

A PSYCHIATRIST'S RECOLLECTIONS
OF EZRA POUND

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Ladies and gentlemen:¹

I am very pleased to be here among you who have studied the works of Ezra Pound, and to tell you of my contacts with him.

I was a young psychiatrist in 1966 and on duty at the mental hospital of the Genoa University School of Medicine, when I first met him. Though we were doctor and patient, I was also fascinated by this great poet and wise old man.

One of the first tasks was to try to arrive at a diagnosis. He had been sent to psychiatry after prostate surgery. The history that came with him noted psychomotor retardation (a profound slowing of thinking, speaking and behavior), depressed mood, severe insomnia and delusional ideas of being contaminated by microbes.

Collecting additional history was not easy, in part because he had undergone a trial and a long hospitalization at St. Elizabeths Hospital in Washington, D.C. This confused our understanding of the case.

In fact, the first diagnosis was made in 1945, after Pound had been arrested. The military psychiatrist diagnosed a depression caused by exposure to the sun in Pisa. So: take a

great poet, put him in a cage, expose him to the curiosity, laughter and derision of passers by, and he will develop depression because of the terrible sun of Pisa in June.

Many of the previous diagnoses reflected legal concerns and a bias towards finding him “not competent to stand trial.” The four psychiatrists who examined him (Overholser, King, Gilbert, Muncie) using DSM-I, which was then common practice, and which was based on the psychobiological theories of Adolf Meyer, made these diagnoses: personality trait disorder, narcissistic state, undifferentiated psychotic disorder, schizophrenia and paranoid state.

The report sent us from St. Elizabeths Hospital was quite detailed: the psychiatric examination showed no disorder that was schizophrenic or paranoid. Instead, there was the description of a complex personality, with traits of unstable behavior and bizarre attitudes. As we realized some years later, this instability could have reflected modes of diagnosis that were different between the United States and Europe.

As I mentioned, when he was admitted to our hospital, he had a depressed mood, anxiety experienced as asthenia and psychomotor retardation, severe insomnia, delusional ideas of self-deprecation, loss of interest in anything, convictions that he would never get better, of guilt, and of being contaminated by microbes. His guilt, for which we could find no reason, was central to his condition, and it was congruent with his depressed mood.

A previous depression had been observed and had been treated with electro-convulsive therapy. This time we chose pharmacological treatment and used the prototype antidepressant medication, imipramine (trade name Tofranil) at medium to high doses of 200 to 300 milligrams for day. He responded dramatically within four weeks, moving into a clearly manic state: he was euphoric, had psychomotor excitement, an ecstatic attitude, and pressured speech. He responded well to sedation, and his mood and behavior become normal. The diagno-

sis was now clear, both from history and clinical observation: manic-depressive illness (also called bipolar disorder).

In my opinion, knowing this could explain many instances of Pound's behavior that his biographers have described, such as jumping on a table at dinner, or hyperactive and excited recitations over Italian radio during the war, filled with political and military propaganda. At other times he disappeared from the public scene and was silent for long periods.

During his depressed and melancholic episode, there is something about his language that I remember very well, both as a person and as a psychiatrist. This previously very verbal man virtually lost his powers of speech. There were some delusional expressions, some broken words and an attitude of being astonished or dumbfounded. He did not listen to anything and spoke only about his delusional anxieties.

On the other hand, when he was in remission, things were very different. I spent all my spare time with Pound, both during days and also those nights when I was on duty (especially when his insomnia kept him up). It was difficult to assess who was doing psychotherapy with whom: I felt a great sympathy towards him, and I believe he felt the same towards me. I'm not talking now of deep dynamics or unconscious conflicts (I published some papers on this about twenty years ago).

What I can say is that Pound's political vision becomes a grand metaphor of his interior life, which each of us will be able to see in a different manner from his own point of view, and in which the psychoanalyst, using his yardstick, could see the avidity and the avarice of his mother, unbearably aristocratic, and of his home land.

