerous art history reviews, the sagging face in those self-portraits is linked to his illness, although this was only done after his death. How is that possible? Was it considered rude at the time to write openly about his illness? No. His (real) face probably sank further and further due to the eternal fatigue he was burdened with, but he did not paint himself that way. Something else was going on. Only years after his death did it become apparent that the paint he used was too saturated with oil and therefore never dried completely, resulting in the actual paint sagging and the visual effect of Ket looking more and more like himself in his portraits. In museums, people respect Ket's self-representation more than his actual appearance and that is why his self-portrait is regularly hung upside down to get the paint and Ket's facial folds back into the right place.

Alied Ottevanger's dissertation on Dick Ket does not discuss the relationship between illness and art, while in the context of her chapter "The law of equalization," which deals with "the significance of a physical law for philosophy and the work of Dick Ket," there was every reason for this, given the role that gravity plays in the sagging effect in Ket's paintings.⁸ It would benefit the interpretation of Ket as an artist if a biographer would follow the microhistorical method by placing his oeuvre within the context of the timeline of his medical history. In this way, it could be investigated whether one aspect – in this case the long-held secret personal aspect – of Ket's life could be used to investigate what

⁸ A. OTTEVANGER, *Dick Ket: Vier Studies*.



Fig. 2 FRIDA KAHLO, *The Broken Column* (1944), <https://arthur.io/art/frida-kahlo/the-broken-column> (accessed on 17 June 2025).

consequences his illness had on his public life, not only on his painting production but also on his activities to (not) promote his work abroad.

There are some biographies that do pay attention to illness, but they are exceptions. While biographers do not face the subject of sickness in their treatments of Ket's life, in the biographies of the surrealist painter Frida Kahlo, her infantile paralysis is taken – almost ad nauseam – as the starting point and explanation of her life. Kahlo powerfully conveyed her suffering, also as a result of a traffic accident at the age of eighteen, by painting herself as a woman with pins in her body. Kahlo herself used her abused body held together by steel as her personality and as the theme of her public presence. Her biographers talk about almost nothing else.

Another example: biographies of Napoleon always say that he suffered from stomach cancer, but what this meant for his public appearance often remains unclear. How different is this from a 1937 biography of Napoleon by the physician Boris Sokoloff under the title *A Doctor's Biography*? The biography describes the relationship between private and public, between stomach cancer and war.⁹ Sokoloff postulates: would the battle of Salamanca in 1812 (which Napoleon lost) or Waterloo in 1815, which marked his end, have been different if Napoleon had not had stomach cancer? Later, others claimed that he died of arsenic poisoning, which is ambiguous because this could indicate intentional poisoning, though arsenic is also an important ingredient in many medications. Andrew Roberts also writes about the stomach problems in his biography of Napoleon, but rather from the perspective of the inevitability of Napoleon's disease due to his family medical history: "From the start, Napoleon seemed aware of the nature of his illness, he called it a stomach disease, his father had died from it at the age of thirty-five and the same fate threatened Princess Pauline Borghese."¹⁰ Both Pauline and Caroline Bonaparte, two of Napoleon's sisters, died of cancer at the ages of 44 and 57, respectively. Napoleon's illegitimate son, Charles Leon, also died of stomach cancer, although he lived to the age of 81. Napoleon lived to be 52 years old.

When it comes to biographies of Hitler – of which there are many – historians mention his use (and abuse) of various medications and

⁹ BORIS SOKOLOFF, *Napoleon. A Doctor's Biography*, New York: 1937. Also HANS RENDERS, *De Zeven Hoofdzonden van de Biografie*, Amsterdam 2008, pp. 53–57.

