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An Observed Affliction: Diagnosing Bipolar Disorder in Shakespeare's Lady Macbeth

Shakespeare's *Macbeth* continues to intrigue audiences and readers with its shocking portrayal of the evils of excessive ambition. Prophecies of great fortune become dangerous (and self-fulfilling) when revealed to those who would stop at nothing to reap their benefits, no matter the cost or collateral damage. Much has been said and written about Lady Macbeth, whose ruthless confidence and flawed sense of accountability allow her to build pressure on her husband until he commits the murder that places both of them on the throne. Lady Macbeth could be seen as a simple but terrifyingly effective cautionary tale against excessive ambition. However, this reading seems too simplistic to me; it inflates one characteristic at the expense of the complexity of Lady Macbeth's character. Other interpretations have turned to psychiatry to explain her actions; Dr. Isador Coriat published *The Hysteria of Lady Macbeth* in 1912, whereas, more recently, Christine Couche reads Lady Macbeth in the context of postpartum psychosis. As mental illness is most frequently identified through observation, plays can provide a rather realistic introduction to these diagnostic methods for audiences and readers, allowing them to analyze symptoms right along with on-stage observers. In accordance with this approach, I also consider the possibility of a psychiatric explanation and I will argue that Lady Macbeth can be read as a case study in bipolar disorder. Her actions and state of being during the events surrounding Duncan's murder fulfill the criteria for a hypomanic episode, and her later decline and hallucinations signal a depressive episode.

Elizabethan Psychiatry

Before dissecting Lady Macbeth's condition using modern terminology, it is perhaps valuable to take the words of Dr. Robert Willis, a nineteenth-century physician, into consideration:

> The interpretation which successive generations of men give to a passage in a writer some century or two old is very apt to be in consonance with the state of knowledge at the time, in harmony with the prevailing ideas of the day; and doubtless, often differs signally from the meaning that was in the mind of the man who composed it. The world saw nothing of the circulation of the blood in Servetus, Columbus, Caesalpinus or Shakespeare until after William Harvey had taught and written. (qtd. in Overholser 336)

Just as the world saw nothing of the circulation of the blood in Shakespeare until after Harvey had expanded his contemporaries' understandings on that subject, I would not be able to see anything of bipolar disorder in Lady Macbeth until now, years after the disorder has been accepted as such and defined. Willis's words are important as a reminder to acknowledge the text's contemporary context and to not try reading too much into what isn't there, but they should not discourage us from analyzing what really is there, even if the playwright might not have analyzed it in the same way. Disorders still exist and need to be taken seriously even if they don't have names yet; people in Shakespeare's time could certainly have been living with bipolar disorder, despite not yet labeling it as such or seeing it as a definite condition. The concept of psychiatry did not even exist until 1817, and the "word 'psychology' was invented by a German only in the latter part of Shakespeare's life (1590)" (Overholser 335). Cases of mental illness were often taken for demoniacal possession and referred to the clergy, rather than to physicians,

for intervention (335). Most deviations from normal behavior were explained through either astrology, the imbalance of four bodily fluids called humors (black bile, yellow bile, blood, or phlegm), or witchcraft (336, 338).

With this understanding of Shakespeare and the medical thinking of his time, it is reasonable to believe that the playwright could have used characters like Lady Macbeth to work through the uncertainty caused by gaps in medical knowledge and to provoke further thought in his audiences.

Modern Definitions

As we have established the Elizabethan understanding, now would be the right time to set forth the criteria I will use in examining Lady Macbeth's case of bipolar disorder. I will be using the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR); the DSM offers a standard set of criteria for the definition and classification of mental illnesses.[1] The DSM does not define one specific bipolar disorder; rather, it splits cases into either Bipolar I, which is defined by the presence of at least one manic episode, or Bipolar II, which involves at least one hypomanic episode (less intense and shorter than a manic one) and at least one major depressive episode. Cases that do not meet all the criteria of either Bipolar I or II can still be classified as the less intense cyclothymic disorder or Bipolar Not Otherwise Specified (NOS).

