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## **Shakespeare's Madwomen: How Elizabethan Theatre Challenged the Perception of Mental Afflictions**

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Hannah Dhue  
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## Shakespeare's Madwomen: How Elizabethan Theatre Challenged Perceptions of Mental Afflictions

Elizabethan England harbored a secret obsession. Madness – a collective, old-world term for what we know today to be mental illness – has always been a topic of curiosity. Even today, psychology is widely studied and is often featured in popular culture, but in Elizabethan England, or more specifically 1580-1640, the fascination with madness was uncanny (Neely 316). In 1602, a young woman named Mary Glover began showing curious symptoms identified by her physician as “fits,” and the girl’s own conclusion was to attribute her condition to witchcraft (MacDonald x). According to English Professor Carol Neely, in the Middle Ages, madness was seen as the intersection between the human, the divine, and the demonic (Neely 318). She mused, “To read madness sanely is to miss the point; to read madness madly is to have one’s point be missed” (Neely 316).

People seemed to be so perplexed by madness that they began to attribute common experiences, such as menopause and postpartum depression, to a kind of madness that usually only women experienced. Maurice and Hanna Charney of the University of Chicago noted, “[A woman’s] madness [was] interpreted as something specifically feminine, whereas the madness of men [was] not specifically male” (Charney 451). After working on the Glover case, a member of the College of Physicians, Edward Jorden, wrote, “the passive condition of womankind is subject unto more diseases and of other sortes and natures then men are” (Neely 320). Bethlehem Hospital, also known as “Bedlam” – a term that meant fool - housed the insane in England (Brockett 109). The number of patients in Bedlam reportedly increased after Shakespeare’s *Hamlet* (Neely 316) was written around 1600 (Brockett 111). In fact, numerous people consulted physicians for mental symptoms,

including John Hall, Shakespeare's son-in-law (Neely 316). Sociology Professor Vieda Skultans wrote that madness was viewed as a potentially "universal affliction that could be overcome by willpower," but some playwrights were coming to see it as something else entirely (Skultans 17).

Reflective of the madness-obsessed society, Elizabethan theatre featured mad characters in plays by Shakespeare, Dekker, Middleton, Fletcher, and Webster (Neely 316). In the original First Folio publication of *Hamlet*, the stage directions called for Ophelia's hair to be down after she has become insane (Charney 452-453). A woman with her hair down was a common image associated with madness. While it may seem that Shakespeare was being influenced by the common societal conception of madness, patrons of his plays seemed to be picking up on a different message. In Duchess Margaret Cavendish's *Sociable Letters* (1664), she writes, "One would think [Shakespeare] had been Metamorphosed from Man to Woman, for who could describe Cleopatra better than he hath done?" (Kinney 232). Shakespeare seemed to have a knack for analyzing women, particularly those who were deemed mad. As Neely points out, the time-honored playwright makes clear distinctions between hysteria in females, male melancholy, alienation, and witchcraft (Neely 323). There is an underlying social commentary in Shakespeare's masterpiece tragedies, *Hamlet* and *Macbeth* – a social commentary about madness. While some feel that Shakespeare was simply sticking to the status quo, I argue that with comparisons between certain characters, he endeavors to prove that madness in women can be a perfectly legitimate, logically explained affliction that is not specific to gender.

According to Professor Lawrence Babb, madness became an epidemic in England around 1580 and continued for the next several decades, and contrary to popular opinion, it did not exist only in women. There were so many melancholy men in London during that

time that they were assigned a social type – the “malcontent” (Skultans 19). Naturally, physicians could not afford to institutionalize all mad people, so they encouraged them to conform to social norms until the 18<sup>th</sup> century, when they began to obsessively confine them to institutions (Neely 337). Traditional medicine viewed hysteria as a condition caused by a “diseased and wandering womb;” therefore, it was primarily believed to be a woman’s disease (Neely 320). The term “the Mother” referred to this form of hysteria (Charney 452). Dr. Jorden believed hysteria could be caused by the retention of menstrual blood or sperma due to sexual frustration, and the symptoms were the “wild peregrinations of the uncontrollable uterus and its capacity to corrupt all parts of the body” (Neely 320). More specifically, these symptoms included swooning, paralysis, choking, convulsions, numbness, delirium, epilepsy, and headaches. The most commonly prescribed “cure” was marriage, in order to “institute regular sexual relations and thus aid in evacuation of fluids and bring the wild uterus under a husband’s control” (Neely 320). Dr. Jorden also wrote:

The perturbations of the minde are often-times to blame both for this [the Mother] and many other diseases. For seeing we are not maisters of our owne afflictions, wee are like battered Cities without walles....exposed to all maner of assaults and dangers, even to the overthrow of our owne bodies” (Jorden 15).

