

Ernest Hemingway: A Psychological Autopsy of a Suicide

Christopher D. Martin,
Psychiatry 69 (4) Winter 2006

MUCH has been written about Ernest Hemingway, including discussion of his well-documented mood disorder, alcoholism, and suicide. However, a thorough biopsychosocial approach capable of integrating the various threads of the author's complex psychiatric picture has yet to be applied. Application of such a psychiatric view to the case of Ernest Hemingway in an effort toward better understanding of the author's experience with illness and the tragic outcome is the aim of this investigation. Thus, Hemingway's life is examined through a review and discussion of biographies, psychiatric literature, personal correspondence, photography, and medical records.

Significant evidence exists to support the diagnoses of bipolar disorder, alcohol dependence, traumatic brain injury, and probable borderline and narcissistic personality traits. Late in life, Hemingway also developed symptoms of psychosis likely related to his underlying affective illness and superimposed alcoholism and traumatic brain injury.

Hemingway utilized a variety of defense mechanisms, including self-medication with alcohol, a lifestyle of aggressive, risk-taking sportsmanship, and writing, in order to cope with the suffering caused by the complex co-morbidity of his interrelated psychiatric disorders. Ultimately, Hemingway's defense mechanisms failed, overwhelmed by the burden of his complex co-morbid illness, resulting in his suicide. However, despite suffering from multiple psychiatric disorders, Hemingway was able to live a vibrant life until the age of 61 and within that time contribute immortal works of fiction to the literary canon.

ERNEST HEMINGWAY is one of the most recognizable figures of the twentieth century, known to the world as a literary genius who also became a near mythic representation of American hyper-masculinity, a hard-drinking womanizer, big game hunter, deep sea fisherman, aficionado of the bullfight, and a boxer with quick-tempered fists both in and out of the ring.

A critic called him 'the outstanding author since the death of Shakespeare' (O'Hara, 1950, p. 200) while on other occasions the critical voice has been less complimentary (Mellow, 1991). However, there is little question regarding the inestimable significance of his role in American literature. In addition to possessing a rich talent, Hemingway was

heir to a biological predisposition for mood disorders and alcoholism and also suffered the characterological fallout of a childhood spent under the care of parents with their own unpredictable mood swings and disorienting inconsistencies. The result was a deeply troubled, though resilient offspring.

Hemingway's public life was so rich in experience, his inner world so complex, and both so well-documented that it is easy to become disoriented while navigating through his past. Thus, integrating the various elements that influenced his mental life becomes a challenging task. Hemingway biographer Michael Reynolds wrote, 'If you get too fixated on Hemingway, you lose the ability to understand him. He's like a deep well: you fall in and you may never come out' (Allen, 1999).

Multiple authors have attempted to characterize the psychiatric illness from which Hemingway suffered, an important task given the manner in which psychiatric disease affected the writer's life and informed his work, his writings being both products shaped in part by his painful internal mental states and defenses against them.

However, none have utilized a bio-psychosocial approach to formulate an understanding of the interrelation of the complex psychiatric co-morbidities involved. This type of integrated approach is expressly indicated in the case of Ernest Hemingway. Careful reading of Hemingway's major biographies and his personal and public writings reveals evidence suggesting the presence of the following conditions during his lifetime: bipolar disorder, alcohol dependence, traumatic brain injury, and probable borderline and narcissistic personality traits.

Given this degree of complex co-morbidity, any reductionism, or an approach that is disproportionately biological or psychological, is likely to produce only a partial explanation of the author's experience with psychiatric illness, limiting any effort to understand him. Certainly, any undertaking that seeks to convey an understanding of Hemingway must also address the particular society into which he was born as well as the culture he constructed about himself. Thus, only an integrated bio-psychosocial approach can begin to fully assess the psychiatric aspects of Hemingway's life. Before undertaking such an effort, however, important caveats must be addressed.

In no way is this investigation meant to offer a comprehensive analysis of Hemingway's life or work or an explanation of his artistic genius. Such a clinical undertaking could never convey the depth of character in the man. Rather, the goal is to present a plausible statement about Hemingway's complex psychiatric picture.

Additionally, an exploration of Hemingway's experience with illness should not detract from the memory of this man who was beloved by friends and family, many still living who knew him and others who will never have the good fortune to know him in life. Finally, as with all similar psycho-biographical efforts, this study has the methodological limitations inherent in the absence of a clinical evaluation of the subject. One must speculate based on fragments of the subject's writings, other surviving documents, and biography.

