SYD BARRETT: WAS HE SUFFERING FROM SCHIZOPHRENIA OR ASPERGER’S SYNDROME?

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Abstract

Roger Keith “Syd” Barrett (Cambridge, January 6, 1946 - Cambridge, July 7, 2006) was a British singer, guitarist, composer and painter, founder and leader of Pink Floyd from 1965 to 1968, when he left the group. Before retiring to private life, he recorded two solo albums, “The Madcap Laughs” and “Barrett”, published in 1970. His experience and skills strongly influenced the subsequent production of the group, especially albums like “Dark Side of the Moon”, “Wish You Were Here” and “The Wall”.

The innovative guitar style of Barrett and his propensity to exploration of new experimental techniques, like the use of dissonance, distortion and feedback, had an enormous impact on several musicians, from David Bowie to Brian Eno to Jimmy Page. After his retirement, Barrett led a secluded life painting and devoted to gardening, completely ignoring all the popularity and by losing his own tracks fueling even more his legend. A series of biographies were written about him since the eighties.

In any case, the Pink Floyd composed and recorded several musical tributes dedicated to him after his departure from the band.

The use of synthetic drugs of any kind and social withdrawal fostered the clinical impression that Barrett was suffering from schizophrenia. Recent studies, however, would suggest the hypothesis that he was suffering from a low-functioning Asperger’s syndrome. The aim of this paper is to review Barrett’s data that would indicate that this was actually his diagnosis.

Key words: Syd Barrett, Pink Floyd, schizophrenia, Asperger’s syndrome

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Introduction

Biographical notes

Roger Keith “Syd” Barrett was the son of an anatomist, had four brothers, and spent his childhood showing deep interest in drawing and art. He developed a passion for Edward Lee and painting became his totem. Around 14 years he began loving music. He bought an electric guitar and started some musical experiments. He entered in a group called «Geoff Mott and the Mottoes». Along with his friend Roger Waters, who was starting to play bass, took part in the tests from time to time. The band dabbled in some rhythm and blues covers. This first group, however, broke up after a show. Subsequently, when he was 17. He began composing songs and taking LSD. As a lover of Pink Anderson and Floyd Council, he founded the Pink Floyd Sound group that soon became Pink Floyd. Pink Floyd/Tea Set’s original style was based on American blues and r’n’b, but the birth of a UK psychedelic music scene allowed them to develop Syd’s performance-based ideas into something unique. Throughout 1966 they honed their live performance skills, often developing songs into long jamming sequences, and by the end of the year Pink Floyd had become the eminent ‘underground’ band. They picked up a management, too, and their first recordings were sung by Syd, who had established himself as the band’s creative innovator. Pink Floyd signed to EMI Records in 1967, releasing the singles “Arnold Layne” and “See Emily Play”, both written by Syd, and the album “The Piper at The Gates of Dawn”, again mostly composed by him and considered to be one of the greatest British psychedelic albums. His music was futuristic and psychedelic, extremely innovative. Unaware of founding one of the most important bands in the rock history, Syd Barrett, after a series of excellent performances left the Pink Floyd in 1968.

Syd undertook very little musical activity between 1968 and 1972 outside the studio. On February 24, 1970, he appeared on John Peel’s BBC radio programming Top Gear playing five songs, only one of which had been previously released. Three would be re-recorded for the Barrett album, while the song Two of a Kind (by Richard Wright) was a one-off. David Gilmour and Jerry Shirley also backed Syd for his one and only live concert during this period, on June 6, 1970; the trio played four songs at the Olympia Exhibition Hall, London, part of a Music and Fashion Festival. Syd made one last appearance on BBC Radio, recording three songs from Barrett on February 16, 1971. In 1972, Syd formed a short-lived band called Stars with ex-Pink Fairies member Twink on drums and Jack Monck on bass. Though the band was initially well received, one of their gigs at the Corn Exchange in Cambridge was disastrous, and Syd quit the band after a scathing review. In the August 1974, Peter Jenner convinced Syd to return to Abbey Road Studios in the hope of recording another album, but little came of the sessions. Syd withdrew from the
music industry and subsequently returned to Cambridge for a life of painting, creating large abstract canvases. Syd had one noted reunion with the members of Pink Floyd on June 5, 1975 during the recording sessions for Wish You Were Here, when he turned up at Abbey Road unannounced as the band were working on “Shine On You Crazy Diamond”. In 1988, EMI Records released an album of Syd’s studio out-takes and previously unreleased material recorded from 1968 to 1970 under the title of Opel, a highly-regarded track omitted from The Madcap Laughs. 1993’s Crazy Diamond is a box set of all three albums, each loaded with further out-takes from his solo sessions. The “Best of Syd Barrett: Wouldn’t You Miss Me?” was released by EMI in the UK in April 2001, and in the U.S. in September of that year. Roger “Syd” Barrett died of pancreatic cancer on July 7, 2006 at Addenbrooke’s Hospital in Cambridge, with 1.6 million pounds of royalties for the first hits of the band. However, his talent lives in the acknowledgement of his increasing influence over scores of musicians. Indeed, after retiring to private life, he inspired masterpieces as «Whish You where hero» (Pink Floyd 1975) and «Shine on you crazy diamond» (Pink Floyd 1975).