The occult – demonic possession and witchcraft - was considered chief among these outside dangers in the general public’s mind. Reginald Scot, Justice of the Peace, wrote *The Discovery of Witchcraft* in 1584 as a campaign against Catholic and Puritan exorcists and attributed all seemingly supernatural events to feigned symptoms of madness (Neely 321). Clearly, the common conception was that madness was caused by factors outside of one’s own control. Another of the era’s physician with essentially the same views, Robert Burton,

believed that privileged noblewomen were more prone to hysteria. He describes this archetype more specifically to include:

...noble virgins, nice gentlewomen, such as solitary and idle, live at ease, lead a life of action and imployment, that fare well in great houses and loviall companies, ill-disposed peradventure of themselves, and not willing to make any resistance, discontented otherwise, of weake judgement, able bodies, and subject to passions (Neely 320-321).

This description applies almost perfectly to Shakespeare's Ophelia, as many people discovered upon watching *Hamlet* and many other Elizabethan plays.

The theatrical depictions of madness slowly became something completely separate from the traditional ideas of society. References in Shakespeare's plays such as *As You Like It* and *Romeo and Juliet* seem to go against the idea of anti-institutionalized madness. Rosalind refers to madmen in dark houses with whips, and Romeo mentions men bound, starved and tormented (Skultans 23). It seems that Shakespeare was attempting to expose and criticize this form of rehabilitation. These progressive ideas spread as Richard Napier, a leading doctor, minister, and astrologer, strove to distinguish between the similar symptoms caused by possession, bewitchment, and mental or physical disorders (Neely 329-330). His patient log recorded a ratio of 58.2 men to 100 women patients who consulted him for mental conflictions, but the percentages of those actually affected were almost identical, as were the absolute numbers (Neely 330-331). Gradually, people began to challenge the idea that madness was gender-specific and a cause for alienation from society. Shakespeare seems to have been nurturing these progressive thoughts through his depictions of his mad female characters. Shakespeare contrasted Ophelia's true madness with Hamlet's feigned madness in order to highlight her sincerity.

After the tragic death of her father, the man that Hamlet has killed, Ophelia is brought before Hamlet and appears to be spouting nonsensical fragments, referencing St. Valentine's loss of virginity and mourning her father's death as well as her lost love and virginity. When her brother Laertes arrives, his reaction embodies that of the typical Elizabethan society member in response to madness. He says, "Dear maid, kind sister, sweet Ophelia!/ O heavens! is't possible, a young maid's wits/Should be as mortal as an old man's life?" (*Hamlet* IV. 5. 133-135). His shock and despair indicate that he feels his sister has essentially lost her life along with her senses, and yet if one pays close attention to what Ophelia is saying in her fit of madness, one would notice she is actually articulating her true feelings more clearly than she does at any other time in the play. Older interpretations of Ophelia's madness clearly missed the point, as many of their audiences described her state as pathetic and dismissible. However, more recent feminist critics have viewed the scene as her "liberation from silence, obedience, and constraint to her absolute victimizations by patriarchal oppression" (Necely 322). Her speech, though delivered through familiar song and rhyme, is a harsh critique of domestic values, religious formulas, men's betrayal of women, and the overall corruption of love and family (Neely 335). Charney writes in her article, "Madness enables [Ophelia] to assert her being; she is no longer forced to keep silent and play the dutiful daughter" (Charney 456). From the onset of the play, Ophelia is used as a pawn by King Claudius and by her father Polonius. It is not until she confronts Hamlet in her state of "madness" that she chooses to act on her own, and to articulate her true feelings (Eagleton 40).