Several major biographies produced in the years since Hemingway's death have recorded his life in extensive detail and to varying degrees have attempted to provide an understanding of the psychiatric difficulties which befell him. Baker (1969), Hemingway's earliest major biographer, clearly documented the writer's dramatic mood swings, even applying the term 'manic-depressive' (Baker, 1969, p. viii). He noted Hemingway's recurrent references to suicide in conversation and personal correspondence. Baker also documented Hemingway's unpredictable personality, troubled interpersonal relationships, and alcoholism.

Lynn (1987) and Mellow (1992) each produced enriched accounts of Hemingway's life, expanding on Baker's work. Lynn particularly explored Hemingway's early years and contributed to a deeper understanding of Hemingway's family of origin, his mother's inconsistent messages about masculinity and femininity, and his father's unpredictable temper and strict disciplinarianism.

Lynn also notably commented on the presence of a history of manic-depressive illness in the Hemingway family. Reynolds (1999) offered perhaps the most comprehensive biographical exploration of Hemingway's life and contributed a detailed depiction of factors around Hemingway's decline into illness and death. Yalom and Yalom (1971) explored potential psychodynamic conflicts and focused on the writer's traumatic experiences on the Italian front in World War I.

A logical starting point for a psychiatric perspective on Hemingway's life is with his family of origin. In the memoir *A Moveable Feast*, Hemingway wrote, 'Families have many ways of being dangerous' (Hemingway, 1964, p. 108), and his own family was dangerous to him in varied ways, not the least of which was the genetic heritage they bequeathed to him.

Ernest Miller Hemingway was born on July 21, 1899, to Dr and Mrs. Clarence Edmonds Hemingway (Reynolds, 1986). Ernest's father, a physician, suffered from unpredictable and dramatic mood swings characterized by episodes of depression and irritability (Reynolds, 1986).

The Hemingway children complained of the stress their father's 'nervous condition' placed on them, and Dr Hemingway required repeated retreats away from the family for 'rest cures' (Lynn, 1987; Reynolds, 1986). In 1903 and again in 1908, Dr Hemingway travelled alone to New Orleans to isolate himself as a self-prescribed intervention for depression (Reynolds, 1986). In December of 1928, in an episode of depression, feeling burdened by financial concerns and with diabetes and angina threatening his physical health. Dr Hemingway took his life with a gunshot to the head (Mellow, 1992).

Multiple scholars have retrospectively diagnosed Dr Hemingway with a bipolar mood disorder (Jamison, 1993; Lynn, 1987). Grace Hemingway, the author's mother, suffered from episodes of insomnia, headaches, and 'nerves' (Reynolds, 1986, p. 86). Similar conditions have been identified in Grace's brother, Leicester, and Clarence's brother, Alfred (Reynolds, 1986). Ernest, one of six siblings, was preceded in birth by his

sister Marcelline and followed by Ursula, Madelaine, Carol, and his brother, Leicester (Burgess, 1978). Ursula and Leicester both died by suicide (Reynolds, 1986). Marcelline suffered from periods of depression, and though her death in 1963 was ruled due to natural causes, the family suspected suicide (Reynolds, 1986).

In the third generation, Ernest's youngest son, Gregory, himself a physician, was diagnosed with bipolar disorder, making him the third in a line of male Hemingways to suffer from the illness. Gregory also struggled with substance dependence and lost his medical license as a result. His co-morbid conditions led to multiple psychiatric hospitalizations and arrests for bizarre behavior. Gregory, whose transvestic fetishism drove a wedge between father and son, underwent sexual reassignment surgery before his death in 2001. He died of natural causes in a jail cell in Miami where he was incarcerated after being found in public in a state of undress (Schoenberg, 2001).

Margaux Hemingway, the daughter of Ernest's eldest son, Jack, suffered from a seizure disorder, depression, bulimia nervosa, and alcoholism. The Los Angeles coroner's office ruled her 1996 death a suicide due to 'acute phenobarbital intoxication' (Marano, 1996). As Marano noted, family and friends of the beloved actress and model did not accept the ruling. Margaux's death would mark the fifth or sixth suicide within four generations of Hemingways. Thus, the Hemingway family has a long history of affective disturbance, substance-related disorders, and suicide that preceded Ernest's birth, claimed at least three of the six siblings in his generation, and has continued on through two further generations. Hemingway himself warrants a closer look.

Hemingway's personal correspondence is replete with examples of abnormal mood states that befell him. He wrote to his mother-in-law in 1936, 'Had never had the real old melancholia before and am glad to have had it so I know what people go through. It makes me more tolerant of what happened to my father' (Hemingway, 1981, p. 436).

