TO TAKE A NEW ACQUAINTANCE OF THY MIND

DESCRIPTIVE PSYCHOPATHOLOGY IN SHAKESPEARE’S FOUR GREAT TRAGEDIES

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BACKGROUND: William Shakespeare’s acute descriptions of mental life phenomena provide the characters of his dramas (works that precede the advent of modern psychiatry by centuries) with a larger than life quality that continues to amaze modern day clinicians and literature historians alike. Written between 1600 and 1606, arguably the apotheosis of his creative output, *Hamlet*, *Othello*, *King Lear* and *Macbeth* contain precise accounts of sense-perception abnormalities, thought content disorder and affective symptoms that resemble modern day clinical vignettes. A keen understanding of current psychopathology concepts may shed a different light on the Four Great Tragedies’ text. **MATERIALS AND METHODS:** Literary analysis of *Hamlet*, *Othello*, *King Lear* and *Macbeth*, paired with the reading of classic and modern psychopathology manuals.

MACBETH

— Act II, scene i

*Is this a dagger which I see before me,
The handle toward my hand? Come, let me clutch thee.
I have thee not, and yet I see thee still.
Art thou not, fatal vision, sensible
To feeling as to sight? Or art thou but
A dagger of the mind, a false creation,
Proceeding from the heat-oppressèd brain?*

— Act III, scene ii

O, full of scorpions is my mind, dear wife!

During the infamous dagger scene, Macbeth experiences **visual pseudohallucinations**. They are not true visual hallucinations (a symptom that would suggest a probable underlying organic brain disease), unlike usually assumed, given that Macbeth has **insight to the false perception** of the dagger. He is likely suffering from major depressive disorder, which is further suggested by his **depressive mood**.

LADY MACBETH

— Act V, scene I

*Since his majesty went into the field I have seen her rise from
her bed, throw her nightgown upon her, unlock her closet, take
forth paper, fold it, write upon it, read it, afterwards seal it, and
again return to bed; yet all this while in a most fast sleep.*

With most remarkable insight, Shakespeare made the sleep-walking scene exactly conform to the characteristics of pathological **somnambulism**—a form of **parasomnia** which afflicts Lady Macbeth.

OTHELLO

— Act III, scene iii

*Oh, beware, my lord, of jealousy!
It is the green-eyed monster which doth mock*

Othello suspects his lover Desdemona is betraying him. We are left wondering whether his jealousy is **egosyntonic** or **egodystonic**: if we assume the first instance to be true, we can say Othello has a thought **content disorder**—a **jealousy delusion**; however, if the latter is true, Othello’s symptom falls under the **thought possession disorder** category.

LEAR

— Act I, scene iv

*Does any here know me? Why, this is not Lear.
Doth Lear walk thus? Speak thus? Where are his eyes?
Either his notion weakens, or his discerning
Are lethargied. Ha, sleeping or waking?
Sure, ’tis not so.
Who is it that can tell me who I am?*

— Act IV, scene vi; Act IV, scene vii

*(...) Look, look, a mouse! Peace, peace, this piece of toasted
cheese will do ’t (...) Am I in France?*

From the very beginning of the play, Lear demonstrates **irritable mood** and **hetero-aggressive behavior**, punctuated by periods of lucidity. As the narrative unfolds, he starts having **visual hallucinations**, **spacial disorientation** and **retrograde amnesia**—hallmarks of dementia exquisitely described by Shakespeare.

HAMLET

— Act III, scene ii

*O God, your only jig-maker. What should a
man do but be merry? For, look you, how
cheerfully my mother looks, and my father
died within these two hours.*

—Act I, scene ii

*Oh, that this too, too sullied flesh would melt,
Thaw, and resolve itself into a dew,
Or that the Everlasting had not fixed
His canon ’gainst self-slaughter! O God, God!
How weary, stale, flat, and unprofitable
Seem to me all the uses of this world!*

Hamlet’s emotional status throughout the play ranges from **hypomania** with **prolixity** to **depressive mood** with **suicidal thoughts**. His erratic behavior including a turbulent relationship with Ophelia (who eventually commits suicide) has left readers wondering about his mental status for centuries.

CONCLUSIONS: An interest in literature provides the psychiatrist with an invaluable creativity for day-to-day clinical practice and, on the other hand, scientific knowledge allows him to read certain works of art in a different perspective. The timeless writings of Shakespeare constitute a prime example of such an interwoven relationship.

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