Ophelia has ample reason by today's standards to be certifiably insane, because all of the men in her life have used her and she was forced to keep silent about it. They put her reputation on the line, which is the only thing she has left as a woman in Danish society

(Gainor 723). It might also be worth noting that some scholars have admitted that the text is unclear on whether or not Hamlet has taken Ophelia's virginity. In fact, Kenneth Branagh's most recent film depiction of *Hamlet* includes a brief sex scene between the lovers in the form of a flashback. If they have in fact consummated their relationship, Hamlet has robbed Ophelia of everything, including her reputation. Not to mention, that interpretation would discredit the theory that sexual frustration was a direct cause of mad behavior. Suddenly, Ophelia's drowning suicide seems clearly motivated and considerably more tragic. Shakespeare chose the most common suicide method used by Elizabethan women, which is yet another reason to suspect that he was making a social comment (Neely 326). It is also curious that Gertrude, a Queen, describes Ophelia's suicide as beautiful, while the lowly gravediggers are the only characters who question if the young woman deserved her Christian burial. As the Norton Anthology of Drama notes in its introduction to *Hamlet*, "The dismantling of Ophelia's identity has led to the disillusion of her psychological coherence, and it results, following the cruel logic, in the loss of her very being in death" (Gainor 723). Her death is a preventable result of her despair rather than an inevitable symptom of her condition.

The other characters seem to find Hamlet's melancholy – a state he pretends to be in for the majority of the play – more curious than Ophelia's true madness. When brought before King Claudius, Hamlet's college friends Rosencrantz and Guildenstern describe the Prince's condition as follows: "He does confess he feels himself distracted./ But from what cause he will by no means speak./ Nor do we find him forward to be sounded./ But with a crafty madness keeps aloof" (*Hamlet* III. 1. 5-8). This mild-tempered reaction is typical of traditionalist critics commenting on male melancholy in Elizabethan England. When describing King Lear's madness, one critic wrote that Lear's state was a "means to

illumination and self-knowledge” (Neely 322). Few would ever dare to suggest that a man was feigning his madness, or could ever be subject to such hysterical fancies as madwomen. Shakespeare writes Hamlet’s trigger out of actual melancholy and into feigned madness very early on in the play when the young prince encounters the ghost of his father. Similarly, Ophelia’s trigger into madness comes when she learns of her own father’s death. The playwright strategically causes the astute audience member to associate the “madness” of these two characters and begin to make a comparison between their situations.

In this way, Ophelia’s madness contrasts Hamlet’s feigned madness and emphasizes the difference between their states of being (Neely 325). Neely sheds more light on cultural perspective by mentioning:

The contrast between Ophelia’s mad suicide and Hamlet’s contemplated one represents in drama the distinction the period was required to make between calculated suicide (*fel-de-se*), religious sin and a civil crime, and insane self-destruction (*non- compos mentis*) (Neely 326).

He also notes that the distinction between rational and mad suicide was still a difficult concept for most English citizens to grasp (Neely 324). In many circles, this idea still rings true today. Nevertheless, Shakespeare appears to have been one of the first progressive voices to suggest that madness in women could be traced to deeper psychological matters without any direct relation to their sex.

In another of his enormously famous tragedies, *Macbeth*, Shakespeare places Lady Macbeth in contrast to the three witches, or “the Weird Sisters,” to prove that there also exists a distinguishable difference between true madness and witchcraft. If she wasn’t a bit unstable already, Lady Macbeth’s madness was brought on by her lust for power, which drove her to become an accomplice in her husband’s murderous crime. Later in the play, the audience can clearly witness her symptoms, including sleep-talking, sleepwalking,



referencing her fear of Hell, as well as rubbing her hands because she smelled blood on them (*Macbeth* 194-195). The Gentlewoman and the Doctor, who are summoned to assess her condition, describe it as a “slumbry agitation,” where her “eyes are open...but their sense are shut” (*Macbeth* 194). Of Lady Macbeth, the Doctor says, “She is troubled with thick-coming fancies/That keep her from her rest” (*Macbeth* 200). Macbeth pleads with the physician to fix her with old-world terms related to exorcisms, such as “pluck,” “raze,” and “cleanse.” Macbeth suggests a “sweet oblivious antidote/Cleanse the stuffed bosom of that perilous stuff/Which weighs upon the heart,” but the Doctor replies, “Therein the patient/Must minister to himself” (*Macbeth* 200). Already this seems to be a challenge against the common accusation of witchcraft when such symptoms arose. Like Ophelia, Lady Macbeth sleepwalks after a break from the stage, and the Doctor notes that she may want to enlist the help of the divine, not for possession, but for her guilty conscience.