A manic episode must last at least a week, and the person is in "an abnormally and persistently elevated or irritable mood" ("Diagnosis"). Three of the following symptoms must be fulfilled: (1) inflated self-esteem or grandiosity; (2) decreased need for sleep; (3) intensified speech; (4) rapid flight of ideas; (5) distractibility; (6) increase in goal-directed activity or

[1] The fifth edition was published in 2013, but it did not make major changes in the classification of bipolar disorders.

psychomotor agitation (e.g., pacing, inability to sit still); (7) excessive involvement in pleasurable activities with high-risk consequences ("Diagnosis"). A hypomanic episode involves the same features, but is less intense and of a shorter duration.

A major depressive episode must involve five of the following symptoms over the same two-week period (one of the symptoms must be either (1) or (2)): (1) depressed mood most of the day, almost daily; (2) markedly diminished interest or pleasure in nearly all or all activities most of the day, almost daily; (3) significant increase or decrease in weight of appetite; (4) insomnia or hypersomnia (excessive sleep) almost daily; (5) observable psychomotor agitation or retardation (slower thinking, speech, movement) nearly daily; (6) fatigue or loss of energy; (7) feelings of worthlessness or excessive or delusional guilt nearly daily; (8) diminished ability to think, concentrate, or make decisions almost daily; (9) recurrent thoughts of death or suicide.

Applying Criteria to the Play

The first two acts see Lady Macbeth during her manic episode; after receiving Macbeth's letter about the witches' prophecy and Duncan's forthcoming arrival, she quickly takes action, planning the murder and making sure that Macbeth goes through with it. Macbeth arrives home to find his wife full of exuberant confidence, extremely focused and enthusiastic: "Thy letters have transported me beyond / This ignorant present, and I feel now / The future in the instant" (*Mac.* I.v.54-6). Her self-assurance is absolutely unshakable, even overcoming her husband's misgivings and prompting him to kill Duncan. She seems to give herself a delusional sort of grandiose authority when she calls on

> … spirits
>
> That tend on mortal thoughts, unsex me here,
>
> And fill me to the crown to the toe top-full

Of direst cruelty. Make thick my blood;

Stop up th' access and passage to remorse,

That no compunctious visitings of nature

Shake my fell purpose… (*Mac.* I.v.38-44)

Believing that she has the authority and power to call on supernatural beings to effect this physical change in her could certainly be read as a grandiose delusion. When Macbeth later falters, she hits at his manhood and discounts any possibility of failure; she tells him, "But screw your courage to the sticking place / And we'll not fail" (*Mac.* I.vii.60-61). It is this kind of extreme confidence that is able to overcome Macbeth's misgivings and prompt him to murder Duncan, leaving no doubt that Lady Macbeth meets the first criterion of inflated self-esteem.

Her interaction with Macbeth is also marked by intensified speech. The DSM-IV-TR section on hypomania emphasizes "pressure of speech. Here the listener is deluged with a torrent of words. Speech may become imperious, incredibly rapid, and almost unstoppable" ("Bipolar Disorder" 2). During these first scenes, Lady Macbeth speaks extensively and haughtily to Macbeth, allowing him little chance to express any dissension. At the slightest sign of hedging or qualms on his part, she lambasts her husband with attacks on his character and manhood, as in the following passage:

MACBETH Prithee peace!

I dare do all that may become a man;

Who dares do more is none.

LADY What beast was't then

That made you break this enterprise to me?

When you durst do it, then you were a man;

And to be more than what you were, you would

Be so much more the man. (*Mac.* I.vii.46-51)

The reader can almost hear the hurried spite in Lady Macbeth's voice, the overconfidence with which she tries to cut off Macbeth's fears. Lady Macbeth's intensified speech is notable throughout the course of setting her plans in motion and can be counted among her manic symptoms.