But I was lonely as a lonely child
I cried amid the void and heard no cry.

As an analyst it would be difficult not to see the broadcasts

attacking America as a primal scene attack. It is enough to quote from these talks: "What races can mix in America without the ruin of the American stock, the American mind? The melting pot in America may have been a noble experiment, though I very much doubt it".

The enormous difficulty in relationships, I believe, derived from a cold and artificial mother, and appears to support what William Carlos Williams wrote:

But not one person in a thousand likes him, and a great many people detest him and why? Because he is so darned full of conceits and affectation. He is really a brilliant taker and thinker but delights in making himself just exactly what he is not: a laughing boor.

These observations are important because in them stands out the falsity, and toil of denial, of the unpleasant mania in defence against an unacceptable separation. But I will use psychiatric language rather than a poetic point of view (poetry is actually your field!).

Everything was immersed in a great silence. I looked at him; he looked at me. His eyes were open very wide, and he rarely blinked. He had a rare smile peeping through his prophet-like beard, and his forehead showed big wrinkles which would sometimes smooth out. The silence was broken by observations and answers that were never common place, always right on target. We spoke in Italian.

Once he answered me four times in a row in hendecasyllabic verses, and when I pointed this out, he smiled and was amused. One day I carried a volume of *Cantos*. He looked at me with gloomy eyes and didn't say a single word for the whole day. I opened the book and started to read:

Thus Ben and la Clara *a Milano*
by the heels at Milano ...

Pound was again in an astonished silence.

Dante enlivened our conversations. I used to bring my old

school edition of the *Commedia* with Momigliano's commentary. Once I brought with me an English translation (a classical one, I don't remember which), and Pound said emphatically and boldly, "La traduzione è sbagliata!" (The translation is wrong!). Suddenly he told me curtly that one of Dante's best verses was "come il bue che il naso lecchi" (like the ox that licks his nose). This made me better appreciate the expressiveness of the simile, but, on the other hand, I was surprised by this observation coming from a poet I considered strongly intellectual.

My favorite portion of the *Commedia* was then the *Inferno*, but in no more than eight words he told me that the summit of poetry was the *Paradiso*, and now I understand very well what he meant. For a while, he spoke to me only through quotations of Dante. This was subtly ironic, but it also displayed his incredible knowledge of the *Commedia*.

Looking back at those exchanges as a psychiatrist, I would say his Italian, even when the melancholic episode was over, was no doubt anomalous, or at least unusual. But I don't think he had problems with it: his vocabulary and syntax were good. I suspect the same was true of his English, although I can't be sure about it.

Pound's language had no problems with association or syntax, nor was there any evidence of derailment, neologisms, sudden blocking, deviations in meaning, perseveration or stereotypical thinking. Sometimes, sentences were unusual and unexpected, never obvious or common, but what can you expect from a poet? Furthermore, he spoke short and explosive sentences, almost linguistic sighs, but always complete. I can say I never heard a long speech from him.

Communication often consisted of staring at each other. When I was speaking, or listening to him, often the visual image of the written structure of his poems came to mind, along with his Chinese ideograms, which I must confess I never understood intellectually but rather instinctively.

A statement of Bion's about language occurs to me now: "doodling in sounds". Though his language was tangled and not fluent, in my recollections it was not the language of schizophrenia. It had a striking internal coherence, which is something one does not see in schizophrenic patients.

Despite his age and his major depressive episodes, Ezra Pound had not deteriorated mentally. I did not administer the Wechsler I.Q. test to him because I found it presumptuous to try to measure the intelligence of a great poet. How could I ask him what the word "mountain" means? What could the answer of a poet be?

Our definitions are approximate, and our tools are not able to reconstruct the mind of a poet. Pound could tell us: "No psychiatrist could possibly understand me; it would be like a blacksmith trying to disassemble a jet plane".

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Notes

¹ This address was given during the opening session of the Conference, 4 July 2005. – Eds.