

## Shakespeare, psychiatry and the unconscious

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### Psychiatry and the seven ages of man

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This paper is based primarily on Jaques's speech in *As You Like It* (Act II, Sc 2). As is well known, this begins:

'All the world's a stage,  
And all the men and women merely players.'

It is proposed to use this as a vehicle for a secondary theme which is concerned with the effect of age and ageing on the prevalence of mental disorders and how various stages of life may govern the form and content of their presentation.

To take a simple but well known example: schizophrenia of various types at any age is particularly prevalent between the ages of 15 and 30 years, when 75% of all cases are said to manifest themselves for the first time. Depressive illnesses, on the other hand, have their onset through life, although may be markedly different in their manifestations in childhood, adolescence, middle-age and senescence. It is depression, therefore, with which we shall be mainly concerned when considering Jaques's formulation.

In addition, this paper indicates my particular interest in Shakespeare's remarkable understanding of the psychological make-up of his fellow men, as revealed by the words he puts into the mouths of many of the characters in his plays. For example, what finer account can there be of the effects of alcohol upon the sexual act than the words uttered by the Porter in *Macbeth*? Asked by Macduff, 'What three things does drink especially provoke?' the Porter replies:

'Marry, sir, nose-painting, sleep and urine. Lechery, sir, it provokes and it unprovokes; it provokes the desire, but it takes away the performance: therefore much drink may be said to be an equivocator with lechery: it makes him, and it mars him; it sets him on, and it takes him off; it persuades him, and disheartens him; makes him stand to, and not stand to; in conclusion, equivocates him in a sleep, and giving him the lie, leaves him.'

(Act II, Sc 1)

There is probably no psychiatric text which gives a better phenomenological description of this sorry but all too familiar state of affairs.

In considering the secondary theme - that of the effect of ageing on the manifestations of mental disorders - it is proposed to draw on several of Shakespeare's more illustrative examples. Some were depressed: King Lear obviously so; Ophelia probably; and indeed Hamlet himself. Likewise Othello, consumed by jealousy and having murdered Desdemona, committed suicide, as did Juliet and, of

course, Cleopatra following her bereavement of Antony. The subject of psychotic jealousy also appears in *The Winter's Tale*. While these examples do not complete the catalogue, it is quite clear that Shakespeare's audiences, both then as now, were titillated by mental disorder and by violence and death. Indeed, a suicide or two or a bloody enough murder seem to have proved as good a way of winding up a tragedy as a song to close a comedy.

A word of warning: the attribution of emotions, moods, motives and other states of mind to those who, although they may in some cases be based on live models, are nonetheless fictional characters - or, if you prefer, illusory percepts brought to life by a single creative mind - can be risky. (This process, although well recognized in literary criticism, is curious inasmuch as there is no word or succinct phrase in the English language with which to describe it. Several authorities who have been consulted about this have not come up with a satisfactory answer to the problem.)

Bearing this caveat in mind, we may now proceed to the first of Jaques's seven stages:

'At first the infant,  
Mewling and puking in the nurse's arms.'

While perhaps this is reminiscent of one of the more humorous descriptions of an infant as an alimentary canal having a total lack of responsibility at either end (!), this, being such a universal phenomenon, can hardly be said to constitute a pathological entity in itself, and in any event - and thankfully - is a relatively transient phase of development.

However, in infancy and childhood, depression - which is sometimes said to be rare (some would deny its occurrence altogether) - may be commoner than is generally supposed. A special form of the disorder, which has been described as 'anaclitic depression', may be observed even in very young infants who have been institutionalized or otherwise deprived of their mothers. (The term anaclitic refers to a relationship characterized by the strong dependence of one person on another.) Such circumstances may result in a pale, listless or marasmic child who fails to gain weight, frequently passes stools, sleeps poorly and is prone to infections - the overall picture being characterized by apathy and withdrawal, and suggestive of mental retardation.

While this condition is now relatively rare here in the UK, it may be much commoner in the so-called 'Third World'. Thus in Africa there are to be seen a considerable number of very young children suffering from kwashiorkor, a disorder due to gross protein deficiency. This, today, is said to be the commonest cause of marasmus. The condition may well, in Shakespeare's day, have been common enough in Britain. In addition to 'pot-belly' and other physical signs, a single glance is often sufficient to reveal how much the wretched sufferers are depressed.