For years, the legendary figure of Barrett has inspired many different psychiatric diagnoses. In 1970, Roger Waters took him to Dr. Richard D. Laing who formulated no diagnosis. Usually cited as R. D. Laing, it was, however, a Scottish psychiatrist who wrote extensively on mental illness – in particular, the experience of psychosis. Laing’s views on the causes and treatment of severe mental dysfunction, greatly influenced by existential philosophy, was against the psychiatric orthodoxy of that time, by taking into account only the expressed feelings of the individual patient as reliable descriptions of lived experience rather than simply as symptoms of some separate or underlying disorder. Laing was associated with the anti-psychiatry movement, although he rejected the label.

The most reliable hypothesis on Barrett’s disorder has always been that of a psychotic disorder or a simple schizophrenia, mainly triggered or induced by a major use of psychedelic drugs. Sue Kingsford, Barrett’s friend, said that at that time Syd often went to a LSD dealer nicknamed Captain Bob; Andrew Rawlinson, one of Barrett’s acquaintances, added: «… at that time so many people took acids so that, if you had already taken large amounts of LSD in the past, it was normal to “take a trip” just looking at who was doing it» (Willis 2005).

Moreover, Syd Barrett used Mandrax, a powerful opiate drug, in combination with alcohol. Mandrax, a methaqualone-based has a sedative-hypnotic action, similar to the effects of a barbiturate, and causes depression of the central nervous system. It was mostly used in the sixties and seventies as a sleeping pill for the treatment of insomnia, and as sedative and muscle relaxant compound. It was also used illegally as a knock-out drug. In 1965 it was the most prescribed sedative in the UK, where it was sold legally, under different labels besides Mandrax (Malsed, Malsedín and Renova). It became soon a popular drug also known as “mandrake” or “mandies”. Its effects include euphoria, drowsiness, low heart rate and breathing, increased sexual desire, paresthesias (numbness of fingers and toes). Larger doses can lead to respiratory depression, dysartria, headache and photophobia (eye pain when exposed to light). An overdose can cause delirium, seizures, hypertension, vomiting, kidney failure, coma and death by cardiac or respiratory failure. According to the descriptions of some of his friends, Barrett (Chapman and Tctannish 2010) took Mandrax in association with alcohol, cannabis, LSD and amphetamines during that period. The decline happened in 1968, when Syd started to neglect his career. He began to stall during the concerts and to remain catatonic. The following year, David Gilmour replaced Barrett’s position, as he was no longer able to write songs, performing and living the band’s life. Pink Floyd survived and flourished, while developing more electronic music, but Syd did not. It took no less than one year of sporadic work to complete «The Madcap Laughs». Barrett’s first solo album. The production manager, Peter Jenner, Malcolm Jones (who gave up after a short time. Constantly changed, until Dave Gilmour and Roger Waters who tried to help him. At that time the Barrett’s creativeness was not convincing, his results were often incomplete and sometimes unbearable to listen to. Basically, they were essays in distance: the Madcap waving erratically in a prey to his mental confusion. In «Madcap Laughs», Barrett wrote: “My head kissed the ground/I was half the down /Please raises a hand/I am only one person/I tattooed my brain all the chains with Eskimos/Would you miss?/Oh, do not you miss me at? “

Barrett’s self-protective reclusion continued in a dimension halfway between truth and legend. Just consider, the coincition that Ronald David, the friend, said that at that line. He came out of nowhere ‘It sounds a bit old’ I think he got up and left not long after that line. He came out of nowhere that day, after two years we hadn’t seen him!” Jerry Shirley was not completely optimistic that Barrett may be back in the recording studio. “The last person who made such an effort was David Gilmour, and he barely managed to force Syd to work; it was like taking him to see a dentist! Since then, I don’t think anyone has got close to him to convince him to record anymore” Barrett’s friends made a really serious effort, but did they attempt to talk to him about his future? “Oh, yes” says Shirley. "But there was no way. As soon as you got something sensible, he would have laughed at you. Several people tried it, in several ways” (Blake 2007).