Here, Hemingway seems to report he was suffering from a depressive episode. A letter to John Dos Passos describes in more detail Hemingway's experience of depression, 'I felt that gigantic bloody emptiness and nothingness. Like couldn't ever fuck, fight, write, and was all for death' (Lynn, 1987, p. 427). Hemingway sets down virtual diagnostic criteria for a major depressive episode, suggesting loss of interest and pleasure, feelings of emptiness, decreased libido, and thoughts of death and suicide.

Depression was not the only abnormal mood state that Hemingway experienced. Hemingway's first major biographer, a man who knew him in life, referred to him as a 'temperamental manic depressive' (Baker, 1969, p. viii) and wrote that 'the pendulum in his nervous system swung periodically through the full arc from megalomania to melancholy' (Baker, 1969, p. 291). Later, another wrote, 'his mood swung so fast from low to high and back down again that one could almost say he was simultaneously exhilarated and depressed' (Lynn, 1987, p. 135). His biographies contain numerous examples of episodes in which Hemingway experienced unusually elevated moods and periods of excessive energy.

As a youth, he was prone to stay awake into the early morning, drinking wine and reading aloud from volumes of poetry. On one such occasion, his companions fell asleep, awakening hours later to find Hemingway 'still at it, looking fresh as a daisy' (Baker, 1969, p. 37). It may have been a manic high that kept the young writer up all night excitedly reading and drinking. During one period in 1924, Hemingway's first wife, Hadley, found her husband 'sky-high, emotionally intense, and ready to explode' (Reynolds, 1989, p. 194). His company was so difficult to tolerate that she sent him off on a trip alone. The episodic irritability that drove his father away from his own family was also manifested in the son.

For the younger Hemingway, however, the associated energy could be channelled into creative output. During the 1924 episode, Hemingway rapidly produced seven short stories. In 1934, he experienced another 'immense accession of energy,' which he described as 'juice' and found to be 'bad as a disease' (Baker, 1969, p. 268). It drove him to complete several stories and articles in rapid succession.

Then, on November 20, 1934, he fired off a letter to his editor, Maxwell Perkins. He was in a state of mind to boast that the work contained the best writing he had ever produced and was a 'super-value' for the reader's money. In addition, the writing had been a difficult task, 'like painting a Cezanne,' and he was the 'the only bastard right now' who could accomplish such an achievement (Baker, 1969, p. 268). Apparently, the energetic and irritable Hemingway could also be a grandiose Hemingway.

There was an additional abnormal mood state, which Hemingway described to the mother of his second wife, when he wrote in 1936: I've been working hard. Had a spell where I was pretty gloomy . . . and didn't sleep for about three weeks. Took to getting up about two or so in the morning and going out to the little house to work until daylight because when you're writing on a book and can't sleep your brain races at night and you write all the stuff in your head and in the morning it is gone and you are pooped. (Hemingway, 1981, pp. 435-436)

Given the context of the other mood episodes he experienced, it is probable that this period represented a mixed episode. This history suggests that Hemingway suffered throughout his adult life from a bipolar affective disorder. Given the family history, it seems likely that he had inherited a genetic predisposition for mood disorders. He also suffered from another condition that science has shown to be, at least in part, hereditary.

In 1957, Mary Hemingway wrote to a friend that during her husband's depressed moods, 'the protagonist' was 'his poor, long-suffering liver' (Baker, 1969, p. 537). There can be little doubt that Hemingway, a life-long drinker, suffered from alcohol dependence. He likely first drank alcohol in adolescence (Lynn, 1987, p. 60). He was probably first exposed to liquor in 1917 Italy where he drank Scotch and Irish whiskey with his friends and comrades (Lynn, 1987, p. 122).

After he was wounded, the hospital staff found cognac bottles hidden in his World War I hospital room (Lynn, 1987, p. 87). Daily drinking started for Hemingway in the

early 1920s as his first marriage failed and escalated with the deterioration of his relationship with his mother and his father's suicide (Lynn, 1987, pp. 122, 337). Then, in 1937, he presented to a physician complaining of abdominal pain, was found to have hepatic damage, and was told to abstain from alcohol (Lynn, 1987, p. 474). However, he was unable to comply with the recommendation. In 1944, while covering World War II in England, Hemingway was in a car accident on the way home from a party thrown by photographer Robert Capa.

Hemingway was a passenger, and it is likely that everyone in the car was intoxicated. Hemingway sustained a concussion and was hospitalized. He was again warned by doctors to abstain, but he continued to drink. When his wife, Martha Gellhorn, found empty liquor bottles under the hospital bed, the death knell sounded for his third marriage (Lynn, 1987, p. 509).