But back to Jaques and to:

'The whining school-boy with his satchel,  
And shining morning face, creeping like a snail  
Unwillingly to school.'

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In childhood, as in infancy, the manifestations of depression clearly do not closely resemble those seen in older people, although it is commonly postulated that timidity, shyness, forgetfulness, dreaminess and inability to concentrate may correspond to some of the symptoms that adolescents and adults exhibit. Likewise, unexplained insomnia in childhood may be an important symptom. In the instance quoted by Jaques, however, it would seem that he is describing a condition approaching school phobia - better called 'school refusal syndrome' - which appears to affect boys more than girls and may reflect a depressive constellation pervading the whole family or, in particular, an affected son and his mother; father perhaps having in some way succeeded in opting out. A prompt return to school and a suitable antidepressant for mother may well turn out to be the best solution under the circumstances - plus, of course, an adequate amount of psychosocial support.

In older children depression commonly gives rise to disturbed and not infrequently to destructive and delinquent behaviour. The picture here may be one of sullen aggression, with near-mute uncooperativeness alternating with bouts of overt hostility. In adolescents and young adults frank depression is still relatively rare, so its appearance always raises the possibility of schizophrenia. Looked at critically, however, depression in early schizophrenia has a quality of apathy and indifference rather than being an actual mood disorder. Thus in truly depressive states it is nearly always possible, even in severer cases, to achieve a degree of rapport, often impossible to evoke in schizophrenia. Nonetheless, diagnosis can sometimes be difficult, for if depression is present this tends to mask the true nature of the illness.

'And then the lover, sighing like furnace with a woeful ballad  
Made to his mistress' 'eye-brow.'

While one might be inclined to agree with Jaques and with Hamlet who suggested that 'the pangs of despis'd love' (Act III, Sc 1) could at times give rise to a considerable amount of adolescent misery, it is doubtful whether at this age such pangs often cause overt psychiatric disorder. However, mention of Hamlet brings us inevitably to Ophelia and what the matter with her was.

While Shakespeare does not exactly specify Ophelia's age, from various references made to her by her father, Polonius, and other characters in the play, it may be presumed that she was still a young maiden - possibly about 15 or 16 years old. In the end she was found drowned and although the evidence on how this came about is somewhat conflicting, possibly to allow only an open verdict, in view of preceding circumstances there must be a strong presumption of suicide. It will, of course, be remembered that she was in love with Hamlet and that although at one point he seems to have reciprocated her feelings, he nevertheless later treated her in a decidedly cavalier fashion. Thus, when clearly himself in a state of some melancholy, he upbraids her, thus:

'If thou does marry, I'll give thee this plague for thy dowry, - be thou as chaste as ice, as pure as snow, thou shall not escape calumny. Get thee to a nunnery, go: farewell. Or, if thou wilt needs marry, marry a fool; for wise men know well enough what monsters you make of them. To a nunnery, go; and quickly too. Farewell.'

(Act III, Sc 1)

But Ophelia, made wretched as a result of Hamlet's verbal attack upon her, seems to have construed this as being due to madness. Hence her statement: 'O what a noble mind is here o'erthrown' (*ibid*). What was probably a more important aetiological factor in her mental disturbance was the death of her father, Polonius, who was stabbed by Hamlet while hiding behind an arras, eavesdropping on an altercation between Hamlet and his mother.

But it was what happened subsequently during the events leading up to Ophelia's death which is of greatest interest and which seems to have given rise to argument. Some writers analysing Shakespeare's plays appear to have contented themselves merely with the statement that Ophelia 'went crazy' without specifying what kind of craziness this might have been. Others seemed to have assumed that she was schizophrenic. According to Laertes, her brother, her ramblings constituted 'A document in madness - thoughts and remembrance fitted' (Act IV, Sc 5), which suggests a degree of coherence not altogether in accord with schizophrenia. This statement, which refers particularly to the *rosemary* and *rue* soliloquy, may well be significant in that Laertes, for all his concern, recognized a certain degree of logicity in Ophelia's otherwise illogical ramblings. There are also two odd associations to be discovered, when Ophelia says:

'There's rosemary, that's for remembrance; . . . and there is pansies, that's for thoughts.'

and again:

' . . . there's rue for you: and here's some for me: we may call it a herb of grace 'o Sundays: - you may wear your rue with a difference . . . '

(Act IV, Sc 5)

Pansies, according to the *Oxford English Dictionary*, may be derived from *pensées* (i.e. thoughts - *French*), while *rue*, a bitter-leaved evergreen shrub, has its equation in repentance and dejection; as, for example, in the expression 'to rue the day' and, in Ophelia's case, distress at her father's death. Could this possibly be construed as an example of schizophrenic thought disorder? Probably not, for interspersed with her ramblings Ophelia sings several songs which, while showing no evidence of syntactical disorder, do reveal a degree of affective, depressive and sometimes also manic disinhibition - allowing, of course, for Elizabethan mores. Thus:

'By Gis [Jesus] and by Saint Charity  
Alack and fie for shame  
Young men will do't, if they come to 'it  
By cock they are to blame.

Quote she, before you tumbled me  
You promis'd me to wed  
So would I ha' done, by yonder sun  
And thou hadst not come to my bed.'

(Act IV, Sc 5)

While there is little here which could be construed as schizophrenic, the affective and sexual elements are clear enough. It also possibly reveals an aspect of Ophelia's character which contradicts the more usual impression of her as a pure and simple young girl.

Taking all into account, it would seem that Shakespeare portrayed Ophelia as suffering from depression, if not from an actual depressive illness, consequent upon Hamlet's rejection of her love and

her father's murder. This led her to commit suicide by drowning, following upon an episode of seemingly feigned madness which took the form of hysterical pseudodementia, akin to the Ganser syndrome which is occasionally seen as a transient phase during the course of depression and which delineates a condition in which the subject simulates a state which it is believed may indicate a psychosis or some kind of organic brain disease.

Polonius, her dead father, could well have spotted it, as he did earlier in the play when, in an aside, he said of Hamlet's utterances: 'Though this be madness, yet there is method in 't' (Act II, Sc 2) and shortly afterwards: 'How pregnant sometimes his replies are! A happiness that often madness hits on, which reason and sanity could not so prosperously be delivered of' (*ibid.*) - a remarkably insightful statement. That the King also had his doubts is revealed in his saying to Polonius:

'What he spake, though it lack'd form a little  
Was not like madness. There's something in his soul  
O'er which his melancholy sits on brood;'

(Act III, Sc 2)

But back to Jaques:

'Then a soldier,  
Full of strange oaths, and bearded like the pard,  
Jealous in honour, sudden and quick in quarrel,  
Seeking the bubble reputation even in the cannon's mouth?'

This vignette does not take us much further in our exploration of psychiatric disorder in this or any other age group save in one respect - the use of the word 'jealous'. Jealousy can of course occur at any age and, while it may wring the hearts of young lovers, does from clinical experience seem to assume its most serious proportions in middle age. While Eugen Bleuler's original formulation of ideas or delusions of sexual jealousy in alcoholics still holds good - that is that they are an outcome of waning potency plus a wife's increasing revulsion against her husband's drunken behaviour - alcoholism alone is certainly not the only operative factor. Diabetics may also be affected, as may those who are merely growing older and who, on this account, may be ashamed of their loss of potency. Their wives' attitudes may well reinforce this pungent emotion. But some who are depressed may also find themselves in the same dilemma; one more example of self-reproachful inadequacy perhaps? It is an odd paradox that male sexuality is something which may or may not flower, whereas female sexuality may or may not germinate!

At this juncture it would seem appropriate to take an excursion into *Othello*. The so-called Othello syndrome is a mental illness in which a delusion of infidelity is the central symptom. This is when the delusion occurs as an isolated phenomenon and where the syndrome may be regarded as a variety of paranoia. A common factor underlying the emergence of such a delusion is the subject's sensitivity in respect of certain of his own deficiencies which he would wish to deny, impotence being but one example.