According to some publications, these were symptoms of a severe schizophrenia (Sore 2006) probably due to the drug abuse. In fact, for many years the aura of the psychotic ghost, creator of a rock legend, has effectively driven the life from the side
of Barrett and the contemporary, infinite success of his former associates. It dates back to the eighties the legend of a long admission to a psychiatric ward that, indeed, never occurred. The theory of drug-induced schizophrenia was contradicted by a number of specific facts. Syd was never admitted to any psychiatric hospital, nor ever received a diagnosis of psychosis. At the end of his experiences with the drugs, he displayed no more visions or hallucinations, or disorganized behavior. Despite social isolation, his cognitive abilities remained intact, so that he produced still musical compositions and paintings for several years.

Neither Laing nor other psychiatrists ever formulated a diagnosis of psychosis. There is no evidence that he took on neuroleptics. From the stories of all his friends, the same sister and those who were close to him, he displayed no delusions of any kind. Even David Gilmour said that Syd was suffering from epilepsy determined by the din of colors, which led him to strange attitudes similar to psychotic behaviors.

Tictmarsh (Chapman and Tictmarsh 2010) interviewed Barrett’s sister, Rosemary, one year after his death, while drawing interesting conclusions that are against the schizophrenia hypothesis: She Rosemary excluded “any diagnosis of psychosis” among psychiatrists who visited Syd, including Ronald D. Laing’s original meta-diagnosis, the coworker of the other psychiatrist, who twice visited the musician without a firm opinion. For the first Tictmarsh’s, the introduced possibility that Syd could have been suffering from a form of low-functioning Asperger’s syndrome (AS).

Asperger’s syndrome

Asperger syndrome (AS) is considered a pervasive developmental disorder, but presents extremely mild symptoms, as compared with other diseases classified in this group, and related to autism and commonly considered a form of “high-functioning” autism spectrum. The term was coined by the British psychiatrist Lorna Wing and published in a medical journal in 1981. She used this label to honor of Hans Asperger, an Austrian psychiatrist and pediatrician whose work was not recognized until the nineties.

In DSM 5 (American Psychiatric Association 2013) AS has been encompassed into Autism Spectrum Disorder (ASD), together with early infantile autism, childhood autism, Kanner’s autism, high-functioning autism, childhood disintegrative disorder, atypical autism and pervasive developmental disorder not otherwise specified (American Psychiatric Association 2013). The term “spectrum” comes helpful to describe how the manifestations of the disorder may differ widely, depending on the severity of the autistic condition, developmental level, and chronological age.

As a pervasive developmental disorder, AS is characterized by a set of symptoms rather than a single individual one. It is characterized by qualitative impairment in social interaction, by stereotyped and restricted patterns of behavior, activities and interests, and by no clinically significant delay in cognitive development or general delay in language. Intense preoccupation with a narrow subject, one-sided verbosity, restricted prosody, and physical clumsiness are typical of the condition, but are not required for the diagnosis.

AS individuals show restricted and repetitive interests and activities, sometimes abnormally intense, or involving an exaggerated concentration. They can pursue inflexible routines of actions, move in stereotyped and repetitive ways, or worry about themselves as parts of objects. (American Psychiatric Association 2013). They may have signs or symptoms that are independent from the diagnosis, but may influence their own or the family unit. Amongst these, there may be differences in perception and problems in motor skills, in sleep and in the emotional sphere.

They often exhibit excellent characteristics of auditory and visual perception. Children with autism spectrum disorders often show a greater perception of small changes in familiar objects and images. However, they may have, however, peculiar characteristics in some specific tasks involving visual-spatial perception, auditory sense or visual memory. They can be, for example, particularly sensitive or insensitive to sounds, to light and to other stimuli. However, these particular sensory responses may also be found in other developmental disorders, and are not specific either for the AS or for autistic disorders. Synesthesia and weird walking (are two very common elements, as well as the correlation with schizoid personality disorder.