¹⁰ ANDREW ROBERTS, *Napoleon de Grote*, Amsterdam 2015, p. 932.

drugs. Volker Ullrich's biography focuses on a few seemingly unimportant issues and thus arrives at interesting findings. He calculated that Hitler spent 800 days in his Wolfsschanze, a stuffy bunker complex in East Prussia. During that unhealthy stay, and of course because of the tensions of the war that were not always favorable for him, the Führer's use of medication increased alarmingly. The drugs that Hitler took have been published and speculated about for decades.¹¹ Hitler is said to have taken 74 different medications, while other sources mention the number 82. It started with Mutaflor, which he was prescribed for his stomach cramps. He was then also given Brom-Nervavit, a barbiturate, and Eukodal, a morphine-based sedative. According to Ullrich, Hitler also took the sleeping pill Luminal and the Führer also sought refuge in small black tablets against flatulence, the "Dr. Kisters Antigas-Pills," which contain, among other things, the nerve poison strychnine. In 1943 and 1944, he took the analgesic and antispasmodic drug Eukodal, which clearly promoted Hitler's tendency towards autosuggestive escapism.¹² Cocaine and crystal methamphetamine, by the way, were, according to Norman Ohler in his book *Drugs in the Third Reich*, widespread among the Nazis, to suppress fear but also various diseases.¹³

Thus, Roberts, Sokoloff, and Ullrich meticulously map the medical history and use of medicines of Napoleon and Hitler. There are thousands of biographies of these dictators, but never before have their public exploits been related to their private lives from this single perspective. A microhistorical study of the precise impact of medicines on the events in Salamanca or Stalingrad would be a welcome addition to historiography.

We probably remember the Kremlin photographs showing Russia's rulers, and the joke that Soviet politician Leonid Brezhnev had in fact been dead for years, since before the photographs were supposedly taken. There has also recently been a lot of speculation about Russian President Vladimir Putin's alleged illnesses. If there is any truth to that, the ruler's illness is usually considered a state secret. Even in the U.S., politicians are often secretive about physical ailments; one needs to only remember

¹¹ LEONARD HESTON, RENATE HESTON, *The Medical Casebook of Adolf Hitler*, London 1979.

¹² VOLKER ULLRICH, *Adolf Hitler Biography. The Years of Decline II. 1889–1939*, Amsterdam 2019, p. 516.

¹³ NORMAN OHLER, *Der Total Rausch. Drying im Drieten Reich*, Cologne 2015.

President Franklin D. Roosevelt. Of the 30,000 photos of him that exist, we only see him seated in his wheelchair twice, which he used as a result of infantile paralysis. His polio is mentioned in passing by some biographers, but the impact of his paralysis on his effective actions has never been investigated.

American psychiatrists are strictly forbidden by a professional code to make a “remote diagnosis.” So, the conclusion that U.S. President Donald Trump is a narcissist is something you read about from journalists and historians, but never from real experts. This is different with presidents from the past. Somehow, medical records in the U.S. apparently leak. The Dutch journalist and correspondent in the U.S., Hans Klis, wrote a book about a laundry list of sick American presidents, starting with George Washington. He focuses, as the title of his book – *Help, The President Has Gone Mad* – suggests, on mental problems, with Ronald Reagan as the most famous example. Reagan is said to have suffered from Alzheimer’s while he was president.¹⁴ The common feature of the mental problems of successive presidents was that everything was done to keep these conditions secret. The same was done with strictly physical conditions, as the example of Roosevelt illustrates.

In the Netherlands, things were different with politician Abraham Kuyper. In all his positions as Member of Parliament, Prime Minister, party chairman, and Member of the Senate, Kuyper, who died in 1920, was always portrayed as sickly. And the great leader always recovered. In Jeroen Koch’s biography, it becomes clear that illness was used as a strategy by Kuyper.¹⁵

The former British Foreign Secretary David Owen, who is 86 years old and originally a neurologist and psychiatrist, published a fascinating book in 2008 under the title *In Sickness and in Power: Illness in Heads of Government during the Last 100 Years*.¹⁶ He examines the physical ailments of presidents and other statesmen. It was not only Roosevelt with his infantile paralysis and wheelchair that was considered a secret. Kennedy, who had a reputation to uphold as a young, virile president, also

¹⁴ HANS KLIS, *Help, De President is Gek geworden. Een Geschiedenis van de vele Amerikaanse Presidenten met een psychische Aandoening* [Help, The President Has Gone Mad: A History of the Many American Presidents with Mental Illness], Amsterdam 2024.

¹⁵ JEROEN KOCH, *Abraham Kuyper. Een Biografie*, Amsterdam 2006.