Many times, Hemingway was urged by loved ones and physicians to stop his drinking. Perhaps no request was more succinct or more poignant than that of physician A.J. Monnier in his 1957 letter to Hemingway. 'My dear Ernie, you must stop drinking alcohol. This is definitely of the utmost importance, and I shall never, never insist too much' (Monnier, 1957). For years, Hemingway had worried about his drinking and had tried to limit it, developing numerous rules to regulate his alcohol intake, yet he was never able to heed the warnings or achieve any sustained period of sobriety (Lynn, 1987). The toxin must have wrought damage on the brain, where it likely destabilized Hemingway's bipolar disorder, making him more susceptible to mood episodes and perhaps eventually encouraging psychosis to kindle and catch flame.

As illustrated by the accident after Capa's party, one consequence of Hemingway's drinking was a propensity for injury. He was remarkably accident prone throughout his life, and the most notable of Hemingway's injuries were the numerous blows to the head. In 1928, while living in Paris with his second wife, Hemingway arose from bed one night and walked to the bathroom. In a mental state altered perhaps by alcohol, he mistook the skylight cord for the toilet's flushbox chain. When he jerked the cord, the heavy pane of glass came down on his head. The laceration in his scalp required nine stitches, and the scar was visible on his forehead for the remainder of his life (Lynn, 1987, p. 370).

The drunken 1944 car accident sent his head through the windshield and caused a concussion as well as a scalp laceration that required 57 stitches; he nursed both with alcohol (Lynn, 1987, pp. 508-509). Less than three months later, Hemingway was thrown from a motorcycle as he and several companions, including Capa, attempted to evade German fire in Normandy (Lynn, 1987, p. 512). Hemingway experienced headaches, tinnitus, diplopia, slowed speech, and memory difficulties for several months (Lynn, 1987, p. 513). In June of 1945, he was behind the wheel in Cuba when his vehicle went into a skid and struck an embankment. Hemingway's forehead was lacerated by the rear-view mirror (Lynn, 1987, p. 528).

Then, in 1950, while drinking onboard his boat, the *Pilar*, he slipped and fell, striking the deck with his head and receiving what he later described as 'a concussion of

about force 5 (Beaufort scale)' (Lynn, 1987, p. 528). The fall on the Pilar made perhaps the fifth traumatic brain injury of his life, but the worst was yet to come. On January 23, 1954, while on his second safari to Africa, Hemingway's plane from the Nairobi airport struck an abandoned telegraph wire and crashed (Reynolds, 1999, pp. 272-273). Hemingway sprained his back, his right arm, and his right shoulder. No one was seriously injured, and the party was rescued.

They boarded a second plane which, shortly after leaving the ground, also crashed and began to burn (Reynolds, 1999, p. 273). Hemingway attempted to escape through the plane's door by battering it with his head. He sustained two fierce blows to his head, lacerating his scalp and fracturing his skull, so that cerebrospinal fluid leaked from his ear. The crash left him again with diplopia, temporary deafness, and significant injuries to his liver, spleen, and kidney. He was, in fact, in danger of death (Reynolds, 1999, p. 274). The repetitive injuries may have served to destabilize the course of Hemingway's mood disorder and predispose to the severe psychotic episodes he developed later in life, as well as to the possibility of cognitive decline.

Hemingway suffered psychological wounds during his childhood that predated by many years the traumatic experiences he encountered in World Wars I and II and all his subsequent injuries. Dr Clarence Hemingway was a strict, vicious disciplinarian who spanked his son and beat him at times with a razor strop (Lynn, 1987, p. 35). The young Hemingway developed such rage that he adopted a ritual in which he played out an assassination fantasy against his abusive father. At the age of 18, Ernest would hide in a backyard shed and draw a bead on the doctor's head with a loaded shotgun (Lynn, 1987, p. 63).

With regard to his mother, Hemingway throughout his life described her as a selfish and controlling figure whose personality dominated that of his more reserved and passive father. Hemingway stated to friends, 'She had to rule everything' (Lynn, 1987, p. 395). When Clarence Hemingway committed suicide, Ernest openly blamed his mother and seemingly held firm to that position for the remainder of his life.

He wrote to his friend and publisher, Charles Scribner, in 1949, 'I hate her guts and she hates mine. She forced my father to suicide' (Hemingway, 1981, p. 670). The fact that Hemingway held his mother responsible for his father's death may be interpreted as a potential source for his deep anger toward his mother, anger so fierce it prompted his friend, John Dos Passos, to refer to the writer as 'the only man I ever knew who really hated his mother' (Lynn, 1987, p. 395).