A minority of individuals with ASD, who show superior language and intellectual abilities, becomes able to live and work independently in adulthood although they tend to remain socially naive and vulnerable, to have difficulties organizing practical demands without external assistance, to develop further psychiatric disorders including anxiety and depression (American Psychiatric Association 2013).

However, ASD is not a degenerative disorder, it is typical for learning and compensation to continue throughout life and the stage at which functional impairment becomes evident may be variable according to characteristics of the subject and his or her environment. Social isolation and communication problems are likely to have consequences for health in older adulthood, although functional consequences in elderly age are unknown (American Psychiatric Association 2013).

The whole Barrett’s life analysis is in favor of AS diagnosis. In his studies of some Barrett’s features, Willis (Willis 2005) highlighted that since his childhood and adolescence, Barrett showed bizarre behaviors such as walking on the toes and dressing the same clothes for a long time, in particular, he wore pants in every season apparently insensitive to temperature changes. In addition, he had a series of tics and rituals including movements such as flapping or twisting, and complex body movements.

Even as a child, he had a total refusal of fiction, did not appreciate any book, could not manage anger, or avoided writing of emotions, all features typical of AS individuals.

The social impairment was evident since his childhood with a meager empathy and difficulties in expressing his own feelings, in the use of multiple non-verbal behaviors, such as direct gaze, facial expression, body postures and gestures to regulate social interaction, as confirmed by both Tictmarsh’s biography and his sister’s stories. It is also evident from these data that Syd Barrett developed a passion for painting that was, however, stereotyped and linked to build manually geometric constructions.

Although limited, these fragmentary information would suggest that Syd Barrett could be affected by AS. Unfortunately, when he was between 16 and 17, started to use drugs that complicated the pre-existing clinical picture with the onset of some psychotic symptoms. However, it is worth noting that his hallucinations were limited to the periods in which the
assumptions of LSD, marijuana and opiate drugs were abused. Even delusions seem confined to the period of taking illicit drugs and there is no record there is no record of admissions to psychiatric hospital. Again, the subsequent withdrawal from the group, triggered by the psychic breakdown, seemed to show no psychotic feature, but rather a worsening of his social impairment. There is no doubt, however, that this peculiar psychic condition influenced his sensory abilities and musical production. Synesthesia was the center of Barrett’s (and also of Pink Floyd’s) intuition and can be described as the ability to produce sounds and images on the basis of multiple sensory experiences. It can be clearly noted in “Octopus”, and, again, in “See Emil Play”, it was transformed into a global experience in which the appearance of a woman is associated with the forest.

It should also be recalled that Syd Barrett seemed to also have the positive characteristics of AS, especially honesty (Asher et al. 2009).

Conclusions

Taken together, after a careful consideration of the meager information on Syd Barrett’s biography and critical review of his “clinical” symptoms, it can be suggested the hypothesis that he was suffering from AS rather than schizophrenia, a diagnosis that was prominent in psychiatric nosology of the seventies.

Indeed, his behavior, always equal since the age of sixteen, his posture, lack of empathy, the total rejection of writing, the passion for geometric forms may be considered all cues of AS. There is no doubt that the use of drugs of all kinds in the crucial period of brain development might have caused severe impairment of his already impaired skills. Although the psychotic hypothesis cannot be excluded, however, as mentioned above, hallucinations and delusions were limited to that period overlapping the birth of Pink Floyd and his eclipse from the group. It can be inferred that choosing to abandon the Pink Floyd (in unfortunate coincidence with their great success) may be a sign of psychosis, but it appears more typical of a disorder of the autism spectrum. Similarly, the label of schizophrenia to the LSD addiction seems very weak (Fusar-Poli 2010).

With all the difficulty of a postmortem diagnosis, it is perhaps the right time and important, just in the forty anniversary of his famous song “I wish you were here,” that justice should be done on Barrett’s diagnosis.

Syd Barrett’s contributions to the music remain great, as they are his innovations and experimental and futuristic techniques. With no doubt, he represents another clear example of the strict relationship between art and psychopathology, in particular AS. His ability in innovating music, his passion for painting may be considered a demonstration of how AS did not affect but nourished his novelty seeking behavior.

The theory of psychosis seems to have been functional to the band, especially with Roger Waters (MLA Style 2015), who in the aftermath of the 70 years sold over 600 million copies of records accumulating billion pounds of royalties. Only 1.6 million pounds were paid to Barrett, who would have deserved to share the profits of “Wish You Were Here” album entirely inspired by him. The attempt to label him as psychotic, however, increased the myth of his former friends, but probably it was not true.

References


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