¹⁶ DAVID OWEN, *In Sickness and in Power: Illness in Heads of Government during the last 100 Years*, London 2008.

took medication all day long and wore a corset to keep his sick body upright. The French president François Mitterrand had a catheter, and to camouflage that discomfort he clung to his lectern during the last years of his life. No one was allowed to know that he was ill. He had cancer.¹⁷ This list of illnesses in a private life illustrates the importance of what Giovanni Levi described as an important aspect of microhistory: “the reduction of scale of observation in experimental purposes.”¹⁸

Madness and Illness

It is attractive thought for many to believe that something good comes from all suffering.¹⁹ The Dutch newspaper *de Volkskrant* once opened with an article about impressionism, which was not, as art historians always thought, an art movement. No, impressionism is said to have arisen as a result of the poor eyesight of the painter Claude Monet, caused by the condition myotonic dystrophy. The founder of impressionism painted blurredly *because* his vision was blurred.²⁰ The evidence for this provocative statement may be somewhat limited, but the reasoning is no less spectacular.

Many bookshelves full of literature have been written about so-called “therapeutic” art. Madmen who describe in their diary their demise at Waterloo, or in colorful terms could describe their crucifixion almost two millennia ago. And every few years, a literary scholar comes along who has discovered that Prince Myshkin’s sudden feelings of bliss in Dostoyevsky’s *The Idiot* (1868) are the result of the writer’s epileptic fits. And is it not said of many poets that their poetry is so childishly disarming because they remained stuck in the childish phase, to the extreme? The Hungarian-Dutch psychologist Géza Révész theorized in *Talent en genie. Grondslagen van een psychologie der begaafdheid* [*Talent and Genius*:

¹⁷ D. OWEN, *In Sickness and the Power*, pp. 195–197.

¹⁸ GIOVANNI LEVI, *On Microhistory*, in: *New Perspectives on Historical Writing*, (ed.) Peter Burke, Cambridge 1991, pp. 93–113, 97–98.

¹⁹ HANS RENDERS, JACQUES DANE, *Biografie & Psychologie*, in: *Biografie & Psychologie*, (edd.) Jacques Dane, Hans Renders, Amsterdam 2007, pp. 7–22.

²⁰ “Monet painted blurredly because his vision was blurred,” *de Volkskrant*, 14 April 1997. More examples of this kind in *Ziektebeelden. Essays over literatuur en geneeskunde* [Clinical images: Essays on literature and medicine], (edd.) F. Meulenberg, J. van der Meer, A.K. Olderwald, Utrecht 2002.

Foundations of a psychology of giftedness] about the relationship between giftedness and psychology.²¹

In this vein, Mark Stevens and Annalyn Swan discuss physical and mental discomforts in detail in their biography of Francis Bacon. Bacon needed extensive medical care; he took medication for both his physical problems – asthma and related conditions – and persistent tension. At some point, Bacon needed more than his usual mix of tranquilizers and antidepressants, his doctor, Dr. Brass, decided. It is likely that during this visit, Brass prescribed Bacon, Largactil, the first of the so-called psychotropic drugs. These were used, among other things, to combat severe depression. Dr. Brass and his son would continue to prescribe high doses of Largactil to Bacon over the years when his nervous tensions came to the fore.²²

Stevens and Swan do not merely list the ailments from which Bacon suffered or list the medications he took. The side effects of the pills are also accurately depicted. In addition to Librium and the high blood pressure medications Brass regularly prescribed to Bacon, the doctor also added two other powerful drugs, including Drinamyl, an extremely addictive antidepressant that also led to weight loss.

These kinds of stories are usually debunked by biographers or art historians, but physicians have also reported on the relationship between (mental) illness and art.²³ Under Heinrich Heine's motto "what life takes, the muse gives back," examples are given of the relationship between the creation of art and human shortcomings in a psychological or physical sense.

For example, Egon Schiele is said to have painted hundreds of self-portraits because he suffered from a narcissistic personality disorder and Robert Schumann is said to have written gloomy music because depression was his driving force. Kay Redfield Jamison claims something similar in her book *Touched with Fire* (1993) about some poets.²⁴ Jamison includes as an appendix in her book, three densely-printed pages with names of writers, artists, and composers who likely suffered with

²¹ GEZA RÉVÉSZ, *Talent en genie. Grondslagen van een psychologie der begaafdheid* [*Talent and Genius: Foundations of a psychology of giftedness*], Leiden 1952.