Friend Charles Lanham also wrote, 'he always referred to his mother as 'that bitch.' He must have told me a thousand times how much he hated her and in how many ways' (Lynn, 1987, p. 27). However, this hatred may have had its origin in Hemingway's early childhood, long before Clarence's death. Hemingway's deep and longstanding rage toward his mother may have shaped his conceptualization of his father's suicide so that his father's death became his mother's fault.

A potential source for this early rage is identifiable. Grace Hemingway insisted that the boy Ernest be dressed as a girl. Though the Victorian custom of the day did call for young boys to wear dresses, the clothes that Grace selected for Ernest were more feminine than those worn by other male children of the era. He remained in this style of dress for several years beyond the span most boys spent in dresses, and his hair was cut in a fashion more common for female children (Lynn, 1987, pp. 38-40). Grace even attempted to pass her son off as the twin of his older sister, Marcelline, persisting despite their differential sizes (Lynn, 1987, pp. 40-41).

On the back of a photograph of young Ernest wearing a dress decorated in lace, his hair grown long under a hat covered in flowers, Grace wrote the words 'summer girl' (Lynn, 1987, p. 41). Grace also praised her son at times for his expression of masculine traits, such as his prowess at hunting and fishing, activities he enjoyed at the family's vacation home in the Michigan woods. In this rural setting, he wore rugged outdoor clothes, and the feminized boy was not to be seen. Grace's inconsistency regarding gender may have been confusing and difficult for the young boy to reconcile, possibly influencing him toward overt masculine pursuits later in adult life.

Hemingway never spoke or wrote about this piece of his childhood experience. However, the preserved words of his infant tongue give a clue to the feelings he may have harbored. Grace had a custom of referring to the femininely garbed Ernest as 'Dutch dolly,' and Ernest called his mother 'Fweetee.' At the age of two, in response to his mother's application of the nickname, Ernest told her, 'I not a Dutch dolly ... Bang, I shoot Fweetee' (Baker, 1961, p. 5). Thus, in childhood, Hemingway had developed enough anger toward his parents to shoot them both to death in fantasy.

When Clarence Hemingway actually did die from a gunshot to the head, Ernest might easily have felt guilt. He had wished his father dead and had pointed a loaded gun at his head. Thus, blaming his mother may have served a defensive role; he could absolve himself of his guilt by projecting it onto her. Certainly, such guilt could have contributed to the author's depression and suicidality.

Ernest was powerfully affected by his father's suicide, and in the aftermath of Clarence's death, Ernest confided to his friend and mentor Owen Wister, 'My life was more or less shot out from under me and I was drinking much too much entirely through my own fault' (Lynn, 1987, p. 337). It felt to him as though not only his father's life was shot away but his own as well. The repetition of violent imagery and references to firearms is startling, seeming to foreshadow the son's own eventual suicide.

The reservoir of anger that may have had its origins in his early childhood seemed to have a tendency to spill over throughout his life. Baker pointed out that Hemingway was a man of many contradictions who was capable of alternately appearing shy or conceited, sensitive or aggressive, warm and generous, or ruthless and overbearing (Baker, 1969, p. viii). It may have been that certain borderline personality traits caused him to appear erratic and dramatic.

Part of his apparent inconsistency may have arisen from a lack of a cohesive, stable identity, a problem which might have readily followed in the wake of his mother's inconsistent parenting. Hemingway's conceptualizations of others may not have been so stable or sufficiently nuanced either. Baker suggested that Hemingway had a tendency toward splitting, 'He divided all the world into good guys and jerks' (Baker, 1969, p. viii).

In addition to the issues of identity disturbance and splitting, the difficulties with recurrent suicidal ideation, anger, impulsivity, affective instability, and unstable interpersonal relationships that characterize borderline personality traits seem identifiable in Hemingway's life story. His relationships seemed plagued by conflict and instability. His parents became mental targets for assassination, and his mentors could become enemies. His marriages were beset by extramarital affairs, and three of four ended in divorce (Lynn, 1987).

Hemingway had tendencies toward narcissism that also interfered with his interpersonal relationships. Friends noticed that he could be vicious and cruel and might easily turn against those who had been kind to him (Mellow, 1992, p. 133). Such kindnesses might be seen as narcissistic injuries once they were no longer immediately necessary or helpful. Friend and mentor Sherwood Anderson said of the younger author's capacity for self-interest that Hemingway's 'absorption in his ideas' had 'affected his capacity for friendship' (Baker, 1961, p. 181).