In effect the impotent male says to himself: 'Because I am impotent my wife is losing interest in me'; and then extending this projection he thinks: 'She must be transferring her attention to other men'; and finally: 'She is being unfaithful to me'. It should be noted that the term 'sensitive' is, of course, used here in its psychiatric meaning - i.e., not 'sensitive' in the aesthetic sense such as being 'at one with nature', but

sensitive in the 'thin-skinned sense' of being far too easily 'cut to the quick' by some untoward minor happening or passing remark which the subject at once tends to refer to himself, and which may form a basis for persecutory delusions.

In Othello's case it was Iago, who hated him, who clearly worked him up to a state of mind which led him to murder Desdemona. But what was Othello's underlying condition which led him to succumb to Iago's evil machinations? One likely possibility is that it was sensitivity about being black, there being references to colour prejudice here and there in the early stages of the play. For instance, Iago having roused the household, says to Brabantio, Desdemona's father:

'Zounds, Sir, you are robb'd; for shame  
Put on your gown;  
Your heart is burst, you have lost half your soul;  
Even now, now, very now, an old black ram  
Is tupping your white ewe.'

(Act I, Sc 1)

Apart from this, there may well have been a constitutional basis for Othello's jealousy. This appears to have been recognized by Emilia, Iago's wife, who states:

'But jealous souls will not be answered so  
They are not ever jealous for the cause,  
But jealous for they are jealous; 'tis a monster  
Begot upon itself, born on itself.'

(Act III, Sc 4)

Upon such a background, pathological jealousy either of an obsessional or delusional kind tends to be released suddenly by some key event. In the case of Othello this was his discovery that a strawberry-spotted handkerchief which he had given Desdemona was in the possession of Cassio, she having unwittingly dropped it and he having picked it up. Iago, who informed Othello of this happening, maintained that Cassio had even wiped his beard with it!

Jaques's next category does not take us much further, although it does suggest a period of stability, social success and 'middle-aged spread'. Thus:

'And then the justice,  
In fair round belly with good capon lin'd,  
With eyes severe and beard of formal cut,  
Full of wise saws and modern instances;  
And so he plays his part.'

However, despite this note of comfort, confidence and corpulence, it may be observed that it is in middle-age that depressive states assume their most characteristic form; that even then they are subject to variations dependent on factors other than age. First attacks of full-blown manic-depressive depression seem to be commonest in the fourth or fifth decade, though careful scrutiny will often elicit a history of an ill-defined incompletely diagnosed illness occurring when the patient was much younger. The account given of this is often vague: for example, that of someone who for no obviously discernible reason gave up work and went to stay on a farm for two or three months; or of an unaccountable break in studies at school or university. Equally vague physical reasons are often advanced such as having been 'run down', 'anaemic', or of having suffered a period of 'nervous debility' during late adolescence.

'The sixth age shifts  
 Into the lean and slipper'd pantaloon,  
 With spectacles on nose and pouch on side;  
 His youthful hose, well sav'd, a world too wide  
 For his shrunk shank; and his big manly voice,  
 Turning again towards childish treble, pipes  
 And whistles in his sound . . .'

This takes us straight into the heart of the period of *involution* - a word which refers to any retrogressive biological change - and which can perhaps be regarded as a kind of secondary adolescence; one, however, which takes place in reverse and points the way towards second childhood. Note, once again, Jaques's reference to 'shrunk shank' - i.e. to loss of weight, and to a 'big manly voice turning again towards childish treble . . .'

Assuming that adulthood can be regarded as a plateau, reached following what may sometimes be a rather tortuous ascent via childhood and adolescence, involution may be seen at first as a downward slope of gentle inclination with a tendency to become steeper and more slippery as time passes and the end of the journey heaves in sight. At this stage it becomes customary to talk of 'declining years' and of a subject's 'declining powers', both in a physical and in a psychological sense. The major theme running through involution is loss - loss not only, as Jaques suggests, of weight and presumably of strength including that of 'manly voice', but loss of many other kinds: bereavement; loss of a sense of purpose due to retirement; increasing social isolation not only due to loss of companionship at work but due to difficulty in getting out and about because of degenerative conditions, such as cardiorespiratory disease, arthritis and muscular rheumatism, which not only cause pain and discomfort but hamper mobility. Apart from these there are, of course, a whole host of minor inconveniences to be experienced during the process of growing older, towards which tolerance is needed. Trivial as some of these may be when taken singly, it is their combined presence which may make life more difficult than it already is, and leads to increasing despair.