²² MARK STEVENS, ANNALYN SWAN, *Francis Bacon. Openbaringen. De Biografie* [*Francis Bacon: Revelations. The Biography*], Amsterdam 2021, p. 458.

²³ E. FOKKE, J. VAN EVERDINGEN, F. MEULENBERG, *De Broze Muse*.

²⁴ KAY REDFIELD JAMISON, *Touched with Fire: Manic-depressive Illness and the Artistic Temperament*, New York 1993.

cyclothymic, depressive, or manic-depressive disorders. Rich epics in which many voices speak can then be explained by the artist's state of psychosis, in which he imagines he hears voices everywhere. The relationship between madness and genius is then not far away.

This is also illustrated by the story about Swiss visual artist Adolf Wölfl (1864–1930), who suffered from hallucinations and was confused and rebellious. From 1895 until his death, he stayed in a psychiatric institution near Bern. He drew and painted a total of about 1,400 drawings, 1,600 collages, and wrote almost 25,000 pages about his imagined life. The psychiatrist Walter Morgenthaler provided Wölfl with magazines, paper, and colored pencils. In 1921, this psychiatrist wrote a book about Wölfl: *Ein Geisteskranker als Künstler* [*A Mentally Ill Person as Artist*]. Only after his death did Wölfl become world famous, when his work was exhibited at the Documenta in Kassel in 1972.²⁵

How different is the story about Willem van Genk (1927–2005)! He is seen as the Netherlands' most important representative of Outsider Art, a somewhat strange term for artists who achieve their achievements outside the circuit of the art world. In practice, they are eccentrics with a mental disability. So was Van Genk, who suffered from autism and paranoia, although he was also called schizophrenic. In the biography that Jack van der Weide recently published, the relationship between Van Genk's life and work is described without the biographer dismissing his artistry as the work of a lunatic. Based purely on Van Genk's artistic work, he was invited to the exhibition *Nieuwe Realisten* [*New Realists*] in the Haags Gemeentemuseum in 1964. The list of participating artists was impressive, including Francis Bacon, Jean Dubuffet, Jasper Johns, Yves Klein, Roy Lichtenstein, Robert Rauschenberg, Jean Tinguely, and Andy Warhol.²⁶

Needless to say, the theme of madness and genius offers many possibilities for biographers. Ranne Hovius has in her book *Vogels van waanzin. Psychiatrie in de Nederlandstalige romans en gedichten* [*Birds of Madness: Psychiatry in Dutch novels and poems*] provided an overview of writers

²⁵ PETER DIERINCK, De gekke kunstenaar lijkt een romantische mythe te zijn, <https://www.psychosenet.nl/de-gekke-kunstenaar/> (accessed on July 12 2025).

²⁶ JACK VAN DER WEIDE, *Willem van Genk. De eenheid van het spinnenweb. Biografie van een ongekend genie* [Willem van Genk. The Unity of the Spider's Web. Biography of an Unprecedented Genius], Amsterdam 2024.

and their psychological problems.²⁷ She is concerned with writers who also report on their “madness” in their work. It must always be remembered that what writers say about their illness is not knowledge of psychiatry, but a suggestion of knowledge.²⁸ In microhistory, it is also about something else: whether it concerns the biographies of Hitler, Bacon, or the other examples mentioned here: by zooming in on a surprising detail in a private life, public life can be interpreted slightly differently.

The Biographer as Psychoanalyst

Psychology in biographies is a hot topic for historians and biographers. They dare not use psychological studies for fear of being labeled a quack. For example, Rob Molin, the biographer of the Dutch poet, translator, and literary critic Adriaan Morriën, writes that his book is not based “on psychological interpretations such as narcissism and comparisons with Don Juan or Casanova” – while it is already stated in the first chapter that the main character “enters the ‘Oedipal’ phase” and has not let go.²⁹ Terms such as “narcissism” and “sublimated” are also included. But according to the biographer, he does not practice psychology.