The intensified speech can be seen as contributing to the development of another symptom: an increase in goal-directed activity. As we have seen above, Lady Macbeth pursues her goal with terrifying single-mindedness, verbally abusing her husband until he accomplishes her demands. An important component of this intense concentration is Lady Macbeth's lack of responsibility in the face of high-risk consequences: "[i]f confronted with the consequences of their behavior, hypomanic patients typically take offense, turn perhaps indignantly self-righteous, or are quick with numerous, more or less plausible excuses" ("Bipolar Disorder" 2). Lady Macbeth refuses to listen to her husband's ethical arguments against killing Duncan; "[a]rt thou afeard / [t]o be the same in thine own act and valor / [a]s thou art in desire?" (*Mac.* I.vii.39-41). She encourages him to disregard his moral compass in making his aspirations reality. Not only does she refuse to acknowledge the wrong in what they are doing, but she also has no second thoughts about making someone else take the blame and consequences:

What cannot you and I perform upon

Th'unguarded Duncan? What not put upon

His spongy officers, who shall bear the guilt

Of our great quell? (*Mac.* I.vii.69-72)

This severe injudiciousness and intensity completes our final required symptom for the manic episode.

As mentioned above, a manic episode must last at least one week to be considered as such; otherwise, it is counted as a hypomanic episode. Because we cannot confirm with certainty that this episode lasted a full week, we can count this as a hypomanic episode and we will also look at Lady Macbeth during the second half of the play in the context of the symptoms of a major depressive episode.

Most importantly, we see the requisite "markedly diminished interest or pleasure" in nearly all activities almost daily; Lady Macbeth goes from masterminding the murder and sustaining her husband's courage to a virtual nonentity ("Diagnosis"). It does not seem that she is involved, to any extent, with Macbeth's actions; in the last two acts, we are only made aware of her twice – we watch her sleepwalking, and then we hear of her death when Macbeth does.

The sleepwalking scene offers evidence of other required symptoms. Most evident is the hypersomnolence accompanied by hallucinations, a feature that is not uncommon, according to DSM-IV-TR ("Bipolar Disorder" 3). The gentlewoman observing Lady Macbeth with the doctor reveals that "[i]t is an accustomed action with her, to seem thus washing her hands. I have known her continue in this a quarter of an hour" (*Mac.* V.i.26-28). The "damned spot" Lady Macbeth cannot get out during her hallucination is indicative of a third symptom: extreme guilt (*Mac.* V.i.32). According to DSM-IV-TR, during depressive episodes, it is very common that "[g]uilt abounds, and on surveying their lives patients find themselves the worst of failures, the greatest of sinners" ("Bipolar Disorder" 4). Although she did not commit the murder herself, Lady Macbeth is finally overcome with obsessive guilt over her part in bringing it about with her actions during her hypomanic episode; DSM-IV-TR even states that after manic symptoms "fade

many patients feel guilty over what they did and perhaps are full of self-reproach" ("Bipolar Disorder" 1). The audience is made aware of a fourth symptom, psychomotor agitation, when the gentlewoman says that she has also seen Lady Macbeth

> rise from her bed, throw her nightgown
> upon her, unlock her closet, take forth paper, fold it,
> write upon't, read it, afterwards seal it, and again return
> to bed; yet all this while in a most fast sleep. (*Mac.* V.i.5-8)

This indicates that, even in sleep, Lady Macbeth is restless and agitated, abnormally so. The doctor, taking in all of what he sees and what he hears from the gentlewoman, gives us our fifth and final required symptom when he tells the gentlewoman to "[r]emove from her [Lady Macbeth] the means of all annoyance"; Lady Macbeth poses a threat to herself, and when we hear of her death in Act 5, Scene 5, it does not take a long stretch of the imagination to consider the possibility of her having taken her own life (*Mac.* V.i.71). Thus, with Lady Macbeth fulfilling the criteria for both a hypomanic episode and a manic depressive one, she can be classified as Bipolar II.

Other Interpretations

Naturally, there are as many possible interpretations of a character as there are readers, and other psychiatric explanations have tended in different directions. One such explanation is that offered by Dr. Isador Coriat in his 1912 book, *The Hysteria of Lady Macbeth.* Dr. Coriat begins by offering a rather convoluted definition of hysteria; according to him, hysteria is brought about when a patient tries to repress unpleasant past experiences (9). Trying to "prevent any experience or group of experiences, technically known as a 'complex,' from entering consciousness" gives rise to psychoneurotic disturbances like hysteria (9). "Thus," continues Dr.