Apart from psychological reactions to physical discomforts and to a variety of social problems, there are, of course, some primarily mental problems to be coped with as well: failing memory; increasing difficulty in problem-solving, particularly where mathematical skills are involved; perseveration, and increased rigidity of mind, making it ever more difficult to come to terms with what is new and, of course, loss of once-cherished ambitions so far unrealized but now no longer possible to achieve.

How an individual copes with all these losses depends, of course, on what sort of a person he or she is; and this in turn depends on many things - genetic endowment, physical and mental constitution, a wide variety of environmental events to many of which he may be accidentally exposed, and the degree of ability he possesses to weather life's crises. Lucky indeed is the person who can grow old gracefully, for the alternative, of course, is increasing frustration and, almost inevitably, depression and despair.

Involutional melancholia has some special features, in view of which it would appear that the term is worth retaining as indicating a special category. Melancholia is, of course, unipolar in its manifestations and, according to Kraepelin's original formulation, should not have manifested itself during some previous phase of the sufferer's life, as in the

case of manic-depressive illness. Nonetheless, it may usually be discovered on closer scrutiny that those subject to involuntional melancholia are those who have contained within them an almost lifelong disorder of personality, most often of an obsessive-compulsive nature. In this instance self-containment means that they have somehow managed to maintain an albeit somewhat precarious mental existence without, until involution supervenes, actually breaking down - like those, perhaps, with chronic but until then well compensated cardiovalvular disease, where in due course age leads them to decompensate and go into heart failure. Other special features of involuntional depressive illnesses are the extreme degree of anxiety and agitation which are their accompaniments and the frequent and almost invariable presence of a variety of delusions: of guilt, worthlessness and of an essentially hypochondriacal kind, accompanied also by marked suicidal tendencies and often the beginnings of organic cerebral degeneration.

The prime example to be culled from Shakespeare is, of course, *King Lear*. He appears in the play as a melancholic, characteristically hell-bent on self destruction. Succumbing to the pernicious and obviously false protestations of his two elder daughters, Goneril and Regan, he disowns his youngest and favourite daughter; Cordelia, for not making similar protestations of affection; and finally hands her over dowry-less to the King of France. What Goneril and Regan really think of their father and his condition is revealed all too clearly in the following conversation:

*Goneril*: You see how full of changes his age is; the observation we have made of it hath not been little: he always loved our sister most and with what poor judgement he hath cast her off appears too grossly.

*Regan*: 'Tis the infirmity of his age: yet he hath ever slenderly known himself.

*Goneril*: The best and soundest of his time hath been but rash; then we must look to receive from his age not alone the imperfections of a long-engrafted condition, but therewithal the unruly waywardness that infirm and choleric years bring with them.

(Act I, Sc 1)

This interchange clearly refers to Lear's daughters' awareness of their father's previously unstable personality which, as already indicated, may play an important part in the genesis of melancholia. Lear himself makes frequent references to his condition. Thus:

'You see me here, you gods, a poor old man,  
 As full of grief as age; wretched in both.'

(Act II, Sc 4)

And later as the storm rages:

'I tax not you, you elements, with unkindness;  
 I never gave you kingdom, call'd you children;  
 You owe me no subscription: then let fall  
 Your horrible pleasure; here I stand, your slave,  
 A poor, infirm, weak, and despis'd old man.'

(Act III, Sc 2)

There are several other similar examples of self-denigration to be found. But one, in particular, when Lear has been reunited with Cordelia (Act IV, Sc 7), adds a new dimension to the matter. This, however, is preceded by a scene during which Lear emerges 'fantastically dressed up with flowers' (Act IV, Sc 6), following which he rambles on in an extraordinarily distraught and disconnected manner,

which Shakespeare, no doubt, intended not only as an illustration of his melancholia but of oncoming mental deterioration. Kent has already referred to Lear's wits having gone (Act III, Sc 6), and Regan to his being 'the lunatic King' (Act III, Sc 7). Later Cordelia herself, seemingly wishing to seek help from a physician, refers to her father as being:

'As mad as the vex'd sea; singing aloud;  
Crown'd with rank fumiter and furrow weeds,  
With harlocks, hemlock, nettles, cuckoo-flowers,  
Darnel, and all the idle weeds that grow  
In our sustaining corn . . .'