Conversely, psychologists and psychiatrists do not hesitate to use literary works in their scholarly publications as a case for their theories. Carl G. Jung concluded, based on Joyce’s *Ulysses*, that James Joyce suffered from a “latent psychosis.” Is this responsible? And why are biographers of writers’ biographies, at least according to some critics, not allowed to psychologize? Aren’t Shakespeare, Schopenhauer, and Thomas Mann at least as great experts of the human soul as Sigmund Freud or Jung? Jacques Revel’s postulate that microhistory’s procedure is gaming with scales fits perfectly into this type of research. The scale of historical study

²⁷ RANNE HOVIUS, *Vogels van waanzin. Psychiatrie in de Nederlandstalige romans en gedichten* [Birds of Madness: Psychiatry in Dutch-language novels and poems], Amsterdam 2015.

²⁸ Jaap van Heerden, *Het verband tussen psychologie en literatuur. Kennisoverdracht van hart tot hart* [The Connection Between Psychology and Literature: Knowledge Transfer from Heart to Heart], NRC Handelsblad 27 October 1995. See also, *De Taal van het Gevoel. Essays over Literatuur en Psychiatrie* [The Language of Feeling: Essays on Literature and Psychiatry], (edd.) ARKO OLDERWALD, FRANS MEULENBERG, WILLEM VAN TILBURG, Amsterdam 2003.

²⁹ ROB MOLIN, *Dear Rebel. Biography of Adriaan Morriën*, Amsterdam 2005.

should be changed constantly and consciously, so that the historian can construct complex objects and describe the structure of the social tissue, i.e. “What counts is the principle of variation, not the choice of a particular scale.”³⁰ The same applies to the courage to meticulously examine a person from a specific theme, for example physical or mental problems, in order to possibly correct the existing image of that person.

Time and again biographers feel they have to justify why they “do not practice psychology” in their work. Sooner or later every biographer is asked whether he or she is allowed to “psychologize.” The implicit message of such a question is that this is not allowed, and the expression “psychology of the cold ground” often comes up in that context. The hesitation of biographers to rely on psychologists or psychiatrists is not surprising. What did a psychiatrist mean a century ago by hysteria or schizophrenia, for example? It is at least not the same as today. Other auxiliary sciences are needed to place the psychiatric treatment of the biographed in a historical perspective. That’s a friendly way of saying that experts at the time were not always right by today’s standards. Consider castration and lobotomy. The latter treatment method involved drilling a hole in someone’s head. This was still done until after the Second World War, castration even until the early 1970s. Many “sex offenders,” and that term was assigned to homosexuals until about 1960, were subjected to radical treatment methods: gas treatment, electric shocks, and in the most serious cases, castration.

Fortunately, practitioners are less barbaric nowadays, but the biography of Irma Catharina Dessaur that Elisabeth Lockhorn published in 2016 shows that psychological problems can be a consequence of social reactions to a “deviant” identity. When Dessaur, writing under the name Andreas Burnier, was asked by the psychoanalyst Josée van Eijk about her period in hiding during the Second World War, she avoided the subject: “Some sleeping dogs are better left alone.” Van Eijk then concludes: “From this statement we can deduce that Andreas Burnier must have been tormented all her life by those deep-lying fears, which for her took shape in persecutory fears. As soon as she found confirmation for this in external reality, she had to flee.”³¹

³⁰ JACQUES REVEL, *Micro-analyse et construction du social*, in: *Jeux d’échelles: La micro-analyse à l’expérience*, (ed.) Jacques Revel, Paris 1996, pp. 15–36.

³¹ JOSÉE VAN EIJK, Haar pogingen aansluiting te vinden bij dit leven, in: *De Biografie in Psychoanalyse*, (edd.) Roelien van Mechelen, Martine Groen, Amsterdam 2021, p. 48.

Whenever biographers venture into psychology, they always come up with Freud and begin to emphasize the importance of childhood for the rest of a life.³² The problem with this is that Freud is read not so much as a theorist, but as someone who wrote instructions that you can apply to the work of a biographer. But theory is not instruction, and Freud certainly cannot be read as an instruction manual, such as the one you get with an IKEA DIY self-build kit. Theory is intended to impregnate your mind and to see connections and patterns in your research material that you did not see before reading theoretical publications. Microhistory is a method and at the same time a justification of this method.