Hemingway's fierce competitiveness also got in the way of his friendships. In childhood, a mere hike through the woods or tennis match might trigger spiteful feelings and cause him to initiate quarrels (Lynn, 1987, pp. 115-116). As an older man, he was capable of spoiling hunting trips with envy and sullen behavior when someone surpassed him with a bigger kill (Mellow, 1992, pp. 427, 433). Hemingway was also ferociously competitive when it came to academics and letters. He heaped derision on those men who had been graduated from university, as he had not, and when intoxicated, he boasted of having attended Princeton (Baker, 1969, p. 222; Lynn, 1987, p. 248).

When William Faulkner, who won the Nobel Prize before Hemingway, failed to respond to a cable of acknowledgement from Hemingway, the injured writer wrote these words of anger and perhaps projection to a friend: 'You see what happens with Bill Faulkner is that as long as I am alive he has to drink to feel good about having the Nobel Prize. He does not realize that I have no respect for that institution and was truly happy for him when he got it' (Mellow, 1992, p. 588).

Throughout his life, Hemingway's vanity prevented him from wearing glasses in public despite eyesight so poor that it has been hypothesized as a factor contributing to his tendency toward accidents (Lynn, 1987, p. 73). Near the end of his life, he lashed out viciously at a dear friend who inadvertently bumped the back of his head, displacing his hair, which had been meticulously combed forward to conceal his baldness (Lynn, 1987, pp. 578-579). His grandiosity reached such proportions that he once admitted he would have liked to have been a king (Baker, 1969, p. viii), and when he finally prepared to die

by his own hand, he selected from his wardrobe a cherished garment he had affectionately named his 'emperor's robe' (Baker, 1969, p. 563).

At 7am on Sunday, July 2, 1961, Hemingway died of a self-inflicted wound to the head from the double barrels of one of his shotguns (Lynn, 1987, p. 592). Although was 61 when he took his life, his mind had been haunted by suicide from a very young age. His earliest fictional stories, written years before his father took his own life, contained themes of violence and suicide (Baker, 1969, pp. 23, 25). After his father's death, his mature fiction continued to address these themes and began to deal with fathers' suicides. His personal correspondence revealed a lifelong obsession with suicide.

In 1923, he wrote to Gertrude Stein, 'I understood for the first time how men can commit suicide simply because of too many things in business piling up ahead of them that they can't get through' (Baker, 1969, p. 119). The perhaps partially conscious attempts at minimization in these lines do not now hide the significance of what Hemingway communicated. The trouble is that Hemingway felt the need to discuss suicide in his letters to his friends at all.

The following year, he made a related reference to Ezra Pound, 'I still claim that anybody that wants to can do it. Things are looking better and I look forward to not giving a demonstration of my theory for some time' (Lynn, 1987, p. 267). Then, 12 years later, Hemingway wrote to Archibald MacLeish, 'Me I like life very much. So much it will be a big disgust when have to shoot myself. Maybe pretty soon I guess although will arrange to be shot in order not to have bad effect on kids' (Hemingway, 1981, p. 453).

It seems, a quarter century before his death, that Hemingway had accepted that he would die by a self-inflicted gunshot. By the time he wrote these words in 1936, he had survived his father's suicide, and one can infer from these lines that it had indeed wounded him deeply. His thought was to disguise his own suicide, so that his children would not have to suffer as he had, knowing that their father had taken his life.

Hemingway put his plan of arranging his death into action, seeking out danger in his personal and professional life, and he gave fate plenty of opportunity to do first what he eventually did himself. He pursued wars across the globe.

After his service in World War I, he served as a correspondent for the Spanish Civil War and World War II, and he repeatedly put himself into combat. He was not content to be an aficionado of the bullfight; he needed to be a participant, physically at risk of the horns and hooves of the bulls. There was also a sense of recklessness about his hunting and fishing, hinting that he was perhaps arranging to be killed. He never seemed quite satisfied unless his quarry almost killed him first.

As outlined by Lynn, in a cancelled passage from the manuscript of *Green Hills of Africa* (1935), Hemingway's fictionalized hunting memoir, the author wrote of the feeling that danger brought him — 'Now, truly, in actual danger, I felt a clean feeling as in a shower' (Lynn, 1987, p. 415) — and he contrasted this feeling with his father's suicide,

which he conceptualized as cowardly. Hemingway might have felt clean because he could tell himself he was arranging his death in a more noble fashion than his father had done.