(Act IV, Sc 4)

Later, when she and the physician confront her father, he says:

'Pray do not mock me:  
I am a very foolish fond old man,  
Fourscore and upward, not an hour more nor less;  
And to deal plainly,  
I fear I am not in my perfect mind.  
Methinks I should know you, and know this man;  
Yet I am doubtful: for I am merely ignorant  
What place this is; and all the skill I have  
Remembers not these garments; nor I know not  
Where I did lodge last night.'

(Act IV, Sc 7)

Lear's forgetfulness, as revealed in the last speech quoted, suggests that degenerative changes leading to senile dementia are beginning to supervene, as is not uncommon in melancholia, and, in particular when this occurs in those of advanced years, in which an organic element may become increasingly evident. He also has suicidal thoughts. Thus (to Cordelia): 'If you have poison for me I will drink it' (*ibid.*). Attention needs also to be drawn to one other aspect which presents something of a conundrum. This is the device of being fantastically adorned with straws and

flowers. It will be recalled that this device was also used by Shakespeare to portray Ophelia's madness in *Hamlet* (Act IV, Sc 5), to which reference has already been made and which precedes her being discovered drowned. Although everyday clinical experience does not provide any clinical examples of such self-adornment as a sign of insanity, nor does there appear to be reference to the matter in standard psychiatric texts, the notion persists that having 'straws in one's hair' was at one time considered at least to be metaphorically indicative of madness. Likewise, in theory at least, self-decoration with flowers could be considered as a repudiation of depression.

And so logically, perhaps, back to Jaques and the:

'Last scene of all  
That ends this strange eventful history,  
Is second childishness, and mere oblivion  
Sans teeth, sans eyes, sans taste, sans everything.'

Although Shakespeare did not portray this distressing state in any of his plays, no one can doubt that had not the shock and distress caused by finding Cordelia hanged and lifeless killed him, senility would surely have been Lear's fate.

There is perhaps no need to dwell on this matter. It is all too familiar and currently becoming more so, as anyone with experience of the geriatric wards of a mental hospital will undoubtedly know. Perhaps the reason why Shakespeare, with his remarkable insights, did not go into the matter further, was that people in his day did not live as long as they do now. Furthermore, preferring sudden death by violence, he probably did not consider senile decay a very enlivening subject with which to entertain Elizabethan theatre audiences.

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### 'Canst thou not minister to a mind diseases'd?': Shakespeare, the theatre and the Elizabethan psyche

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My title is taken from *Macbeth* (Act V, Sc 3). If I may remind you, Lady Macbeth's mind is collapsing under the weight of guilt and horror it has been trying to cope with, and she is now in the care of a physician. Macbeth's concern for her is still strong - testimony to the power of the relationship, the most strongly and intimately rendered marriage-relationship in all Shakespeare. The full speech runs:

'Canst thou not minister to a mind diseases'd,  
Pluck from the memory a rooted sorrow,  
Raze out the written troubles of the brain,

And with some sweet oblivious antidote  
Cleanse the stuff'd bosom of that perilous stuff  
That weighs upon the heart?'

To which the doctor replies: 'Therein the patient/Must minister to himself', and Macbeth's concern is lost in his rising sense of desperation: 'Throw physic to the dogs: I'll none of it'. I cannot begin to offer here a description of the way Shakespeare evolved his ideas about the relation between the mental and the physical, or between sickness and health - not least because my own understanding of these things is still inadequate. But I can perhaps point toward some things that may be of interest to us as physicians, or literary critics, or human beings.

First, I shall briefly draw attention to the subtlety, and agility, and precision of Shakespeare's language and thought as he moves between various perceptions of health and illness in *Macbeth*. By 1603-4, when the play was written, he was two-thirds of the way through his career - sixteen or so years behind him, and another eight to go. He had started out with the comparatively crude model of the human psyche and soma afforded him by Hippocrates and Galen medically, and the Church of England (and the