Reduced Scale

Freud is not only popular among novelists, but biographers also admire him. Not only because he wrote some biographical studies himself, but especially because he gave such inventive explanations for human behavior. Take his theory on forgetting words from foreign languages in his book *Psychopathology of Everyday Life*. Who doesn't suffer from it? Freud illustrates his statement with a story for which he was often later criticized. On the train, he encounters a young man who complains about the increasing anti-Semitism in Austria-Hungary. The young man wants to reinforce his story with a quote from Virgil's Aeneas. But he does not remember one word from the curse that Dido pronounces after Aeneas has left her: *aliquis*. Freud asks the man to make associations with "*aliquis*" (which in Latin has the unremarkable meaning of "someone" or "some other") so that he can explain to him why he had forgotten this particular word. The boy lists the cities he had visited recently, the books that had impressed him, and much more. There is no connection. But Freud soon realizes that the boy is afraid that he has impregnated a girl – *a-liquis*, not *liquid*, the absence of menstruation.

³² WALTER LANGER: *The Mind of Adolf Hitler: the Secret Wartime Report*, New York 1972. Also, Erik Erikson's books: ERIK ERIKSON, *Young Man Luther: A Study in Psychoanalysis and History*, New York 1958; ERIK ERIKSON, *Gandhi's Truth: On the Origins of Militant Nonviolence*, New York 1969. Also, the works of historian Bruce Mazlish: BRUCE MAZLISH, *In Search of Nixon: A Psychohistorical Inquiry*, London 1973; BRUCE MAZLISH, James and John Stuart Mill: *Father and Son in the Nineteenth Century*, New Brunswick–Oxford 1975. Also, NANCY GAGER CLINCH, *The Kennedy Neurosis*, New York 1973.

It is a bit lame to not see Freud as a good scholar because he could not prove his interpretations. In the natural sciences you can prove something with calculations and experiments, but in psychology, as in all humanities, you can at most make something plausible by explaining it in a reasoned manner. This of course also applies to biography. Sometimes Freud went very far, as in his description of the “case of Dora.” This eighteen-year-old girl already had a hard time with the fact that her father had an affair with “Frau K.,” but Dora found it completely unbearable that “Herr K.” meanwhile tried to hit on her. Freud treated her and interpreted that Dora was secretly in love with Herr K. She denied it, but Freud explained her constant coughing and her hoarseness as hysterical signs of a repressed desire to have oral sex with Herr K.

Jacques Revel discussed the aims of microhistory and mentioned the “reduced scale of observation” as the most obvious characteristic of microhistory.³³ A good example of how you can work with this reduced scale is given by Freud. His 25-page treatise on the hand of Michelangelo’s statue of Moses is one of Freud’s finest texts. In a stunningly convincing manner, Freud manages to interpret Moses’ hand gripping his own beard as “the remnant of a completed movement” that indicates that Moses resists the temptation to burst into anger. In fact, Freud was already a kind of micro-historian in his time, by interpreting the general image of an event, a work of art, or a person from a detail that gave the whole a different meaning. Moses’ hand gesture is an opportunity to interpret his character as controlled.

Public Life and Illness

Rarely do you see biographies that discuss the physical effects of medical intervention in detail. There are a few exceptions. For example, the biography of Johannes Esser, the founder of plastic surgery, maps out very carefully which surgical interventions had which consequences.³⁴

³³ JACQUES REVEL, *Microanalysis and the Construction of the Social*, in: *Histories: French Constructions of the Past*, (edd.) Jacques Revel, Lynn Hunt, New York 1995, pp. 493–502.

³⁴ TON NEELISSEN, *Het ongebreidelde leven van Johannes Esser. Grondlegger van de plastische chirurgie*, Amsterdam 2002. See also, LINDSEY FITZHARRIS, *The Face of the First World War: The Struggle of a Plastic Surgeon and His Soldiers*, Amsterdam 2022.

In a study about the British pioneer of plastic surgery Harold Gillies, this is even illustrated with macabre photographs. In these two biographies, by biographers who are laymen in the field of plastic surgery, Ton Neelissen and Lindsey Fitzharris, the technical aspects of plastic surgery are seriously discussed. That is obvious in this case, it seems, because the main characters of their biographies are plastic surgeons. Yet this is special because Walter Isaacson's biography of Albert Einstein discusses the theory of relativity and other scientific achievements that made him world famous in barely 25 pages.³⁵

In any case, the question of what role the main character played in public life or whether his or her work is discussed in depth does matter in biography. Without exception, biographers express and explain their protagonists' political positions extensively when they write about politicians, which is why we read a biography. But strangely enough, this is not considered necessary for biographies of engineers or other smart people. If you read Steve Jobs' biography, you really do not know how an iPhone works. That, of course, says more about the biographers than about the public figures they write about.