Hemingway marshalled about him a variety of mechanisms for defending against his abnormal moods and suicidal impulses. His use of alcohol was in one sense a defense against his suffering, which he used perhaps to fight off his depression and self-destructive thoughts. Hemingway told his friend Archibald MacLeish, 'Trouble was all my life when things were really bad I could always take a drink and right away they were much better' (Lynn, 1987, p. 122). This defense was less than adaptive; drinking complicated his life through the usual interpersonal pitfalls of alcoholism as well as possibly worsened his mood disorder, perhaps actually speeding up the ultimate tragic outcome. His obsession with hunting and fishing may have served a defensive function against his aggressive and suicidal impulses.

Hemingway explained to Ava Gardner in 1954, 'Even though I am not a believer in the Analysis, I spend a hell of a lot of time killing animals and fish so I won't kill myself' (Hotchner, 1966, p. 139). He hinted at some degree of acceptance of a psychodynamic interpretation of his interest in killing. As a boy, he had fantasized about shooting his parents; later, he developed chronic thoughts of doing the same to himself. The reservoir of anger that drove these impulses could, he perhaps found, be emptied somewhat by turning guns on animals and by catching and killing fish.

Hemingway's writing can be seen as an adaptive defensive strategy for dealing with painful moods and suicidal impulses. Baker wrote that for Hemingway, 'the story ached to be told' (Baker, 1969, p. 190).

Hemingway may have told certain stories in order to ease the aches that life started inside him. In *A Farewell to Arms* (1929), he tells the fictional story of Fredrick Henry, a young American man who is wounded in the leg while serving in World War I Italy and then falls in love with an American Red Cross nurse while recuperating. Henry is wounded in the same manner and in the same geographical location as was Hemingway while he served as an ambulance driver on the Italian front (Hemingway, 1929, 54-55).

Hemingway too fell in love with an American nurse, and the two entered into a love affair. Hemingway and his nurse likely never consummated their relationship, and though he hoped to marry her, she ultimately rejected him in a letter after his return home to Chicago (Baker, 1969, pp. 56, 59).

However, when Hemingway wrote his novel, he altered the tale such that the affair between the soldier and nurse was fully consummated and was ended by her death in childbirth as she attempted to deliver his child. Hints of fantasies of wish fulfillment and revenge are decipherable in the fictional alterations he made to the events he had experienced. Hemingway carried physical and emotional wounds home with him from World War I Italy; telling the story of those wounds and applying twists of fantasy may have served a defensive role for the author.

Hemingway's use of writing as a defense mechanism is suggested by his own words in response to reading F. Scott Fitzgerald's article, 'The Crack Up,' which told the tale of its author's own struggle with depression. Hemingway thought Fitzgerald ought to realize 'work was the thing that would save him if he would only 'bite on the nail' and get down to it, honest work with honest fiction, a paragraph at a time' (Baker, 1969, p. 283).

Hemingway was unwilling to accept the treatment available to him during his lifetime. Perhaps he feared social stigma against mental illness. Thus, the only aids available to him were a set of defenses of his own construction, some frankly maladaptive and others only partially effective measures against the persistent onslaught of his co-morbid conditions.

In 1960, Hemingway began to lose his battle with depression and suicide. He wrote to his friend A.E. Hotchner, 'I'll tell you, Hotch, it is like being in a Kafka nightmare. I act cheerful like always but am not. I'm bone tired and very beat up emotionally' (Lynn, 1987, p. 581). He began to worry that his friends were plotting to kill him and that the FBI was monitoring him (Lynn, 1987, pp. 581, 583).

These paranoid delusions may have been due to a psychotic depression related to his bipolar illness, complicated as it likely was by chronic alcoholism and multiple traumatic brain injuries. In addition, Hemingway began to speak more and more of suicide (Lynn, 1987, p. 583). His physician urged him to undergo hospitalization at the Menninger Clinic in Topeka, Kansas. Hemingway refused, insisting, 'They'll say I'm losing my marbles' (Lynn, 1987, p. 583). However, he agreed to be treated at the Mayo Clinic, under the guise of an admission for treatment of his hypertension (Lynn, 1987, p. 584).

He did suffer from hypertension, and the medication prescribed, reserpine, might also have cause an adverse effect of depression. For insomnia, he was taking secobarbital, another potential depressant (Reynolds, 1999, p. 293). Hemingway was seen by Mayo Clinic psychiatrist Dr Howard P. Rome, who treated the author with electroconvulsive therapy (Lynn, 1987, p. 584). After a seven-week hospitalization, he was discharged home, entering a period of relative wellness (Lynn, 1987, p. 584). During these weeks he ate and slept well and limited his drinking. He also maintained a strict writing regimen and was, in his own words, 'working hard again' (Lynn, 1987, p. 585) on what would become the memoir of his youth in Paris, *A Moveable Feast* (1964).