The Three Witches, on the other hand, very clearly deal with things directly related to the occult, and their mental state could be more aptly described as evil. One witch asks another, “Where hast thou been, sister?” She answers matter-of-factly, “Killing swine,” a common Biblical image from the Gospel of Matthew associated with demonic possession (*Macbeth* 100). The Weird Sisters’ main function in the play is to deceive Macbeth by inflating his ego in order to inspire him to commit murder. They conspire with Hecate, the Goddess of Witches, and they create potions and charms with the entrails of animals – activities considered indicative of demonic possession and “Continental Witchlore,” which was commonly brought to trial in Elizabethan England (Neely 328-329). The Three Witches are, by all accounts, purely evil and completely devoid of human qualities. These characteristics allow Shakespeare to create a stark contrast to Lady Macbeth, who is human

and simply falls prey to temptation. Unlike the Witches, Lady Macbeth does not seek out help to harm others, but to harden her own soul to guilt, as displayed by her plea: "Fill me top-full of direst cruelty...Make thick my blood" (Neely 328). While her symptoms may be vaguely similar to someone demon-possessed, Charney points out that Lady Macbeth comes closer to resembling what modern society commonly conceives as severe anxiety disorder lapsing into something more serious that involves hallucination (Charney 458). Since witchcraft was such a tragically common scapegoat for behaviors of the mentally ill, Shakespeare's comparison here may have awakened many minds to a completely new concept.

As a playwright, William Shakespeare paved the way for a new way of thinking about "madness," or mental illness. His challenges of the old-world conceptions are represented not only in his character comparisons, but also in thematic constructs like Claudius's test of Hamlet to uncover fraud (Neely 321). Shakespeare allows his audience to decide for themselves – something they were rarely allowed to do – if the madness in his characters is genuine or contrived (Neely 322). He also leaves room for the hope that his audience will view madness as non-specific to gender and something that could potentially be medically treatable. As Neely writes in her article,

*Hamlet, Macbeth and King Lear* [shape] a new language for madness and provides one important site for its redefinition. The plays, by representing both madness and the process of reading madness, theatricalize and disseminate the complicated distinctions that the treatises theorize (Neely 321).

It is likely that when certain audience members left a performance of *Hamlet* or *Macbeth*, they pondered the fact that Ophelia and Lady Macbeth were simply eliminated from the play, unlike their respective male counterparts, whose deaths are much more heroic or ceremonious. Similarly, madwomen in society were often either dismissed as passionate

hysterics in need of a good husband, or evil worshippers of Satan who deserved to burn at the stake. Perhaps this was a subtle point toward what Shakespeare felt was an area of his society in need of change.

It is fair to say that this line of study is mostly based on speculation, as scholars actually know very little about Shakespeare as a man, up to and including his actual birthdate. How could anyone possibly speak to his opinions on the perception of madness? They cannot, in fact, say for certain. However, this evidence seems too plentiful to be a product of pure coincidence. Even if Shakespeare had no idea what he was doing, his subconscious was providing his audience with food for progressive thought. It is indisputable, as Charney points out, that, “through madness, the women on [Shakespeare’s] stage can suddenly make a forceful assertion of their being” (Charney 459). Furthermore, Neely adds to the argument:

The theater, by representing and disseminating madness, contributed to its changing constructions and its destabilizing potential. [...] By providing a language for madness, the theater contributed to the process whereby it was becoming a secular, medical, and gendered condition. The Elizabethan theater is, at its origin, as C. L. Barber has suggested, a place apart, a space where the sacred is reconstituted in the human (Neely 337).

In short, Shakespeare helped the Elizabethan society make strides toward accepting mental illness in women as something legitimate, thereby adding to the first whispers of feminism. While he did lessen the emphasis on male melancholy, he did not discredit it, but rather gave society the wake-up call it needed to make progress. Unfortunately, due to differing opinions and medical confusion, mentally ill patients would have to endure harsh conditions and experimentation in institutions for the next few centuries. But without those first whispers from forward thinkers like Shakespeare, society may have found itself mired down in traditionalist ideas and farther away from proper treatments than ever

before. Thanks to his example, people today continue to challenge negative conceptions of mental disabilities.

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