Ask any elder person what he or she considers most important, and the answer is invariably: my health. That is why it is important that health, after all very personal, is explicitly included in the interpretation of the public figures by biographers. Biographers should take more into account how an illness of the biographed has affected his or her public life. For this, the method of microhistory lends itself perfectly, but not microhistory in the sense of investigating something small, but emphatically as investigating by a "reduced scale of observation" something from the personal sphere in order to interpret its public consequences. In other words: how special is it that someone with a physical condition participates fully in public life? Which diseases, apart from the practical limitations, are socially accepted and which are not? AIDS was once a disease that was almost always kept strictly secret. The acceptance of people with an HIV virus has become somewhat greater, probably in societies where homosexuality is more tolerated. All of that can be investigated.

"The glory of microhistory," states Finnish microhistorian Matti Peltonen, "lies in its power to recover and reconstruct past events by exploring and connecting a wide range of data sources so as to produce

³⁵ WALTER ISAACSON, *Einstein: man, mens en genie*, Houten 2015; EDMUND MORRIS, *Dutch: A Memoir of Ronald Reagan*, New York 1999.

a contextual, three-dimensional, analytic narrative in which actual people as well as abstract forces shape events.”³⁶ In this way, the question of how representative or how unique a personal experience is, can be important in order to comment on the big story. The concealed health problems of political leaders say a lot about the political context in which those leaders function. But also, for non-public figures, microhistorical research can reveal an illuminating connection between individuals and the interpretation of data that represent groups of people. David Roth’s findings in an archive of a “Hospital for the Insane” are an exciting example of biographical research, thanks to the microhistorical method. Using medical data, he manages to position residents of a nineteenth and early twentieth-century asylum in their own social background, in Sydney. By using these archives, Roth clearly demonstrates that certain physical conditions can be directly traced to a socio-economic background. These apparently unusual and exceptional cases in the asylum reveal, upon further investigation, a hidden reality or routine practices that can be considered questionable according to the standards of that period.³⁷

A successful biography is not so much a chronicle of someone’s life, but rather an interpretation of that life. In addition to the examples mentioned above, there are countless lives that are deeply shaped by their health. Health is given an important role, especially in the political context. Not only because fitness radiates strength, but also because health and the use of medicines represent a way of life – a way of life, that is, that serves as an example to citizens.

It would be good if biographers shed their hesitation to include diseases of the body and mind in biography, to get rid of this taboo. Thereby, biographers should embrace a broader notion of what is “normal.” The representativeness of a disease in society is time-bound, in many ways. The taboo on mental suffering has diminished over the years. A visit to a psychologist is no longer kept secret. In fact, it is seen as an inevitable consequence of an increasingly hectic world. Physical discomfort, on the other hand, has increasingly become a social phenomenon (with working-class people living shorter lives than others). Smoking and drinking

³⁶ RICHARD D. BROWN, *Microhistory and the Post-Modern Challenge*, in: Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing, Revised and Augmented Edition, (edd.) Hans Renders, Binne de Haan, Leiden–Boston 2014, pp. 119–128.

³⁷ DAVID T. ROTH, *Life, Death and Deliverance at Callan Park Hospital for the Insane, 1877 to 1923*, Canberra 2020 (diss.).

alcohol are condemned by governments all over the world, and those who still partake in those practices often pay the price in the form of a physical condition. The same applies to the social (in)tolerant attitude towards unhealthy food.

Microhistorical research can tell us more about how “normal” certain diseases are in separate social groups. Society increasingly demands the emancipation of people with a physical disability. And ultimately, biography is a reflection of a changing world. Biographers do not like to hear it, but a biography is not for eternity. The interpretation of a life has an expiration date, for the simple reason that as a society we keep asking ourselves different questions. If biographers delve into the heroic deeds of the biographed, they too can also delve into their subject’s illnesses or maladies. This only makes a biography more interesting, and for the creation of such biographies, the research method of microhistory is indispensable.