Coriat, "hysteria is essentially an inadequate biological reaction" (9). He claims that Lady Macbeth's inadequate biological reactions are her ambition and sleepwalking, and Coriat concludes that "Lady Macbeth is a typical case of hysteria; her ambition is merely a sublimation of a repressed sexual impulse, the desire for a child based upon the memory of a child long since dead" (28-29).

Although Coriat articulates rather directly what he perceives to be the problem, he does not back up his claim with substantial evidence. Little more is said on the subject of children and his psychoanalysis of the character of Lady Macbeth digresses a bit too often into stories of other patients; though interesting, these other cases don't make up for the lack of evidence to support his claims that concern Lady Macbeth specifically. However, this is less important than the major problem with Coriat's premise: we have no confirmation of one of Lady Macbeth's children being "long since dead" (29). The play leads us to assume that Lady Macbeth has given birth to at least one child when she says "I… know / How tender 'tis to love the babe that milks me" (I.vii.54-55). Even though no Macbeth children appear in the play, we cannot conclude, as Coriat has done, that they have died.

However, let us suppose for the moment that Coriat's argument about Lady Macbeth repressing the death of her child was true. Another problem would face it today: hysteria is no longer recognized as a single disorder. "In modern classification systems (DSM-IV and ICD-10) the term 'conversion disorder' replaced 'hysteria' some time ago," and medical professionals are more forthright about how limited their knowledge about it is (Allin et al. 205). The term conversion "reflects the emergence of physical symptoms as an attempt to resolve, or to communicate, unconscious and unbearable psychic conflicts" (206). But because "understanding of conversion disorder remains limited" and because of the importance of extensive background

information on the patient in making this diagnosis, it would be difficult to claim with authority that Lady Macbeth is in fact a case study, especially given how little of her backstory the play reveals (208).

A more recent and stronger case for a different illness was made by Christine Couche in 2010 when she argued for a reading of Lady Macbeth as suffering from postpartum psychosis. Couche begins by providing an overview of Renaissance thought on mental illness, pointing out the central importance of the "level of violence [as] a significant indicator of the level of mental illness" (140). She then provides excellent textual evidence of manic symptoms, including Lady Macbeth's confidence and disregard of consequences, as well as depressive ones, like insomnia and suicidal tendencies (143-144, 146).

The problem with Couche's argument, however, is rather similar to Coriat's; she relies a bit too much on what isn't there. Postpartum psychosis "has a rapid onset, usually starting in the first days or weeks after the baby's birth" (Stone qtd. in Tartakovsky). We are not given enough information about the events preceding the play in order to be able to confirm this time constraint. Couche seems to create a series of points in time that work for her, but that don't have a lot of concrete evidence backing them up; she claims that "Lady Macbeth's reference to her milk (1.5.47), alongside the reference to the child's 'boneless gums' (1.7.57) allude to a young baby" (144). This may be true, but it does not tell us anything about the current age of the child; for all the reader knows, the child could be of any age, even a young adult. Couche does not seem to take into account the fact that Lady Macbeth could express the experience of caring for a baby without having cared for a baby recently, and these time discrepancies call the validity of her argument into question.

Moving Forward

If the development of medical understanding since the Elizabethan era and the variety of interpretations of Lady Macbeth can tell us anything, it's this: correct labels are less important than recognizing disorders as such and respecting those who must face their challenges (Couche 139). Medical knowledge is constantly being expanded and reorganized; it is thus vital that we take new problems seriously, despite the fact that they may not fit current classifications, because that is the only way that we can continue to improve and offer future patients better results. As in any intellectual endeavor, we must remain vigilant and open-minded.

Plays like *Macbeth* remind us to do that and can teach us much about the power of observation, especially in a field like psychiatry: "By representing both madness and the process of reading madness, plays teach audiences how to identify and respond to it. Onstage and off, madness is diagnosed by observers" (Carol Thomas Neely qtd. in Couche 135-136). Plays teach us to observe critically by having us do just that. Engaging with a play helps us construct concepts with which we can analyze human nature and behaviors beyond the stage. It's a beautiful example of the vital intersections of art and science, in which both play critical roles in illuminating our experiences.

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