As he wrote, he revisited those years spent with his first wife as he achieved his first great literary successes. Lynn theorized that these memories might have been therapeutic to Hemingway and that his work during this period may have served to keep him well (Lynn, 1987, p. 585). Eventually, Hemingway's depression returned. He lost the ability to write, breaking down in tears when he could not summon words. It may have been that the years of alcohol abuse and cumulative traumatic brain injury led to cognitive impairment that, combined with depression, robbed him of his skill in writing. Regardless of the precise etiology, 'That one gift which had meant everything had now deserted him' (Lynn, 1987, p. 589).

In April of 1961, Mary came upon him as he was beginning to load a shotgun. He was hospitalized near his Ketchum, Idaho, home (Lynn, 1987, pp. 589-590). Soon, he asked to return to his home to retrieve some items. While escorted home by hospital staff, he ran from his chaperones, picked up a shotgun, and turned it against himself. The hospital staff members caught up with him and physically struggled to disarm him and thwart the attempt (Lynn, 1987, p. 590).

He was transferred to the Mayo Clinic for a second admission, but as the plane stopped to refuel in South Dakota, Hemingway, bent on suicide, began to walk quickly toward a plane's spinning propeller, stopping when the pilot cut the engine (Lynn, 1987, pp. 590). This was the third serious suicide attempt within four days. Hemingway was hospitalized at Mayo for two months. He underwent further treatment with electroconvulsive therapy and was discharged on June 26, 1961.

Mary feared that her clever husband had 'charmed and deceived Dr Rome to the conclusion that he was sane' (Lynn, 1987, p. 591). The day after the couple arrived home in Ketchum, they dined out, and Hemingway told his wife that patrons in the restaurant were actually FBI agents there to monitor him (Lynn, 1987, p. 591). He was by no means well. The next morning, Hemingway awoke before his wife and took his life while she slept. It was an overwhelming interaction of biological and psychosocial forces that overcame Hemingway's defenses and left him vulnerable to suicide on that early July morning in 1961.

The accumulated factors contributing to his burden of illness at the end of his life are staggering. The bipolar mood disorder he inherited from his family had plagued him all of his life with painful, abnormal mood states. His chronic alcoholism put him at greater risk of depression even as he struggled in vain to use this toxic drug to treat himself. The reserpine and secobarbital may have further contributed to his depression.

Repetitive traumatic brain injuries also likely destabilized his mood disorder and worked alongside the alcohol to damage neuronal networks, lowering his ability to control his mood and spurring on the development of a psychotic illness. Such a process would also have worked to rob him of one of his most adaptive defenses, his ability to write. Each of these bio-logical factors would have contributed to Hemingway's chronic suicidality and downward course of illness.

He also bore the psychological burden of childhood abuse. From early childhood, he held a reservoir of rage against both his parents, a father who had viciously beaten him and a mother who had provided him with disorienting messages regarding gender and self-worth. One result may have been a retreat into a defensive facade of hypermasculinity and self-sufficiency.

His childhood experience seems also to have left him with a personality structure that tended toward narcissistic and borderline traits. His uncertainties about his identity, difficulties with interpersonal relationships, tendency toward anger, vulnerability to narcissistic injury, and chronic suicidality complicated his personal life

and may have served to prevent him from forming deep, meaningful, sustainable relationships, the types of relationships that might have provided sorely needed social supports to this man who was not willing to turn to treatment for the assistance he needed.

He also lived in a time when treatment options were quite limited. In addition, he lived with his father's example, a constant reminder that suicide is a readily available option. It is likely that he carried powerful feelings of guilt and anger about his father's death, and these may have been driving factors behind his own suicide. Certainly, this man who nicknamed himself 'Papa' also felt love that matched his rage at his father, and he may have experienced a drive to be reunited with him, leading him to choose a parallel means of taking his life.

When these interrelated factors are considered together, it becomes clear that Hemingway suffered from an enormous burden of psychiatric co-morbidities and risk factors for suicide. Clearly, he possessed enormous strength and resilience to live such an extraordinarily rich and full life, ultimately achieving immortality through his contributions to the literary canon. Given this achievement, Hemingway's life can be considered not only a tragedy, but also a story of triumph. Hemingway wrote these fitting words of conclusion in *The Old Man and the Sea* (1952): 'But man is not made for defeat . . . A man can be destroyed but not defeated' (Hemingway, 1952, p. 114). Hemingway was destroyed, even by his own hand, but not defeated.