

...Churchill Hadn't Tamed His 'Black Dog'?

By Mark Grimsley

In March 2006 a statue of Winston Churchill went on display in Norwich, England. It might have attracted little attention but for one disquieting detail: it showed the prime minister in a strait-jacket. The statue was part of a campaign by Rethink, the mental health advocacy group that commissioned it.

"We are trying to break down the stigma of mental illness," explained a spokesman. "Churchill documented his depression and referred to it as his 'black dog.' Nowadays it would be described as bipolar disorder or manic depression. We all know that Churchill was a great leader and this statue is an illustration of what people with mental illness can achieve"—that is, without the cruel caricatures that too often burden those with such illnesses.

Indeed, the controversy in the wake of the statue's unveiling underscored the point Rethink was trying to make. Many Britons cried foul. "It's not only insulting, it's pathetic," growled Nicholas Soames, grandson of the former prime minister. The outcry forced Rethink to remove the statue after only a few days. The organization had miscalculated the public's receptivity to such a portrayal of a national icon. But had it been mistaken about Churchill's illness itself?

Churchill indeed suffered from bouts with depression, a fact that became well known with the 1966 publication of a memoir based on the diaries of his personal physician, Lord Moran. In it, Lord Moran wrote, "Winston has never been at all like other people....In his early days...he was afflicted by fits of depression that might last for months." He recorded that Churchill once remarked, "When I was young, for two or three years the light faded out of the picture. I did my work. I sat in the House of Commons, but black depression settled on me." Churchill remained on guard against it his entire life.

Although few historians have ques-



tioned the reality of Churchill's "black dog," many have discounted its significance. Martin Gilbert, author of an eight-volume authorized biography of Britain's greatest statesman, rejected "the picture of Churchill as frequently and debilitatingly depressed," and averred that "Churchill did not suffer from clinical depression." That is perhaps technically correct: the modern criteria for a major depressive episode require the presence of five or more distinct symptoms over two weeks.

And in any event, it seems improbable that a man of Churchill's famous energy could have suffered simply from bouts of depression. During his 90-year life he not only served almost continuously in public life, but wrote dozens of articles and books, including a six-volume history of the First World War and a six-volume memoir of his service as Great Britain's wartime prime minister. This has led some to speculate that Churchill actually suffered from manic-depressive illness—now called bipolar disorder—which is essentially an abnormality in the human biochemistry affecting energy level and mood.

Specifically, Churchill probably had what is now classified as Bipolar II disorder, a variant in which hypomanic episodes—periods of unusual energy, creativity, and goal-oriented activity—are often more frequent than depressions and do not result in breaks from reality associated with full-blown manic episodes.

Churchill's history suggests several hallmarks of hypomanic behavior. A penchant for impulsive spending landed him in financial hot water numerous times. He frequently exhibited abnormal energy and appeared fully rested after only a few hours' sleep. A typical working day began at 8 a.m. and continued until 2 a.m. or beyond—a habit that exasperated the secretaries and subordinates obliged to stay up with him as he worked. He was often in an expansive mood and could carry on monologues of up to four hours. He had few inhibitions and would receive official visitors—including high-ranking generals—in his bathrobe, or even while lounging in bed. On one occasion the chief of the Imperial General Staff, Field Marshal Alan Brooke, encountered Churchill with a gramophone

blaring. “In [his] many-coloured dressing gown, with a sandwich in one hand and watercress in the other, he trotted round and round the hall giving little skips to the time of the gramophone. On each lap near the fireplace, he stopped to release some priceless quotation or thought.”

Contrary to an all-too-common belief, many individuals with bipolar disorder lead productive, even high-functioning lives. The author of this column was diagnosed with the disease over 25 years ago, yet it has not prevented him from becoming a successful professor and writer. Modern pharmaceuticals play a significant role in containing the illness, as does the support of family and friends, regular consultations with a therapist and psychiatrist, physical exercise and good sleep habits, and perhaps above all, a refusal to let bipolar disorder define the person who has it. Perhaps the greatest handicap afflicting those with the illness is the stigma that still clings to it—a stigma far more severe in Churchill’s day and one that could have wrecked his political career if the illness had been formally diagnosed.

Yet despite the success that many people with bipolar disorder manage to achieve, it remains possible for episodes to strike with such intensity as to be debilitating. What if Churchill had experienced such an episode at some crucial point during World War II?

A low point in Churchill’s career occurred in the winter of 1942, at about the time of the fall of Singapore, the greatest disaster in British military history. Churchill came under intense political fire and there were calls for his resignation—calls that often emphasized Churchill’s seeming inability to concentrate and erratic work habits. Wrote a high-ranking official who saw him at the time, “He seems quite incapable of listening or taking in the simplest point but goes off at a tangent on a word and then rambles on inconsecutively.... For the first time I realized he is not only unbusinesslike but overtired and really losing his grip altogether.”

Churchill himself remarked in retrospect that it was amazing he had managed to remain in power during that dark period, but his immense public popular-

ity meant that the political cost of removing him would have been high. Nonetheless, some thought seriously about forcing Churchill to at least relinquish the office of minister of defense that he held in addition to his post as prime minister—knowing full well that Churchill had vowed to resign altogether if any such thing were done. He survived a vote of confidence in the House of Commons—and would survive another later that year, after the fall of Tobruk—but in both cases he did so because he was able to respond brilliantly to his critics and because the leaders of both the Conservative and Labour parties held their memberships firmly in line. Had Churchill slipped into greater despondency, so that his eloquence and powers of decision eluded him, or had the stress of the moment pushed him into a severe hypomanic or even manic episode, his political support might have disappeared.

In such an event, the person most often mentioned as his successor was Sir Stafford Cripps, a prominent Labour Party member who enjoyed enormous prestige in the wake of a successful meeting with Soviet dictator Joseph Stalin. It is even thought that if Cripps and another critic of Churchill’s performance, Sir Anthony Eden, had joined forces, they might have mobilized the political clout necessary to secure the vote of no confidence to remove Churchill from power—as had occurred to his predecessor, Neville Chamberlain. While the subsequent course of events is impossible to predict, it is worth noting that Cripps was a leading, if cautious, advocate of an early “second front” in northwestern Europe. Had he replaced Churchill as prime minister, he might have sided with the American high command in pressing for a cross-Channel attack in 1943 rather than 1944.

Yet Churchill, with his indomitable spirit, managed to overcome his “black dog” and return to the fight with undiminished combativeness and courage, leaving an example of perseverance that has rightly been seen as a legacy to subsequent generations—a legacy often denied, ironically, to those who struggle with the same mental afflictions that Churchill battled throughout his life. ★